



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> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Emergency Pit</td> <td><input type="checkbox"/> Settling Pit</td> </tr> <tr> <td><input type="checkbox"/> Workover Pit</td> <td><input type="checkbox"/> Drilling Pit</td> </tr> <tr> <td><input type="checkbox"/> Burn Pit</td> <td><input type="checkbox"/> Haul-off Pit</td> </tr> <tr> <td><input type="checkbox"/> Steel Pit</td> <td><input type="checkbox"/> Spill / Escape</td> </tr> <tr> <td><input type="checkbox"/> Dike</td> <td></td> </tr> </table>		<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>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: _____ <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>	
<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													
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													
<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> <div style="text-align: right; padding-right: 150px;">Date of Waste Transfer: _____</div> <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> 													
Submitted Electronically													