



## 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"/> 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:	
	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: _____ Operator Name: _____ Lease Name: _____ Docket No./API No.: _____ Comments:	Date of Waste Transfer: _____ License No.: _____ Sec.      Twp.      R. <input type="checkbox"/> East <input type="checkbox"/> West County: _____	
<p style="font-size: 24px; font-weight: bold;">Submitted Electronically</p>		