

## EXPLORATION & PRODUCTION WASTE TRANSFER

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Operator Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | License Number:                                                                                                                                                                                                                                                                                                                                                            |  |
| Operator Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                            |  |
| Contact Person:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Phone Number: (        )        -                                                                                                                                                                                                                                                                                                                                          |  |
| Permit Number (API No. if applicable):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | Lease Name:                                                                                                                                                                                                                                                                                                                                                                |  |
| Source of Waste:<br><br><div><input type="checkbox"/> Emergency Pit                      <input type="checkbox"/> Dike<br/><input type="checkbox"/> Workover Pit                        <input type="checkbox"/> Settling Pit<br/><input type="checkbox"/> Burn Pit                                <input type="checkbox"/> Drilling Pit<br/><input type="checkbox"/> Steel Pit                                <input type="checkbox"/> Haul-off Pit<br/><input type="checkbox"/>                                              <input type="checkbox"/> Spill / Escape</div> |  | Well Number:                                                                                                                                                                                                                                                                                                                                                               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Source Location (QQQQ):    _____ - _____ - _____ - _____<br>Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West<br>_____ Feet from <input type="checkbox"/> North / <input type="checkbox"/> South Line of Section<br>_____ Feet from <input type="checkbox"/> East / <input type="checkbox"/> West Line of Section<br>_____ County |  |
| Type of waste to be disposed: <input type="checkbox"/> Fluid <input type="checkbox"/> Soil <input type="checkbox"/> Mud / Cuttings <input type="checkbox"/> Other: _____                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                            |  |
| Amount of waste:        _____ No. of loads        _____ Barrels        _____ Tons        _____ YDS                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                            |  |
| Destination of waste: <input type="checkbox"/> Reserve Pit <input type="checkbox"/> Haul Off Pit <input type="checkbox"/> Disposal Well <input type="checkbox"/> Lease Road <input type="checkbox"/> Dike / Berm <input type="checkbox"/> Other: _____                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                            |  |
| If waste is transferred to another reserve pit, is the lease active? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                            |  |
| Location of waste disposal:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Date of Waste Transfer: _____                                                                                                                                                                                                                                                                                                                                              |  |
| Operator Name: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | License No.: _____                                                                                                                                                                                                                                                                                                                                                         |  |
| Lease Name: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West                                                                                                                                                                                                                                                                                 |  |
| Docket No./API No.: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | County: _____                                                                                                                                                                                                                                                                                                                                                              |  |
| Comments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                            |  |
| Submitted Electronically                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                            |  |