



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:

<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: _____

Source Location (QQQQ): _____ - _____ - _____ - _____

Sec. _____ Twp. _____ R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

_____ County

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: _____

Operator Name: _____ License No.: _____

Lease Name: _____ Sec. _____ Twp. _____ R. _____ East West

Docket No./API No.: _____ County: _____

Comments: _____

Submitted Electronically