



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: <table style="width: 100%; margin-top: 10px;"> <tr> <td><input type="checkbox"/> Emergency Pit</td> <td><input type="checkbox"/> Settling Pit</td> </tr> <tr> <td><input type="checkbox"/> Workover Pit</td> <td><input type="checkbox"/> Drilling Pit</td> </tr> <tr> <td><input type="checkbox"/> Burn Pit</td> <td><input type="checkbox"/> Haul-off Pit</td> </tr> <tr> <td><input type="checkbox"/> Steel Pit</td> <td><input type="checkbox"/> Spill / Escape</td> </tr> <tr> <td><input type="checkbox"/> Dike</td> <td></td> </tr> </table>	<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>(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)</small> Datum: <input type="checkbox"/> NAD27 <input type="checkbox"/> NAD83 <input type="checkbox"/> WGS84 County: _____
<input type="checkbox"/> Emergency Pit	<input type="checkbox"/> Settling Pit										
<input type="checkbox"/> Workover Pit	<input type="checkbox"/> Drilling Pit										
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<input type="checkbox"/> Steel Pit	<input type="checkbox"/> Spill / Escape										
<input type="checkbox"/> Dike											

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