



### EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: _____	License Number: _____
Operator Address: _____ _____	
Contact Person: _____	Phone Number: (        )        -
Permit Number ( <i>API No. if applicable</i> ): _____	Lease Name: _____
<p>Source of Waste:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <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 </div> <div style="width: 45%; border-left: 1px solid black; padding-left: 5px;"> <p>Well Number: _____</p> <p>Source Location (QQQQ): _____ - _____ - _____ - _____</p> <p>Sec. _____ Twp. _____ R. _____      <input type="checkbox"/> East   <input type="checkbox"/> West</p> <p>_____ Feet from <input type="checkbox"/> North / <input type="checkbox"/> South Line of Section</p> <p>_____ Feet from <input type="checkbox"/> East / <input type="checkbox"/> West Line of Section</p> <p>GPS Location: Lat: _____, Long: _____ <small>(e.g. xx.xxxxx)     (e.g. -xxx.xxxxx)</small></p> <p>Datum: <input type="checkbox"/> NAD27   <input type="checkbox"/> NAD83   <input type="checkbox"/> WGS84</p> <p>County: _____</p> </div> </div>	

No Waste to be Hauled: <input type="checkbox"/> ( <i>If checked, provide an explanation as to why no waste was hauled in the Comments area.</i> )
Type of waste to be disposed: <input type="checkbox"/> Fluid <input type="checkbox"/> Soil <input type="checkbox"/> Mud / Cuttings <input type="checkbox"/> Other: _____
Amount of waste:        _____ No. of loads        _____ Barrels        _____ Tons        _____ YDS
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: _____
If waste is transferred to another reserve pit, is the lease active? <input type="checkbox"/> Yes <input type="checkbox"/> No

Location of Waste Disposal:	
Destination Out of State: <input type="checkbox"/> ( <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. _____ <input type="checkbox"/> East <input type="checkbox"/> West
Docket No./API No.: _____	County: _____

Comments:

Submitted Electronically