



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: <table style="width: 100%; border: none;"><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 | | 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: _____ (e.g. xx.xxxxx) (e.g. -xxx.xxxxx) Datum: <input type="checkbox"/> NAD27 <input type="checkbox"/> NAD83 <input type="checkbox"/> WGS84 County: _____ |
| <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: (If checked, provide an explanation as to why no waste was hauled in the Comments area.)

Type of waste to be disposed: Fluid Soil Mud / Cuttings Other: _____

Amount of waste: _____ No. of loads _____ Barrels _____ Tons _____ YDS

Destination of waste: Reserve Pit Haul Off Pit Disposal Well Lease Road Dike / Berm Other: _____

If waste is transferred to another reserve pit, is the lease active? Yes No

Location of Waste Disposal:
Destination Out of State: (If checked, provide the location of where the waste was hauled in the Comments area.)

Date of Waste Transfer: _____

Operator Name: _____ License No.: _____

Lease Name: _____ Sec. _____ Twp. _____ R. _____ East West

Docket No./API No.: _____ County: _____

Comments: _____

Submitted Electronically