

GENERATOR	NON-HAZARDOUS WASTE MANIFEST		1. Generator ID Number N/A		2. Page 1 of		3. Emergency Response Phone 800-424-9300		4. Waste Tracking Number 426277			
	5. Generator's Name and Mailing Address BLUE CHIP OIL INC 155 E BOARDWALK DR SUITE 400 FORT COLLINS CO 80525						Generator's Project Address (if different than mailing address) BLUE CHIP OIL INC POUDRE NORTH					
	Generator's Phone: (970) 493-7710						Transporter Phone 953 1764					
	6. Transporter 1: Complete Company Name and Address Waste Energy Services 6513 W 41st Ave, Greeley CO						Transporter Phone					
	7. Transporter 2: Complete Company Name and Address						Transporter Phone					
TRANSPORTER	8. Designated Disposal Facility Name and Site Address NORTH WELD LANDFILL 40000 WELD COUNTY ROAD 25 AULT CO 80610						Facility's Phone: (970) 688-2800					
	9. Waste Shipping Name, Description, & Profile Number						10. Containers		11. Total Quantity	12. Unit Wt./Vol.		
							No.	Type				
	1. NON REGULATED SOLID (E&P EXEMPT PRODUCTION WATER CONTAMINATED SOIL) 126009001								11.49		11.49 T	
	2.											
DESIGNATED FACILITY	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 10622 Customer Name: CGRS INC											
	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/Officer's Printed/Typed Name B. J. Thompson						Signature [Signature]					
							Month Day Year 10 6 17					
DESIGNATED FACILITY	16. Transporter Acknowledgement of Receipt of Materials											
	Transporter 1 Printed/Typed Name Bobby M. [Signature]						Signature [Signature]					
							Month Day Year 10 5 17					
	Transporter 2 Printed/Typed Name						Signature					
							Month Day Year					
17. Special Handling Instructions												
18. Discrepancy Indication Space:										19. Ticket # 1661618		
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]						Signature [Signature]						
						Month Day Year 10 5 17						

GENERATOR	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 426278			
	5. Generator's Name and Mailing Address BLUE CHIP OIL INC 155 E BOARDWALK DR SUITE 400 FORT COLLINS CO 80525						Generator's Project Address (if different than mailing address) BLUE CHIP OIL INC NORTH WELD LANDFILL					
	Generator's Phone: (970) 493-7710											
	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 NORTH WELD LANDFILL 40000 WELD COUNTY ROAD 25 AULT CO 80610						Facility's Phone: (970) 686-2800					
	9. Waste Shipping Name, Description, & Profile Number						10. Containers		11. Total Quantity	12. Unit Wt./Vol.		
							No.	Type				
	1. NON REGULATED SOLID (E&P EXEMPT PRODUCTION WATER CONTAMINATED SOIL) 12600901								16	34	16.34 T	
	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 10622 Customer Name: CGRS INC												
TRANSPORTER	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/Officer's Printed/Typed Name					Signature			Month		Day	Year
	16. Transporter Acknowledgement of Receipt of Materials											
	Transporter 1 Printed/Typed Name					Signature			Month		Day	Year
	Transporter 2 Printed/Typed Name					Signature			Month		Day	Year
	17. Special Handling Instructions											
DESIGNATED FACILITY	18. Discrepancy Indication Space:								19. Ticket # 1661631			
	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	


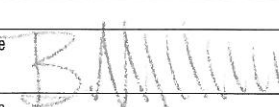

NON-HAZARDOUS WASTE MANIFEST		1. Generator ID Number N/A	2. Page 1 of 1	3. Emergency Response Phone 800-424-9300	4. Waste Tracking Number 426279	
5. Generator's Name and Mailing Address BLUE CHIP OIL INC 155 E BOARDWALK DR SUITE 400 FORT COLLINS CO 80525			Generator's Project Address (if different than mailing address) BLUE CHIP OIL INC 155 E BOARDWALK DR SUITE 400 FORT COLLINS CO 80525			
Generator's Phone: (970) 493-3740			Transporter Phone: 353-1264			
6. Transporter 1: Complete Company Name and Address Murd Energy Services 6513 W 4th St. Greeley Co 80634			Transporter Phone: 353-1264			
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) 695-2800			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 (E&P EXEMPT PRODUCTION WATER CONTAMINATED SOIL) 178009(C)					14.19	14.19 T
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 10622 Customer Name: CGRS INC						
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/Offor's Printed/Typed Name Eugene A. Wilson			Signature [Signature]		Month 10	Day 3
					Year 17	
16. Transporter Acknowledgement of Receipt of Materials						
Transporter 1 Printed/Typed Name Bobby McQueen			Signature [Signature]		Month 10	Day 5
					Year 17	
Transporter 2 Printed/Typed Name			Signature		Month	Day
					Year	
17. Special Handling Instructions						
18. Discrepancy Indication Space:					19. Ticket # 1461679	
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 Robert L. [Signature]			Signature [Signature]		Month 10	Day 15
					Year 17	

