



## 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Source of Waste: <div style="display: flex; flex-wrap: wrap; margin-top: 10px;"> <div style="width: 50%;"><input type="checkbox"/> Emergency Pit</div> <div style="width: 50%;"><input type="checkbox"/> Settling Pit</div> <div style="width: 50%;"><input type="checkbox"/> Workover Pit</div> <div style="width: 50%;"><input type="checkbox"/> Drilling Pit</div> <div style="width: 50%;"><input type="checkbox"/> Burn Pit</div> <div style="width: 50%;"><input type="checkbox"/> Haul-off Pit</div> <div style="width: 50%;"><input type="checkbox"/> Steel Pit</div> <div style="width: 50%;"><input type="checkbox"/> Spill / Escape</div> <div style="width: 50%;"><input type="checkbox"/> Dike</div> </div> | Well Number:<br>Source Location (QQQQ): _____ - _____ - _____ - _____<br>Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West<br>_____ Feet from <input type="checkbox"/> North / <input type="checkbox"/> South Line of Section<br>_____ Feet from <input type="checkbox"/> East / <input type="checkbox"/> West Line of Section<br>GPS Location: Lat: _____ , Long: _____<br><small>(e.g. xx.xxxxx)                                                 (e.g. -xxx.xxxxx)</small><br>Datum: <input type="checkbox"/> NAD27 <input type="checkbox"/> NAD83 <input type="checkbox"/> WGS84<br>County: _____ |

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