

<b>NON-HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number <b>N/A</b>		2. Page 1 of <b>1</b>		3. Emergency Response Phone <b>800-424-9300</b>		4. Waste Tracking Number <b>157805</b>			
		5. Generator's Name and Mailing Address <b>20203 Colorado Platteville CO 80651</b>		Generator's Project Address (if different than mailing address) <b>SYNERGY / LDFWEN</b>		Generator's Phone: <b>970-737-1073</b>		Generator's Phone: <b>21-03D 11-32D</b>			
<b>GENERATOR</b>		6. Transporter 1: Complete Company Name and Address						Transporter Phone			
		7. Transporter 2: Complete Company Name and Address						Transporter Phone			
<b>DESIGNATED FACILITY</b>		8. Designated Disposal Facility Name and Site Address <b>NORTH WELD LANDFILL 40000 WELD COUNTY ROAD 25 AULT CO 80610</b>						Facility's Phone: <b>(970)886-2800</b>			
		9. Waste Shipping Name, Description, & Profile Number <b>1. NON REGULATED SOLID (IMPACTED SOIL) 119217CO</b>						10. Containers No. Type		11. Total Quantity 12. Unit Wt./Vol.	
<b>TRANSPORTER</b>		13. Regulatory Agency: <b>Colorado Department of Public Health and Environment 4300 Cherry Creek Drive South Denver, Co 80222-1530</b>						Emergency Notification: <b>CHEMTREC (800) 424-9300 24-hour Toll Free Number</b>			
		14. Bill to & Account Number: <b>Customer Acct #: N 10509 Customer Name: SYNERGY RESOURCES CORPORATION</b>									
<b>DESIGNATED FACILITY</b>		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/Officer's Printed/Typed Name <b>Synergy Resources Corporation</b>						Signature <i>[Signature]</i>		Month Day Year <b>11 13 15</b>	
<b>TRANSPORTER</b>		16. Transporter Acknowledgement of Receipt of Materials									
		Transporter 1 Printed/Typed Name <b>MIKE BILLOU</b>						Signature <i>[Signature]</i>		Month Day Year <b>11 13 15</b>	
<b>DESIGNATED FACILITY</b>		Transporter 2 Printed/Typed Name						Signature		Month Day Year	
		17. Special Handling Instructions									
<b>DESIGNATED FACILITY</b>		18. Discrepancy Indication Space:						19. Ticket # <b>1402921</b>			
		Initials of Person noting discrepancy _____ Signature _____						Date _____			
<b>DESIGNATED FACILITY</b>		20. Management Method/Location <b>Landfill _____ Monofill _____ Location:</b>									
		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 _____									
<b>DESIGNATED FACILITY</b>								Month Day Year <b>11 13 15</b>			