



### 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: _____
<input type="checkbox"/> Emergency Pit	<input type="checkbox"/> Settling Pit	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: _____ <small>(e.g. xx.xxxxx)                                  (e.g. -xxx.xxxxx)</small>  Datum: <input type="checkbox"/> NAD27 <input type="checkbox"/> NAD83 <input type="checkbox"/> WGS84  County: _____
<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