



EXPLORATION & PRODUCTION WASTE TRANSFER

|   |  |
|---|--|
| Operator Name:  | License Number:  |
| Operator Address:   |  |
| Contact Person:   | Phone Number: (      )      -  |
| Permit Number (API No. if applicable):  | Lease Name:  |
| Source of Waste:<br><br><input type="checkbox"/> Emergency Pit <input type="checkbox"/> Settling Pit<br><br><input type="checkbox"/> Workover Pit <input type="checkbox"/> Drilling Pit<br><br><input type="checkbox"/> Burn Pit <input type="checkbox"/> Haul-off Pit<br><br><input type="checkbox"/> Steel Pit <input type="checkbox"/> Spill / Escape<br><br><input type="checkbox"/> Dike | Well Number:<br><br>Source Location (QQQQ): _____ - _____ - _____ - _____<br>Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West<br>_____ Feet from <input type="checkbox"/> North / <input type="checkbox"/> South Line of Section<br>_____ Feet from <input type="checkbox"/> East / <input type="checkbox"/> West Line of Section<br><br>GPS Location: Lat: _____ , Long: _____<br><small>(e.g. xx.xxxxx)      (e.g. -xxx.xxxxx)</small><br><br>Datum: <input type="checkbox"/> NAD27 <input type="checkbox"/> NAD83 <input type="checkbox"/> WGS84<br><br>County: _____ |

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