



## 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>	
No Waste to be Hauled: <input type="checkbox"/> <i>(If checked, provide an explanation as to why no waste was hauled in the Comments area.)</i>			
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			
<p>Location of Waste Disposal:</p> <p>Destination Out of State: <input type="checkbox"/> <i>(If checked, provide the location of where the waste was hauled in the Comments area.)</i></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>			
<b>Submitted Electronically</b>			