



## EXPLORATION &amp; 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 <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	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: _____
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

## Summary of Changes

Lease Name and Number: STAPLETON 2

API/Permit #: 15-137-19039-00-00

Doc ID: 1225230

Correction Number: 1

Field Name	Previous Value	New Value
Amount(Barrels)		80
Amount(Loads)		1
Approved Date	08/29/2014	09/30/2014
Date Of Transfer		08/01/2014
Destination of Waste		LeaseRoad
Disposal Location - County		Norton
Disposal Location - License No.		5135
Disposal Location - Range		24
Disposal Location - Range Direction		West
Disposal Location - Section		36
Disposal Location - Township		3

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Disposal LocationOperatorName		Farmer, John O., Inc.
DisposalLocationComments	No fluid volume to necessitate hauling.	Had originally thought no fluid volume to
No Waste Hauled	Yes	No
Save Link	../../../../kcc/detail/operatorE ditDetail.cfm?docID=12 21066	../../../../kcc/detail/operatorE ditDetail.cfm?docID=12 25230
Waste Type - Fluid	No	Yes