



### 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%"> <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:<br><br>Source Location (QQQQ):    -    -    -    -<br>Sec.    Twp.    R. <input type="checkbox"/> East <input type="checkbox"/> West<br>_____ Feet from <input type="checkbox"/> North / <input type="checkbox"/> South Line of Section<br>_____ Feet from <input type="checkbox"/> East / <input type="checkbox"/> West Line of Section<br>_____ County |
| <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 |                               |                                       |                                       |                                   |                                       |                                    |                                       |  |   |   |

|                               |                                |                               |   |                                       |
|-------------------------------|--------------------------------|-------------------------------|---|---------------------------------------|
| 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