



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:  |  |
| <input type="checkbox"/> Emergency Pit | <input type="checkbox"/> Settling Pit   | Source Location (QQQQ): _____ - _____ - _____ - _____   |  |
| <input type="checkbox"/> Workover Pit  | <input type="checkbox"/> Drilling Pit   | Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West          |  |
| <input type="checkbox"/> Burn Pit      | <input type="checkbox"/> Haul-off Pit   | _____ Feet from <input type="checkbox"/> North / <input type="checkbox"/> South Line of Section     |  |
| <input type="checkbox"/> Steel Pit     | <input type="checkbox"/> Spill / Escape | _____ Feet from <input type="checkbox"/> East / <input type="checkbox"/> West Line of Section       |  |
| <input type="checkbox"/> Dike          |   | GPS Location: Lat: _____, Long: _____<br><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:  (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