

S-25 MONTHLY OILFIELD WASTE MANAGEMENT FACILITY STATEMENT

Company Name: _____

Address: _____

- Cavern Facility
- Waste Processing Facility
- Surface Facilities Associated with Class 1a / 1b Disposal Well

Year	Month	Operator BA	Facility ID Code	Amend date
				/ /

Facility Name / WM #:	Page
Location:	of

Generator BA Code	Facility ID Code	Prov *	Location								Waste Code *	N/D *	Total Volume m ³	Oil Estimate m ³	Water Estimate m ³	Solids Estimate m ³	Other Unit *
			LE	LSD	SEC	TWP	RGE	W	M								
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Inventory and Dispositions						
Oil	Deliveries	BA Code	Facility ID Code	Volume m ³		
Total Receipts m ³	Open Inventory m ³	Adjustment m ³	n=neg	Close Inventory m ³	Total Disposition m ³	
Water	Deliveries	BA Code	Facility ID Code	Volume m ³		
Total Receipts m ³	Open Inventory m ³	Adjustment m ³	n=neg	Close Inventory m ³	Total Disposition m ³	
Solids	Deliveries	BA Code	Facility ID Code	Volume m ³		
Total Receipts m ³	Open Inventory m ³	Adjustment m ³	n=neg	Close Inventory m ³	Total Disposition m ³	
Other *	Deliveries	BA Code	Facility ID Code	Unit		
Unit measure	Total Receipts	Open Inventory	Adjustment	n=neg	Close Inventory	Total Disposition

Fuel Gas Receipts			
Licensee BA Code	Facility ID Code	Activity Code	Volume 10 ³ m ³
Total:			

Contact Name: (print)	
Date:	
Phone: () - () -	Fax: () -
Signature:	

Explanation of Adjustments (if applicable) for Oil, Water, Solids, Other	
Source	Explanation:

* Prov - indicate province by: SK / BC / MB / Other (if not AB) * N / D - Non-dangerous or Dangerous Oilfield Waste
 * Waste Code - from Table 7.4 and Section 5 * Other - Identify unit of measure: m³ = cubic metres; L = litres; t = tonnes; D = drums