



EXPLORATION & PRODUCTION WASTE TRANSFER

| | |
|----------------|-----------------|
| 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: (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