GENERATOR	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 426280					
	5. Generator's Name and Mailing Address BLUE CHIP OIL INC 155 E BOARDWALK DR SUITE 400 FORT COLLINS CO 80525 Generator's Phone: (970) 493-7710						Generator's Project Address (if different than mailing address) BLUE CHIP OIL INC NORTH WELD LANDFILL 40000 WELD COUNTY ROAD 25 AULT CO 80610 Facility's Phone: (970) 688-2800							
	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 NORTH WELD LANDFILL 40000 WELD COUNTY ROAD 25 AULT CO 80610 (970) 688-2800						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 (E&P EXEMPT PRODUCTION WATER CONTAMINATED SOIL) 12600901								16.46	16.46 T				
	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 10622 Customer Name: CGRS INC														
TRANSPORTER	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/Officer's Printed/Typed Name D. K. ...				Signature [Signature]				Month 10		Day 2		Year 17	
	16. Transporter Acknowledgement of Receipt of Materials													
	Transporter 1 Printed/Typed Name B. H. ...				Signature [Signature]				Month 10		Day 17		Year 17	
	Transporter 2 Printed/Typed Name				Signature				Month		Day		Year	
	17. Special Handling Instructions													
	18. Discrepancy Indication Space:								19. Ticket # 16411-5					
	Initials of Person noting discrepancy _____ Signature _____								Date _____					
	20. Management Method/Location Landfill _____ Monofill _____ Location: _____													
	DESIGNATED FACILITY	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]				Signature [Signature]				Month 10		Day 17		Year 17		

NON-HAZARDOUS WASTE MANIFEST		1. Generator ID Number <i>N/A</i>		2. Page 1 of		3. Emergency Response Phone 800-424-9300		4. Waste Tracking Number 426281	
		5. Generator's Name and Mailing Address BLUE CHIP OIL INC 155 E BOARDWALK DR SUITE 400 FORT COLLINS CO 80525		Generator's Project Address (if different than mailing address) BLUE CHIP OIL INC 155 E BOARDWALK DR SUITE 400 FORT COLLINS CO 80525					
GENERATOR		Generator's Phone: <i>(970) 493-7710</i>		6. Transporter 1: Complete Company Name and Address <i>Munich Energy Services 6513 W 4th St Greeley CO 80634</i>		Transporter Phone <i>353-1764</i>			
				7. Transporter 2: Complete Company Name and Address		Transporter Phone			
DESIGNATED FACILITY		8. Designated Disposal Facility Name and Site Address NORTH WELD LANDFILL 40000 WELD COUNTY ROAD 25 AULT CO 80610		Facility's Phone: <i>(970) 626-2800</i>					
		9. Waste Shipping Name, Description, & Profile Number		10. Containers		11. Total Quantity		12. Unit Wt./Vol.	
TRANSPORTER		1. NON REGULATED SOLID (E&P EXEMPT PRODUCTION WATER CONTAMINATED SOIL) 12500SCD		No. Type		13.43		13.43 T	
		2.							
DESIGNATED FACILITY		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 10622 Customer Name: CGRS INC							
DESIGNATED FACILITY		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/Officer's Printed/Typed Name <i>Brandon Wilson</i>		Signature <i>Brandon Wilson</i>				Month Day Year <i>10 5 17</i>	
TRANSPORTER		16. Transporter Acknowledgement of Receipt of Materials							
		Transporter 1 Printed/Typed Name <i>Billy McQueen</i>		Signature <i>Billy McQueen</i>				Month Day Year <i>10 5 17</i>	
DESIGNATED FACILITY		Transporter 2 Printed/Typed Name		Signature				Month Day Year	
DESIGNATED FACILITY		17. Special Handling Instructions							
DESIGNATED FACILITY		18. Discrepancy Indication Space:						19. Ticket # <i>1161726</i>	
		Initials of Person noting discrepancy _____ Signature _____						Date _____	
DESIGNATED FACILITY		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							
DESIGNATED FACILITY		Printed/Typed Name <i>Robert [unclear]</i>		Signature <i>[Signature]</i>				Month Day Year <i>10 5 17</i>	

