

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name:		License Number:	
Operator Address:			
Contact Person:		Phone Number: () -	
Permit Number <i>(API No. if applicable)</i> :		Lease Name:	
Source of Waste:		Well Number:	
☐ Emergency Pit		Source Location (QQQQ): _____ - _____ - _____ - _____ Sec. _____ Twp. _____ R. _____ ☐ East ☐ West _____ Feet from ☐ North / ☐ South Line of Section _____ Feet from ☐ East / ☐ West Line of Section GPS Location: Lat: _____ , Long: _____ (e.g. xx.xxxxx) (e.g. -xxx.xxxxx) Datum: ☐ NAD27 ☐ NAD83 ☐ WGS84 County: _____	
☐ Settling Pit			
☐ Workover Pit			
☐ Drilling Pit			
☐ Burn Pit			
☐ Haul-off Pit			
☐ Steel Pit			
☐ Spill / Escape			
☐ Dike			
No Waste to be Hauled: ☐ <i>(If checked, provide an explanation as to why no waste was hauled in the Comments area.)</i>			
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: ☐ <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. _____ ☐ East ☐ West	
Docket No./API No.: _____		County: _____	
Comments:			
Submitted Electronically			