



## EXPLORATION & PRODUCTION WASTE TRANSFER

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| Operator Name:   | License Number:  |
| Operator Address:  |  |
| Contact Person:  | Phone Number: ( ) -  |
| Permit Number (API No. if applicable):   | Lease Name:  |
| Source of Waste:<br><br><input type="checkbox"/> Emergency Pit <input type="checkbox"/> Settling Pit<br><input type="checkbox"/> Workover Pit <input type="checkbox"/> Drilling Pit<br><input type="checkbox"/> Burn Pit <input type="checkbox"/> Haul-off Pit<br><input type="checkbox"/> Steel Pit <input type="checkbox"/> Spill / Escape<br><input type="checkbox"/> Dike  | Well Number:<br><br>Source Location (QQQQ): _____ - _____ - _____ - _____<br>Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West<br>_____ Feet from <input type="checkbox"/> North / <input type="checkbox"/> South Line of Section<br>_____ Feet from <input type="checkbox"/> East / <input type="checkbox"/> West Line of Section<br>GPS Location: Lat: _____, Long: _____<br><small>(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)</small><br>Datum: <input type="checkbox"/> NAD27 <input type="checkbox"/> NAD83 <input type="checkbox"/> WGS84<br>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:<br><br>Destination Out of State: <input type="checkbox"/> (If checked, provide the location of where the waste was hauled in the Comments area.)<br><br>Date of Waste Transfer: _____<br><br>Operator Name: _____ License No.: _____<br><br>Lease Name: _____ Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West<br><br>Docket No./API No.: _____ County: _____<br><br>Comments: |  |

Submitted Electronically