NON-HAZARDOUS WASTE MANIFEST		1. Generator ID Number <div style="text-align: center;">N / A</div>		2. Page 1 of 1		3. Emergency Response Phone <div style="text-align: center;">800-424-9300</div>		4. Waste Tracking Number <div style="text-align: center; font-size: 1.5em;">426282</div>	
		5. Generator's Name and Mailing Address <div style="text-align: center;">BLUE CHIP OIL INC 155 E BOARDWALK DR SUITE 400 FORT COLLINS CO 80525</div>		Generator's Project Address (if different than mailing address) <div style="text-align: center;">BLUE CHIP OIL INC N. Ave. (155 E Boardwalk Dr)</div>		Generator's Phone: <div style="text-align: center;">(970) 493-7710</div>			
GENERATOR		6. Transporter 1: Complete Company Name and Address						Transporter Phone	
		7. Transporter 2: Complete Company Name and Address						Transporter Phone	
TRANSPORTER		8. Designated Disposal Facility Name and Site Address <div style="text-align: center;">NORTH WELD LANDFILL 40000 WELD COUNTY ROAD 25 AULT CO 80610</div>						Facility's Phone: <div style="text-align: center;">(970) 688-2800</div>	
		9. Waste Shipping Name, Description, & Profile Number		10. Containers		11. Total Quantity		12. Unit Wt./Vol.	
DESIGNATED FACILITY		1. NON REGULATED SOLID (E&P EXEMPT PRODUCTION WATER CONTAMINATED SOIL) <div style="text-align: center;">124009C1</div>		No. Type		14.62 T			
		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: <div style="text-align: center;">Customer Acct #: N 10622 Customer Name: CGRS INC</div>							
		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/Officer's Printed/Typed Name <div style="text-align: center;">[Signature]</div>				Signature <div style="text-align: center;">[Signature]</div>		Month Day Year <div style="text-align: center;">10 6 17</div>	
		16. Transporter Acknowledgement of Receipt of Materials							
		Transporter 1 Printed/Typed Name <div style="text-align: center;">[Signature]</div>				Signature <div style="text-align: center;">[Signature]</div>		Month Day Year <div style="text-align: center;">10 5 17</div>	
		Transporter 2 Printed/Typed Name				Signature		Month Day Year	
		17. Special Handling Instructions							
		18. Discrepancy Indication Space:						19. Ticket # <div style="text-align: center;">144733</div>	
		Initials of Person noting discrepancy _____ Signature _____						Date _____	
		20. Management Method/Location <div style="text-align: center;">Landfill _____ Monofill _____ Location: _____</div>							
		21. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 18							
		Printed/Typed Name <div style="text-align: center;">[Signature]</div>				Signature <div style="text-align: center;">[Signature]</div>		Month Day Year <div style="text-align: center;">10 6 17</div>	

