

NON-HAZARDOUS WASTE MANIFEST		1. Generator ID Number N/A	2. Page 1 of 1	3. Emergency Response Phone 800-424-9300	4. Waste Tracking Number 157897
5. Generator's Name and Mailing Address <i>112 Henville, CO 80501</i>			Generator's Project Address (if different than mailing address) <i>SYNERGY/LOEWEN NE 1/4 NW 1/4 SEC 32, 4N, RANGE 68 WEST 21-73011 320 82-82 00 320 12-20</i>		
Generator's Phone:					
6. Transporter 1: Complete Company Name and Address <i>1 AM CO TIRAKUS</i>				Transporter Phone <i>916-9232</i>	
7. Transporter 2: Complete Company Name and Address				Transporter Phone	
8. Designated Disposal Facility Name and Site Address <i>(970)686-2800</i> NORTH WELD LANDFILL 40000 WELD COUNTY ROAD 25 AULT CO 80610				Facility's Phone:	
9. Waste Shipping Name, Description, & Profile Number		10. Containers		11. Total Quantity	12. Unit Wt./Vol.
		No.	Type		
1. NON REGULATED SOLID (IMPACTED SOIL) <i>119217CO</i>				<i>387</i>	<i>7</i>
2.					
13. Regulatory Agency: Colorado Department of Public Health and Environment 4300 Cherry Creek Drive South Denver, Co 80222-1530				Emergency Notification: CHEMTREC (800) 424-9300 24-hour Toll Free Number	
14. Bill to & Account Number:					
<i>Customer Acct #: N 10509 Customer Name: SYNERGY RESOURCES CORPORATION</i>					
15. Contractor/Generator Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/ placarded, and are in all respects in proper condition for transportation according to applicable national and state governmental regulations. I hereby certify that the above described waste is not a hazardous waste defined by federal, state or local regulations and does not contain regulated quantities of PCB's or radioactive materials.					
Generator's/Offor's Printed/Typed Name		Signature		Month	Day Year
<i>11-22-14</i>		<i>[Signature]</i>			
16. Transporter Acknowledgement of Receipt of Materials					
Transporter 1 Printed/Typed Name		Signature		Month	Day Year
<i>MIKE BULLOW</i>		<i>[Signature]</i>		<i>10</i>	<i>16 14</i>
Transporter 2 Printed/Typed Name		Signature		Month	Day Year
17. Special Handling Instructions					
18. Discrepancy Indication Space:				19. Ticket # <i>1399917</i>	
Initials of Person noting discrepancy		Signature		Date	
20. Management Method/Location					
Landfill _____ Monofill _____ Location:					
21. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 18					
Printed/Typed Name		Signature		Month	Day Year
<i>[Signature]</i>		<i>[Signature]</i>		<i>12</i>	<i>16 14</i>