



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: Well Number:
Source Location (QQQQ): Sec. Twp. R. East West
GPS Location: Lat, Long
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