NON-HAZARDOUS WASTE MANIFEST		1. Generator ID Number <div style="text-align: center;">N/A</div>		2. Page 1 of		3. Emergency Response Phone 800-424-9300		4. Waste Tracking Number <div style="text-align: center; font-size: 1.2em;">426283</div>	
		5. Generator's Name and Mailing Address <div style="text-align: center;">BLUE CHIP OIL INC 155 E BOARDWALK DR SUITE 400 FORT COLLINS CO 80525</div>		Generator's Project Address (if different than mailing address) <div style="text-align: center;">BLUE CHIP OIL INC 155 E BOARDWALK DR SUITE 400 FORT COLLINS CO 80525</div>					
Generator's Phone: <div style="text-align: center;">(970) 493-7710</div>		6. Transporter 1: Complete Company Name and Address <div style="text-align: center;">Mundt</div>						Transporter Phone	
7. Transporter 2: Complete Company Name and Address								Transporter Phone	
8. Designated Disposal Facility Name and Site Address <div style="text-align: center;">NORTH WELD LANDFILL 40000 WELD COUNTY ROAD 25 AULT CO 80610</div>		Facility's Phone: <div style="text-align: center;">(970) 696-2800</div>							
9. Waste Shipping Name, Description, & Profile Number		10. Containers		11. Total Quantity	12. Unit Wt./Vol.				
		No.	Type						
1. NON REGULATED SOLID (E&P EXEMPT PRODUCTION WATER CONTAMINATED SOIL) <div style="text-align: center;">12600000</div>				13.7	T	13.7T			
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: <div style="text-align: center;">Customer Acct #: N 10622 Customer Name: CGRS INC</div>									
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/Officer's Printed/Typed Name <div style="text-align: center;">EUGENE COLLINS</div>				Signature <div style="text-align: center;">[Signature]</div>		Month Day Year <div style="text-align: center;">10 6 17</div>			
16. Transporter Acknowledgement of Receipt of Materials									
Transporter 1 Printed/Typed Name <div style="text-align: center;">Baker</div>				Signature <div style="text-align: center;">[Signature]</div>		Month Day Year <div style="text-align: center;">10 6 17</div>			
Transporter 2 Printed/Typed Name				Signature		Month Day Year			
17. Special Handling Instructions									
18. Discrepancy Indication Space:						19. Ticket # <div style="text-align: center;">1061872</div>			
Initials of Person noting discrepancy				Signature		Date			
20. Management Method/Location <div style="text-align: center;">Landfill Monofill Location:</div>									
21. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 18									
Printed/Typed Name <div style="text-align: center;">[Signature]</div>				Signature <div style="text-align: center;">[Signature]</div>		Month Day Year <div style="text-align: center;">10 6 17</div>			

GENERATOR	NON-HAZARDOUS WASTE MANIFEST		1. Generator ID Number N/A		2. Page 1 of		3. Emergency Response Phone 800-424-9300		4. Waste Tracking Number 426284			
	5. Generator's Name and Mailing Address BLUE CHIP OIL INC 155 E BOARDWALK DR SUITE 400 FORT COLLINS CO 80525						Generator's Project Address (if different than mailing address) BLUE CHIP OIL INC					
	Generator's Phone: (970) 492-7700						Transporter Phone (970) 492-7700					
	6. Transporter 1: Complete Company Name and Address Monell Energy Services 6513 W. 4th St. Greeley, CO 80634						Transporter Phone 353-1244					
	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						Facility's Phone: (970) 286-2800					
	9. Waste Shipping Name, Description, & Profile Number						10. Containers		11. Total Quantity	12. Unit Wt./Vol.		
							No.	Type				
	1. NON REGULATED SOLID (ESP EXEMPT PRODUCTION WATER CONTAMINATED SOIL) 125/1000								16.17 T			
	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 10622 Customer Name: CGRS INC												
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 Elmer Wilson						Signature 		Month 06		Day 17		
TRANSPORTER	16. Transporter Acknowledgement of Receipt of Materials											
	Transporter 1 Printed/Typed Name Bobby M. Green						Signature 		Month 10		Day 06	
	Transporter 2 Printed/Typed Name						Signature		Month		Day	
17. Special Handling Instructions												
DESIGNATED FACILITY	18. Discrepancy Indication Space:						19. Ticket # 1661577					
	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 Donna						Signature 		Month 10		Day 06		

