

## 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:  <div><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"/>      <input type="checkbox"/> Spill / Escape</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			