

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: ☐ Emergency Pit ☐ Workover Pit ☐ Burn Pit ☐ Steel Pit ☐ Dike ☐ Settling Pit ☐ Drilling Pit ☐ Haul-off Pit ☐ Spill / Escape						Well Number:					
						Source Location (QQQQ): _____ - _____ - _____ - _____ Sec. _____ Twp. _____ R. _____ ☐ East ☐ West _____ Feet from ☐ North / ☐ South Line of Section _____ Feet from ☐ East / ☐ West Line of Section					
						GPS Location: Lat: _____ , Long: _____ (e.g. xx.xxxxxx) (e.g. -xxx.xxxxxx)					
						Datum: ☐ NAD27 ☐ NAD83 ☐ WGS84					
						County: _____					
No Waste to be Hauled: ☐ (If checked, provide an explanation as to why no waste was hauled in the Comments area.)											
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:											
Destination Out of State: ☐ (If checked, provide the location of where the waste was hauled in the Comments area.)											
						Date of Waste Transfer: _____					
Operator Name: _____						License No.: _____					
Lease Name: _____						Sec. _____ Twp. _____ R. _____ ☐ East ☐ West					
Docket No./API No.: _____						County: _____					
Comments:											

Submitted Electronically