

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: ☐ 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: ☐ (<i>If checked, provide an explanation as to why no waste was hauled in the Comments area.</i>)											
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: ☐ (<i>If checked, provide the location of where the waste was hauled in the Comments area.</i>)											
						Date of Waste Transfer: _____					
Operator Name: _____						License No.: _____					
Lease Name: _____						Sec. _____ Twp. _____ R. _____ ☐ East ☐ West					
Docket No./API No.: _____						County: _____					
Comments:											

Submitted Electronically