
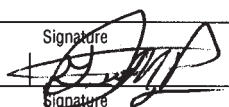
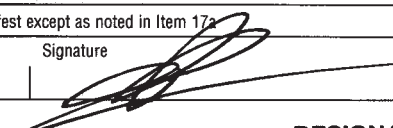


NON-HAZARDOUS WASTE MANIFEST		1. Generator ID Number N/A	2. Page 1 of 1	3. Emergency Response Phone (800)424-9300	4. Waste Tracking Number 116447	
5. Generator's Name and Mailing Address WHITING OIL AND GAS CORP				Generator's Site Address (if different than mailing address)		
Generator's Phone: (970)493-2900				WOLF 35-26134 35-26234		
6. Transporter 1 Company Name MAE 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 1. NON REGULATED SOLID (E&P SOLIDS - SOILS, SANDS AND MUD) 115761CO				10. Containers		11. Total Quantity
				No.	Type	
						12. Unit Wt./Vol. 7.98 lb
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/Offeror's Printed/Typed Name Guadalupe Espinoza				Signature 		Month Day Year 12 02 14
15. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Transporter Signature (for exports only): _____ Date leaving U.S.: _____						
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
17. Discrepancy						
17a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> 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		
1400124						
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