



## 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%; border: none;"> <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/><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> |
| <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:  (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