



### EXPLORATION & PRODUCTION WASTE TRANSFER

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

Submitted Electronically