



**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: <table style="width:100%; margin-left: 20px;"> <tr> <td><input type="checkbox"/> Emergency Pit</td> <td><input type="checkbox"/> Dike</td> </tr> <tr> <td><input type="checkbox"/> Workover Pit</td> <td><input type="checkbox"/> Settling Pit</td> </tr> <tr> <td><input type="checkbox"/> Burn Pit</td> <td><input type="checkbox"/> Drilling Pit</td> </tr> <tr> <td><input type="checkbox"/> Steel Pit</td> <td><input type="checkbox"/> Haul-off Pit</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Spill / Escape</td> </tr> </table> | <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: |
|  | <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  |                                       |                                       |                                       |                                   |                                       |                                    |                                       |  |   |              |
| 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