



**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"/> Settling Pit	Source Location (QQQQ): _____ - _____ - _____ - _____	
<input type="checkbox"/> Workover Pit	<input type="checkbox"/> Drilling Pit	Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West	
<input type="checkbox"/> Burn Pit	<input type="checkbox"/> Haul-off Pit	_____ Feet from <input type="checkbox"/> North / <input type="checkbox"/> South Line of Section	
<input type="checkbox"/> Steel Pit	<input type="checkbox"/> Spill / Escape	_____ Feet from <input type="checkbox"/> East / <input type="checkbox"/> West Line of Section	
<input type="checkbox"/> Dike		GPS Location: Lat: _____, Long: _____ <small>(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)</small>	
		Datum: <input type="checkbox"/> NAD27 <input type="checkbox"/> NAD83 <input type="checkbox"/> 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**