



**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  <input type="checkbox"/> Workover Pit       <input type="checkbox"/> Drilling Pit  <input type="checkbox"/> Burn Pit           <input type="checkbox"/> Haul-off Pit  <input type="checkbox"/> Steel Pit           <input type="checkbox"/> Spill / Escape  <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: _____</p> <p style="text-align: center;"><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>
	<p>No Waste to be Hauled: <input type="checkbox"/> (If checked, provide an explanation as to why no waste was hauled in the Comments area.)</p>
<p>Type of waste to be disposed:   <input type="checkbox"/> Fluid   <input type="checkbox"/> Soil   <input type="checkbox"/> Mud / Cuttings   <input type="checkbox"/> Other: _____</p>	
<p>Amount of waste:       _____ No. of loads       _____ Barrels       _____ Tons       _____ YDS</p>	
<p>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: _____</p>	
<p>If waste is transferred to another reserve pit, is the lease active?   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p>	
<p>Location of Waste Disposal:</p> <p>Destination Out of State: <input type="checkbox"/> (If checked, provide the location of where the waste was hauled in the Comments area.)</p> <p style="text-align: right;">Date of Waste Transfer: _____</p> <p>Operator Name: _____ License No.: _____</p> <p>Lease Name: _____ Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West</p> <p>Docket No./API No.: _____ County: _____</p> <p>Comments: _____ _____ _____</p>	
<p>Submitted Electronically</p>	