

EXPLORATION & PRODUCTION WASTE TRANSFER

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|--|--|---|--|
| Operator Name: | | License Number: | |
| Operator Address: | | | |
| Contact Person: | | Phone Number: () - | |
| Permit Number (<i>API No. if applicable</i>): | | Lease Name: | |
| Source of Waste: <div style="display: flex; justify-content: space-between;"><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 | | | |