



## 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:  |  | Well Number: _____  |  |
| <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Dike<br><input type="checkbox"/> Workover Pit <input type="checkbox"/> Settling Pit<br><input type="checkbox"/> Burn Pit <input type="checkbox"/> Drilling Pit<br><input type="checkbox"/> Steel Pit <input type="checkbox"/> Haul-off Pit<br><input type="checkbox"/> Spill / Escape |  | 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 |  |
| 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  |  |   |  |