

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 157896
5. Generator's Name and Mailing Address <i>SYNERGY / LOFERN</i>			Generator's Project Address (if different than mailing address) <i>NE 1/4 W/4 SEC 32 4N RANGE 08 WES</i>		
Generator's Phone: <i>214-330-11-330, 25-30, 22-30, 12-30</i>					
6. Transporter 1: Complete Company Name and Address <i>1111111111</i>			Transporter Phone <i>313 96-9233</i>		
7. Transporter 2: Complete Company Name and Address			Transporter Phone		
8. Designated Disposal Facility Name and Site Address NORTH WELD LANDFILL 40000 WELD COUNTY ROAD 25 AULT CO 80610 <i>(970)686-2800</i>			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>13.757</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/Officer's Printed/Typed Name		Signature		Month	Day Year
16. Transporter Acknowledgement of Receipt of Materials					
Transporter 1 Printed/Typed Name <i>Mike Garcia</i>		Signature <i>Mike Garcia</i>		Month	Day Year
				<i>10</i>	<i>16</i> <i>14</i>
Transporter 2 Printed/Typed Name		Signature		Month	Day Year
17. Special Handling Instructions					
18. Discrepancy Indication Space:				19. Ticket #	
Initials of Person noting discrepancy		Signature		Date	
20. Management Method/Location <i>Landfill</i> <i>Monofill</i> <i>Location:</i> <i>1399840</i>					
21. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 18					
Printed/Typed Name <i>John</i>		Signature <i>John</i>		Month	Day Year
				<i>12</i>	<i>16</i> <i>14</i>