



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: _____

- Dike
- Emergency Pit
- Settling Pit
- Workover Pit
- Drilling Pit
- Burn Pit
- Haul-off Pit
- Steel Pit
- Spill / Escape

Source Location (QQQQ): - - - -
Sec. _____ Twp. _____ R. _____ East West
_____ Feet from North / South Line of Section
_____ Feet from East / West Line of Section
_____ County

Type of waste to be disposed: Fluid Soil Mud / Cuttings Other: _____

Amount of waste: _____ No. of loads _____ Barrels _____ Tons _____ YDS

Destination of waste: Reserve Pit Haul Off Pit Disposal Well Lease Road Dike / Berm Other: _____

If waste is transferred to another reserve pit, is the lease active? Yes No

Location of waste disposal: _____ Date of Waste Transfer: _____

Operator Name: _____ License No.: _____

Lease Name: _____ Sec. _____ Twp. _____ R. _____ East West

Docket No./API No.: _____ County: _____

Comments: _____

Submitted Electronically