



### EXPLORATION & PRODUCTION WASTE TRANSFER

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

No Waste to be Hauled:  *(If checked, provide an explanation as to why no waste was hauled in the Comments area.)*

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Type of waste to be disposed:     Fluid     Soil     Mud / Cuttings     Other: \_\_\_\_\_

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Amount of waste:          \_\_\_\_\_ No. of loads          \_\_\_\_\_ Barrels          \_\_\_\_\_ Tons          \_\_\_\_\_ YDS

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Destination of waste:  Reserve Pit    Haul Off Pit    Disposal Well    Lease Road    Dike / Berm    Other: \_\_\_\_\_

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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