



# 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</p> <p><input type="checkbox"/> Workover Pit           <input type="checkbox"/> Drilling Pit</p> <p><input type="checkbox"/> Burn Pit               <input type="checkbox"/> Haul-off Pit</p> <p><input type="checkbox"/> Steel Pit               <input type="checkbox"/> Spill / Escape</p> <p><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: _____</p> <p style="text-align: center;"><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>
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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