

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name:		License Number:	
Operator Address:			
Contact Person:		Phone Number: () -	
Permit Number <i>(API No. if applicable)</i> :		Lease Name:	
<div>Source of Waste:</div> <div><div><input type="checkbox"/> Emergency Pit</div><div><input type="checkbox"/> Settling Pit</div></div> <div><div><input type="checkbox"/> Workover Pit</div><div><input type="checkbox"/> Drilling Pit</div></div> <div><div><input type="checkbox"/> Burn Pit</div><div><input type="checkbox"/> Haul-off Pit</div></div> <div><div><input type="checkbox"/> Steel Pit</div><div><input type="checkbox"/> Spill / Escape</div></div> <div><div><input type="checkbox"/> Dike</div></div>		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) (e.g. -xxx.xxxxx)</small>			
Datum: <input type="checkbox"/> NAD27 <input type="checkbox"/> NAD83 <input type="checkbox"/> WGS84			
County: _____			
No Waste to be Hauled: <input type="checkbox"/> <i>(If checked, provide an explanation as to why no waste was hauled in the Comments area.)</i>			
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"/> <i>(If checked, provide the location of where the waste was hauled in the Comments area.)</i>			
		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			