

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