

<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>157815</b>	
5. Generator's Name and Mailing Address			Generator's Project Address (if different than mailing address) <b>PRATT #2</b>			
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			Facility's Phone:			
<b>NORTH WELD LANDFILL</b> <b>40000 WELD COUNTY ROAD 25</b> <b>AULT CO 80610</b> <b>(970)686-2800</b>						
9. Waste Shipping Name, Description, & Profile Number			10. Containers		11. Total Quantity	12. Unit Wt./Vol.
			No.	Type		
1. <b>NON REGULATED SOLID (IMPACTED SOIL)</b>  <b>119217CO</b>					<b>8.6</b>	<b>T</b>
2.						
13. Regulatory Agency: <b>Colorado Department of Public Health and Environment</b> <b>4300 Cherry Creek Drive South</b> <b>Denver, Co 80222-1530</b>			Emergency Notification: <b>CHEMTREC (800) 424-9300</b> <b>24-hour Toll Free Number</b>			
14. Bill to & Account Number:						
<b>Customer Acct #: N 10509 Customer Name: SYNERGY RESOURCES CORPORATION</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/Offoror's Printed/Typed Name			Signature		Month	Day Year
					<b>0</b>	<b>3</b> <b>15</b>
16. Transporter Acknowledgement of Receipt of Materials						
Transporter 1 Printed/Typed Name			Signature		Month	Day Year
					<b>3</b>	<b>3</b> <b>15</b>
Transporter 2 Printed/Typed Name			Signature		Month	Day Year
17. Special Handling Instructions						
18. Discrepancy Indication Space:					19. Ticket #	
					<b>1416828</b>	
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
<b>Sam</b>					<b>1</b>	<b>3</b> <b>15</b>