

GENERATOR	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 157806		
	5. Generator's Name and Mailing Address 20203 Colorado 600 Pleasant CO 80651 Generator's Phone: 970-737-1073				Generator's Project Address (if different than mailing address) SYNERGY/LOEWEN 21-330 11-320 25-32			
	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:		
TRANSPORTER	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				7.08			
	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			
DESIGNATED FACILITY	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/Officer's Printed/Typed Name		Signature			Month Day Year		
	Synergy Resources Corporation		[Signature]					
	16. Transporter Acknowledgement of Receipt of Materials							
Transporter 1 Printed/Typed Name		Signature			Month Day Year			
MIKE BACCHIO		[Signature]			1 5 15			
Transporter 2 Printed/Typed Name		Signature			Month Day Year			
17. Special Handling Instructions								
18. Discrepancy Indication Space:						19. Ticket # 14102892		
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			
[Signature]		[Signature]			1 5 15			