

<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>157816</b>	
5. Generator's Name and Mailing Address			Generator's Project Address (if different than mailing address)			
Generator's Phone:						
6. Transporter 1: Complete Company Name and Address BUCKLEN EQUIPMENT #27				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				6.08	70	
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/Offeror's Printed/Typed Name		Signature		Month	Day	Year
				3	3	15
16. Transporter Acknowledgement of Receipt of Materials						
Transporter 1 Printed/Typed Name		Signature		Month	Day	Year
Don Romick		Don Romick		3	3	15
Transporter 2 Printed/Typed Name		Signature		Month	Day	Year
17. Special Handling Instructions						
18. Discrepancy Indication Space:				19. Ticket #		
				11112974		
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
				3	3	15

GENERATOR

TRANSPORTER

DESIGNATED FACILITY