



EXPLORATION & PRODUCTION WASTE TRANSFER

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| Operator Name: _____ | License Number: _____ |
| Operator Address: _____ | |
| Contact Person: _____ | Phone Number: () - |
| Permit Number (API No. if applicable): _____ | Lease Name: _____ |
| <p>Source of Waste:</p> <p><input type="checkbox"/> Emergency Pit <input type="checkbox"/> Settling Pit</p> <p><input type="checkbox"/> Workover Pit <input type="checkbox"/> Drilling Pit</p> <p><input type="checkbox"/> Burn Pit <input type="checkbox"/> Haul-off Pit</p> <p><input type="checkbox"/> Steel Pit <input type="checkbox"/> Spill / Escape</p> <p><input type="checkbox"/> Dike</p> | <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> |
| No Waste to be Hauled: <input type="checkbox"/> (If checked, provide an explanation as to why no waste was hauled in the Comments area.) | |
| 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"/> (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. _____ <input type="checkbox"/> East <input type="checkbox"/> West |
| Docket No./API No.: _____ | County: _____ |
| Comments: | |

Submitted Electronically