

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name:						License Number:					
Operator Address:											
Contact Person:						Phone Number: () -					
Permit Number (<i>API No. if applicable</i>):						Lease Name:					
<div>Source of Waste:</div> <div><div><input type="checkbox"/> Emergency Pit <input type="checkbox"/> Workover Pit <input type="checkbox"/> Burn Pit <input type="checkbox"/> Steel Pit</div><div><input type="checkbox"/> Dike <input type="checkbox"/> Settling Pit <input type="checkbox"/> Drilling Pit <input type="checkbox"/> Haul-off Pit <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											