



EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: _____	License Number: _____
Operator Address: _____	
Contact Person: _____	Phone Number: () -
Permit Number (API No. if applicable): _____	Lease Name: _____
Source of Waste: <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	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: _____ <small>(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)</small> Datum: <input type="checkbox"/> NAD27 <input type="checkbox"/> NAD83 <input type="checkbox"/> WGS84 County: _____
No Waste to be Hauled: <input type="checkbox"/> (If checked, provide an explanation as to why no waste was hauled in the Comments area.)	
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"/> (If checked, provide the location of where the waste was hauled in the Comments area.) <div style="text-align: right; margin-right: 200px;">Date of Waste Transfer: _____</div>	
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	

RGN Company Inc

PO Box 213
 Stockton, KS 67669
 785-425-7387

Date	Invoice #
4/1/2014	17603

Carmen Schmitt, Inc.
 PO Box 47
 Great Bend, KS 67530

Terms	Due Date	Lease/Project
Net 15	4/16/2014	Vose

Quantity	Item	Description	Price Each	Amount
12	Tank Truck/80 B...	80 BBL Vacuum Truck - Water Hauls	85.00	1,020.00
880	Gottschalk	Barrels of saltwater/Disposal Fee	0.00	0.00T
80	Disposal Fee	Kemper Swab Tank	0.00	0.00T
		Sales Tax	6.15%	0.00
Thank you for your business!			Total	\$1,020.00