

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name:						License Number:							
Operator Address:													
Contact Person:							Phone Number: () -						
Permit Number (<i>API No. if applicable</i>):							Lease Name:						
<div>Source of Waste:</div> <div><input type="checkbox"/> Emergency Pit<input type="checkbox"/> Settling Pit <input type="checkbox"/> Workover Pit<input type="checkbox"/> Drilling Pit <input type="checkbox"/> Burn Pit<input type="checkbox"/> Haul-off Pit <input type="checkbox"/> Steel Pit<input type="checkbox"/> Spill / Escape <input type="checkbox"/> Dike</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 GPS Location: Lat:_____, Long:_____ <small>(e.g., xx.xxxxxx) (e.g., -xxx.xxxxx)</small> Datum: <input type="checkbox"/> NAD27 <input type="checkbox"/> NAD83 <input type="checkbox"/> WGS84 County: _____						
No Waste to be Hauled: <input type="checkbox"/> (<i>If checked, provide an explanation as to why no waste was hauled in the Comments area.</i>)													
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													
<div>Location of Waste Disposal: Destination Out of State: <input type="checkbox"/> (<i>If checked, provide the location of where the waste was hauled in the Comments area.</i>)</div> <div>Date of Waste Transfer: _____</div> <div>Operator Name: _____ License No.: _____</div> <div>Lease Name: _____ Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West</div> <div>Docket No./API No.: _____ County: _____</div> <div>Comments:</div>													

Submitted Electronically