



## 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: <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:
	<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										
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:											
Submitted Electronically											