

## EXPLORATION & PRODUCTION WASTE TRANSFER

|  |  |  |  |
|--|--|--|--|
| Operator Name:   |  | License Number:  |  |
| Operator Address:  |  |  |  |
| Contact Person:  |  | Phone Number: (        )        -  |  |
| Permit Number <i>(API No. if applicable)</i> :   |  | Lease Name:  |  |
| Source of Waste:   |  | Well Number:   |  |
| <div><input type="checkbox"/> Emergency Pit</div> <div><input type="checkbox"/> Workover Pit</div> <div><input type="checkbox"/> Burn Pit</div> <div><input type="checkbox"/> Steel Pit</div>  |  | <div><input type="checkbox"/> Dike</div> <div><input type="checkbox"/> Settling Pit</div> <div><input type="checkbox"/> Drilling Pit</div> <div><input type="checkbox"/> Haul-off Pit</div> <div><input type="checkbox"/> Spill / Escape</div>   |  |
|  |  | Source Location (QQQQ):    _____ - _____ - _____ - _____<br>Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West<br>_____ Feet from <input type="checkbox"/> North / <input type="checkbox"/> South Line of Section<br>_____ Feet from <input type="checkbox"/> East / <input type="checkbox"/> West Line of Section<br>_____ 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   |  |  |  |