

<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>157910</b>	
5. Generator's Name and Mailing Address <i>Pratt #2</i>			Generator's Project Address (if different than mailing address)			
Generator's Phone:			<i>727-21-1620</i>			
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 <b>NORTH WELD LANDFILL 40000 WELD COUNTY ROAD 25 AULT CO 80610</b>			Facility's Phone: <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>						
1. <b>NON REGULATED SOLID (IMPACTED SOIL)</b>				<i>6397</i>		
2.						
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:  <i>Customer Acct #: N 10500 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/Offeror's Printed/Typed Name			Signature		Month	Day Year
<i>Jerry Bowen</i>			<i>[Signature]</i>		<i>3</i>	<i>2</i>   <i>15</i>
16. Transporter Acknowledgement of Receipt of Materials						
Transporter 1 Printed/Typed Name			Signature		Month	Day Year
<i>MIKE STUBBS</i>			<i>[Signature]</i>		<i>3</i>	<i>2</i>   <i>15</i>
Transporter 2 Printed/Typed Name			Signature		Month	Day Year
17. Special Handling Instructions						
18. Discrepancy Indication Space:					19. Ticket #	
					<i>1410640</i>	
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
<i>Saleh</i>			<i>[Signature]</i>		<i>3</i>	<i>3</i>   <i>15</i>

GENERATOR

TRANSPORTER

DESIGNATED FACILITY