



### 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: <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"/> <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
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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: _____
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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:

Submitted Electronically