



**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: <div style="display: flex; flex-wrap: wrap; margin-left: 20px;"> <div style="width: 50%;"><input type="checkbox"/> Emergency Pit</div> <div style="width: 50%;"><input type="checkbox"/> Dike</div> <div style="width: 50%;"><input type="checkbox"/> Workover Pit</div> <div style="width: 50%;"><input type="checkbox"/> Settling Pit</div> <div style="width: 50%;"><input type="checkbox"/> Burn Pit</div> <div style="width: 50%;"><input type="checkbox"/> Drilling Pit</div> <div style="width: 50%;"><input type="checkbox"/> Steel Pit</div> <div style="width: 50%;"><input type="checkbox"/> Haul-off Pit</div> <div style="width: 50%;"><input type="checkbox"/> Spill / Escape</div> </div>	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	