



## 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> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; padding: 2px;"><input type="checkbox"/> Emergency Pit</td> <td style="width: 50%; padding: 2px;"><input type="checkbox"/> Settling Pit</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Workover Pit</td> <td style="padding: 2px;"><input type="checkbox"/> Drilling Pit</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Burn Pit</td> <td style="padding: 2px;"><input type="checkbox"/> Haul-off Pit</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Steel Pit</td> <td style="padding: 2px;"><input type="checkbox"/> Spill / Escape</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Dike</td> <td></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 |  | <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: _____<br/><small>(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)</small></p> <p>Datum: <input type="checkbox"/> NAD27 <input type="checkbox"/> NAD83 <input type="checkbox"/> WGS84</p> <p>County: _____</p> |
| <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   |   |                                       |                                       |                                       |                                   |                                       |                                    |   |                               |  |  |
| 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  |   |                                       |                                       |                                       |                                   |                                       |                                    |   |                               |  |  |