

## EXPLORATION & PRODUCTION WASTE TRANSFER

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