



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: <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 | | Well Number: _____ | |
| | | 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 | |

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