

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name:						License Number:							
Operator Address:													
Contact Person:							Phone Number: () -						
Permit Number (<i>API No. if applicable</i>):							Lease Name:						
Source of Waste: ☐ Emergency Pit ☐ Settling Pit ☐ Workover Pit ☐ Drilling Pit ☐ Burn Pit ☐ Haul-off Pit ☐ Steel Pit ☐ Spill / Escape ☐ Dike													

 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.xxxxx) (e.g. -xxx.xxxxx)													
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