



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%; border: none;"> <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): _____ - _____ - _____ - _____		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											
_____ Feet from _____		_____ 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													