

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  
116447

5. Generator's Name and Mailing Address  
WHITING OIL AND GAS CORP

Generator's Site Address (if different than mailing address)

Generator's Phone: (970)493-2900

WOLF 35-26134A 35-2623H

6. Transporter 1 Company Name  
MUE TRUCKING

U.S. EPA ID Number

7. Transporter 2 Company Name

U.S. EPA ID Number

8. Designated Facility Name and Site Address  
NORTH WELD LANDFILL  
40000 WELD COUNTY ROAD 25  
AULT CO 80610

U.S. EPA ID Number

Facility's Phone: (970)686-2800

9. Waste Shipping Name and Description

10. Containers

11. Total Quantity

12. Unit Wt./Vol.

1. NON REGULATED SOLID (E&P SOLIDS - SOILS, SANDS AND MUD)

115761CO

7.98 cu

13. Special Handling Instructions and Additional Information

Customer Acct #: N 10400 Customer Name: WHITING OIL AND GAS

Transporter 1 address & phone #:

14. GENERATOR'S/OFFEROR'S 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 transport according to applicable international and governmental regulations.

Generator's/Offor's Printed/Typed Name  
Guadalupe Espinoza

Signature

Month Day Year  
12 22 14

INT'L

15. International Shipments  Import to U.S.  Export from U.S.

Port of entry/exit:

Transporter Signature (for exports only):

Date leaving U.S.:

TRANSPORTER

16. Transporter Acknowledgement of Receipt of Materials

Transporter 1 Printed/Typed Name  
Genaro Meza A

Signature

Month Day Year  
12 22 14

Transporter 2 Printed/Typed Name

Signature

Month Day Year

DESIGNATED FACILITY

17. Discrepancy

17a. Discrepancy Indication Space  Quantity  Type  Residue  Partial Rejection  Full Rejection

Manifest Reference Number:

17b. Alternate Facility (or Generator)

U.S. EPA ID Number

Facility's Phone:

17c. Signature of Alternate Facility (or Generator)

Month Day Year

18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a

Printed/Typed Name  
Roberta Carreon

Signature

Month Day Year  
12 22 14

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