



**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: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Emergency Pit  <input type="checkbox"/> Workover Pit  <input type="checkbox"/> Burn Pit  <input type="checkbox"/> Steel Pit         </div> <div style="width: 45%;"> <input type="checkbox"/> Dike  <input type="checkbox"/> Settling Pit  <input type="checkbox"/> Drilling Pit  <input type="checkbox"/> Haul-off Pit  <input type="checkbox"/> Spill / Escape         </div> </div>	Well Number: _____  Source Location (QQQQ): _____ - _____ - _____ - _____ Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West _____ Feet from <input type="checkbox"/> North / <input type="checkbox"/> South Line of Section _____ Feet from <input type="checkbox"/> East / <input type="checkbox"/> West Line of Section _____ 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: <div style="border: 1px solid black; height: 100px; margin-top: 5px;"></div>	
<h2 style="margin: 0;">Submitted Electronically</h2>	