

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name:						License Number:					
Operator Address:											
Contact Person:						Phone Number: () -					
Permit Number (<i>API No. if applicable</i>):						Lease Name:					
Source of Waste: ☐ Emergency Pit ☐ Settling Pit ☐ Workover Pit ☐ Drilling Pit ☐ Burn Pit ☐ Haul-off Pit ☐ Steel Pit ☐ Spill / Escape ☐ Dike						Well Number:					
						Source Location (QQQQ): _____ - _____ - _____ - _____ Sec. _____ Twp. _____ R. _____ ☐ East ☐ West _____ Feet from ☐ North / ☐ South Line of Section _____ Feet from ☐ East / ☐ West Line of Section GPS Location: Lat:_____, Long:_____ (e.g. xx.xxxxx) (e.g. -xxx.xxxxx) Datum: ☐ NAD27 ☐ NAD83 ☐ WGS84 County:_____					
No Waste to be Hauled: ☐ (<i>If checked, provide an explanation as to why no waste was hauled in the Comments area.</i>)											
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: ☐ (<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. _____ ☐ East ☐ West Docket No./API No.: _____ County: _____ Comments:											

Submitted Electronically