



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:
 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: (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