



## 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> <table style="width: 100%;"> <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 |  | <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: _____<br/><span style="font-size: small;">(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)</span></p> <p>Datum: <input type="checkbox"/> NAD27 <input type="checkbox"/> NAD83 <input type="checkbox"/> WGS84</p> <p>County: _____</p> |
| <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   |  |                                       |                                       |                                       |                                   |                                       |                                    |   |                               |  |  |
| 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:   |  |                                       |                                       |                                       |                                   |                                       |                                    |   |                               |  |  |
| 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  |  |                                       |                                       |                                       |                                   |                                       |                                    |   |                               |  |  |