



# 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: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Emergency Pit</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Settling Pit</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Workover Pit</td> <td style="border: none;"><input type="checkbox"/> Drilling Pit</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Burn Pit</td> <td style="border: none;"><input type="checkbox"/> Haul-off Pit</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Steel Pit</td> <td style="border: none;"><input type="checkbox"/> Spill / Escape</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Dike</td> <td style="border: none;"></td> </tr> </table>		<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	
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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.xxxxx) <span style="margin-left: 200px;">(e.g. -xxx.xxxxx)</span></small> Datum: <input type="checkbox"/> NAD27 <input type="checkbox"/> NAD83 <input type="checkbox"/> WGS84 County: _____											
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											
Location of Waste Disposal: Destination Out of State: <input type="checkbox"/> (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. _____ <input type="checkbox"/> East <input type="checkbox"/> West											
Docket No./API No.: _____ County: _____											
Comments:           											

Submitted Electronically