



EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name:	License Number:
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Operator Address:

Contact Person:	Phone Number: () -
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Permit Number (API No. if applicable):	Lease Name:
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Source of Waste: <table style="width:100%; margin-left: 20px;"> <tr> <td><input type="checkbox"/> Emergency Pit</td> <td><input type="checkbox"/> Dike</td> </tr> <tr> <td><input type="checkbox"/> Workover Pit</td> <td><input type="checkbox"/> Settling Pit</td> </tr> <tr> <td><input type="checkbox"/> Burn Pit</td> <td><input type="checkbox"/> Drilling Pit</td> </tr> <tr> <td><input type="checkbox"/> Steel Pit</td> <td><input type="checkbox"/> Haul-off Pit</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Spill / Escape</td> </tr> </table>	<input type="checkbox"/> Emergency Pit	<input type="checkbox"/> Dike	<input type="checkbox"/> Workover Pit	<input type="checkbox"/> Settling Pit	<input type="checkbox"/> Burn Pit	<input type="checkbox"/> Drilling Pit	<input type="checkbox"/> Steel Pit	<input type="checkbox"/> Haul-off Pit		<input type="checkbox"/> Spill / Escape	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
<input type="checkbox"/> Emergency Pit	<input type="checkbox"/> Dike										
<input type="checkbox"/> Workover Pit	<input type="checkbox"/> Settling Pit										
<input type="checkbox"/> Burn Pit	<input type="checkbox"/> Drilling Pit										
<input type="checkbox"/> Steel Pit	<input type="checkbox"/> Haul-off Pit										
	<input type="checkbox"/> Spill / Escape										

Type of waste to be disposed:	<input type="checkbox"/> Fluid	<input type="checkbox"/> Soil	<input type="checkbox"/> Mud / Cuttings	<input type="checkbox"/> Other: _____
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Amount of waste:	_____ No. of loads	_____ Barrels	_____ Tons	_____ YDS
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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: _____
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If waste is transferred to another reserve pit, is the lease active?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Location of waste disposal:	Date of Waste Transfer: _____
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Operator Name: _____	License No.: _____
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Lease Name: _____	Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West
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Docket No./API No.: _____	County: _____
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Comments:	
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Submitted Electronically