

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name:			License Number:		
Operator Address:					
Contact Person:			Phone Number: () -		
Permit Number <i>(API No. if applicable)</i> :			Lease Name:		
Source of Waste: ☐ Emergency Pit ☐ Settling Pit ☐ Workover Pit ☐ Drilling Pit ☐ Burn Pit ☐ Haul-off Pit ☐ Steel Pit ☐ Spill / Escape ☐ Dike			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: ☐ <i>(If checked, provide an explanation as to why no waste was hauled in the Comments area.)</i>					
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: ☐ <i>(If checked, provide the location of where the waste was hauled in the Comments area.)</i>					
			Date of Waste Transfer: _____		
Operator Name: _____			License No.: _____		
Lease Name: _____			Sec. _____ Twp. _____ R. _____ ☐ East ☐ West		
Docket No./API No.: _____			County: _____		
Comments: 					
Submitted Electronically					