



## 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:<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>(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)</small><br><br>Datum: <input type="checkbox"/> NAD27 <input type="checkbox"/> NAD83 <input type="checkbox"/> WGS84<br><br>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:<br><br>Destination Out of State: <input type="checkbox"/> (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. _____ <input type="checkbox"/> East <input type="checkbox"/> West  |  |
| Docket No./API No.: _____ County: _____   |  |
| Comments:   |  |

Submitted Electronically