



EXPLORATION & PRODUCTION WASTE TRANSFER

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| Operator Name: | License Number: |
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| Operator Address: |
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| Contact Person: | Phone Number: () - |
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| Permit Number (API No. if applicable): | Lease Name: |
|--|-------------|

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| Source of Waste: <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 | Well Number: _____ Source Location (QQQQ): _____ - _____ - _____ - _____ Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West _____ Feet from <input type="checkbox"/> North / <input type="checkbox"/> South Line of Section _____ Feet from <input type="checkbox"/> East / <input type="checkbox"/> West Line of Section GPS Location: Lat: _____ , Long: _____ (e.g. xx.xxxxx) (e.g. -xxx.xxxxx) Datum: <input type="checkbox"/> NAD27 <input type="checkbox"/> NAD83 <input type="checkbox"/> WGS84 County: _____ |
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| No Waste to be Hauled: <input type="checkbox"/> (If checked, provide an explanation as to why no waste was hauled in the Comments area.) |
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| Type of waste to be disposed: <input type="checkbox"/> Fluid <input type="checkbox"/> Soil <input type="checkbox"/> Mud / Cuttings <input type="checkbox"/> Other: _____ |
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| Amount of waste: _____ No. of loads _____ Barrels _____ Tons _____ YDS |
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| 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: _____ |
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| If waste is transferred to another reserve pit, is the lease active? <input type="checkbox"/> Yes <input type="checkbox"/> No |
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| Location of Waste Disposal: |
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| Destination Out of State: <input type="checkbox"/> (If checked, provide the location of where the waste was hauled in the Comments area.) |
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Date of Waste Transfer: _____

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|----------------------|--------------------|
| Operator Name: _____ | License No.: _____ |
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| Lease Name: _____ | Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West |
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|---------------------------|---------------|
| Docket No./API No.: _____ | County: _____ |
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| Comments: |
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Submitted Electronically