



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: Well Number:
Source Location (QQQQ): - - - -
Sec. Twp. R. East West
Feet from North / South Line of Section
Feet from East / West Line of Section
GPS Location: Lat: , Long: (e.g. xx.xxxxx) (e.g. -xxx.xxxxx)
Datum: NAD27 NAD83 WGS84
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