



# 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; flex-wrap: wrap; gap: 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>	<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"/> ( <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	