



EXPLORATION & PRODUCTION WASTE TRANSFER

|  |   |
|--|---|
| Operator Name:   | License Number:   |
| Operator Address:  |   |
| Contact Person:  | Phone Number: (      ) -  |
| Permit Number (API No. if applicable):   | Lease Name:   |
| <p>Source of Waste:</p> <p> <input type="checkbox"/> Emergency Pit      <input type="checkbox"/> Settling Pit<br/> <input type="checkbox"/> Workover Pit      <input type="checkbox"/> Drilling Pit<br/> <input type="checkbox"/> Burn Pit      <input type="checkbox"/> Haul-off Pit<br/> <input type="checkbox"/> Steel Pit      <input type="checkbox"/> Spill / Escape<br/> <input type="checkbox"/> Dike </p> | <p>Well Number:</p> <p>Source Location (QQQQ): _____ - _____ - _____ - _____</p> <p>Sec. _____ Twp. _____ R. _____      <input type="checkbox"/> East <input type="checkbox"/> West</p> <p>_____ Feet from <input type="checkbox"/> North / <input type="checkbox"/> South Line of Section</p> <p>_____ Feet from <input type="checkbox"/> East / <input type="checkbox"/> West Line of Section</p> <p>GPS Location: Lat: _____, Long: _____<br/><small>(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)</small></p> <p>Datum: <input type="checkbox"/> NAD27 <input type="checkbox"/> NAD83 <input type="checkbox"/> WGS84</p> <p>County: _____</p> |

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