



# 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:  <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		
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