



## 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:  <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	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 style="display: block; text-align: center; margin: 0 150px;">(e.g. xx.xxxxx)</small> <span style="margin-left: 200px;"><small>(e.g. -xxx.xxxxx)</small></span>  Datum: <input type="checkbox"/> NAD27 <input type="checkbox"/> NAD83 <input type="checkbox"/> WGS84 County: _____
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	
Location of Waste Disposal:  Destination Out of State: <input type="checkbox"/> (If checked, provide the location of where the waste was hauled in the Comments area.)  <div style="text-align: right; margin-right: 100px;">Date of Waste Transfer: _____</div> 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	