



### EXPLORATION & PRODUCTION WASTE TRANSFER

|  |  |   |  |
|--|--|---|--|
| Operator Name: _____   |  | License Number: _____   |  |
| Operator Address: _____  |  |   |  |
| Contact Person: _____  |  | Phone Number: (     )     -     -   |  |
| Permit Number (API No. if applicable): _____   |  | Lease Name: _____   |  |
| <b>Source of Waste:</b><br><br><input type="checkbox"/> Emergency Pit <input type="checkbox"/> Settling Pit<br><br><input type="checkbox"/> Workover Pit <input type="checkbox"/> Drilling Pit<br><br><input type="checkbox"/> Burn Pit <input type="checkbox"/> Haul-off Pit<br><br><input type="checkbox"/> Steel Pit <input type="checkbox"/> Spill / Escape<br><br><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   |  |
|  |  | GPS Location: Lat: _____, Long: _____<br><small>(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)</small>       |  |

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