

<b>NON-HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number N/A	2. Page 1 of 1	3. Emergency Response Phone 800-424-9300	4. Waste Tracking Number <b>157807</b>	
5. Generator's Name and Mailing Address 20000 SYNERGY RESOURCES CORPORATION 10000 SYNERGY RESOURCES CORPORATION FVILL CO. 80504			Generator's Project Address (if different than mailing address) SYNERGY/CLWEN 31-23D 11-30D 25-32			
Generator's Phone:						
6. Transporter 1: Complete Company Name and Address			Transporter Phone			
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 (970)686-2800			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) 119217CO			1.41	T		
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: Customer Acct #: N 10509 Customer Name: SYNERGY RESOURCES CORPORATION						
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/Offerrer's Printed/Typed Name SYNERGY RESOURCES CORPORATION			Signature		Month Day Year	
16. Transporter Acknowledgement of Receipt of Materials						
Transporter 1 Printed/Typed Name MIKE BALLOU			Signature [Signature]		Month Day Year 1 3 15	
Transporter 2 Printed/Typed Name			Signature		Month Day Year	
17. Special Handling Instructions						
18. Discrepancy Indication Space:					19. Ticket # HJ 2952	
Initials of Person noting discrepancy			Signature		Date	
20. Management Method/Location Landfill <input checked="" type="checkbox"/> Monofill <input type="checkbox"/> 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	

GENERATOR

TRANSPORTER

DESIGNATED FACILITY