NON-HAZARDOUS WASTE MANIFEST		1. Generator ID Number <i>N/A</i>	2. Page 1 of 1	3. Emergency Response Phone 800-424-9300	4. Waste Tracking Number 426286
5. Generator's Name and Mailing Address BLUE CHIP OIL INC. 155 E BOARDWALK DR SUITE 400 FORT COLLINS CO 80525			Generator's Project Address (if different than mailing address) BLUE CHIP OIL INC NORTH PLATTE		
Generator's Phone: <i>(970) 493-2700</i>			Transporter Phone <i>353 1264</i>		
6. Transporter 1: Complete Company Name and Address <i>Mundt Energy Services 6513 W 4th St Greeley CO 80634</i>			Transporter Phone <i>353 1264</i>		
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			Facility's Phone: <i>(970) 686-2500</i>		
9. Waste Shipping Name, Description, & Profile Number		10. Containers		11. Total Quantity	12. Unit Wt./Vol.
		No.	Type		
1. NON REGULATED SOLID (E&P EXEMPT PRODUCTION WATER CONTAMINATED SOIL) <i>126/016CO</i>				<i>11.55 T</i>	
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: <i>Customer Acct #: N 10622 Customer Name: CGRS INC</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/Offor's Printed/Typed Name <i>Michael Wilson</i>		Signature <i>[Signature]</i>		Month Day Year <i>10 6 17</i>	
16. Transporter Acknowledgement of Receipt of Materials					
Transporter 1 Printed/Typed Name <i>Billy McQueen</i>		Signature <i>[Signature]</i>		Month Day Year <i>10 16 17</i>	
Transporter 2 Printed/Typed Name		Signature		Month Day Year	
17. Special Handling Instructions					
18. Discrepancy Indication Space:				19. Ticket # <i>1001975</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 <i>[Signature]</i>		Signature <i>[Signature]</i>		Month Day Year <i>10 6 17</i>	

GENERATOR	NON-HAZARDOUS WASTE MANIFEST		1. Generator ID Number N / A		2. Page 1 of		3. Emergency Response Phone 800-424-9300		4. Waste Tracking Number 426287			
	5. Generator's Name and Mailing Address BLUE CHIP OIL INC 155 E BOARDWALK DR SUITE 400 FORT COLLINS CO 80525						Generator's Project Address (if different than mailing address) BLUE CHIP OIL INC 102TH RIMORE					
	Generator's Phone: (970) 483-7750											
	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 NORTH WELD LANDFILL 40000 WELD COUNTY ROAD 25 AULT CO 80610						Facility's Phone: (970) 686-2800					
	9. Waste Shipping Name, Description, & Profile Number						10. Containers		11. Total Quantity	12. Unit Wt./Vol.		
							No.	Type				
	1. NON REGULATED SOLID (EAP EXEMPT PRODUCTION WATER CONTAMINATED SOIL) 12600900								14.5	14.6T		
	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 10622 Customer Name: CGRS INC												
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.												
TRANSPORTER	Generator's/Offoror's Printed/Typed Name ELIZABETH WILSON						Signature Elizabeth Wilson			Month Day Year 10 6 17		
	16. Transporter Acknowledgement of Receipt of Materials											
	Transporter 1 Printed/Typed Name Bolch Inc						Signature Bolch			Month Day Year 10 6 17		
	Transporter 2 Printed/Typed Name						Signature			Month Day Year		
	17. Special Handling Instructions											
DESIGNATED FACILITY	18. Discrepancy Indication Space:						19. Ticket # 1662036					
	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 Dana						Signature			Month Day Year 10 6 17			

GENERATOR	NON-HAZARDOUS WASTE MANIFEST		1. Generator ID Number <i>H/A</i>		2. Page 1 of		3. Emergency Response Phone 800-424-9300		4. Waste Tracking Number 426288						
	5. Generator's Name and Mailing Address BLUE CHIP OIL INC 155 E BOARDWALK DR SUITE 400 FORT COLLINS CO 80525						Generator's Project Address (if different than mailing address) BLUE CHIP OIL INC <i>NORTH PLATTE</i>								
	Generator's Phone: <i>(970) 493-7710</i>														
	6. Transporter 1: Complete Company Name and Address						Transporter Phone								
	7. Transporter 2: Complete Company Name and Address						Transporter Phone								
TRANSPORTER	8. Designated Disposal Facility Name and Site Address NORTH WELD LANDFILL 40000 WELD COUNTY ROAD 25 AULT CO 80610						Facility's Phone: <i>(970) 586-2800</i>								
	9. Waste Shipping Name, Description, & Profile Number						10. Containers		11. Total Quantity	12. Unit Wt./Vol.					
							No.	Type							
	1. NON REGULATED SOLID (E&P EXEMPT PRODUCTION WATER CONTAMINATED SOIL) <i>(260090)</i>										<i>12.27</i>				
	2.														
DESIGNATED FACILITY	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: <i>Customer Acc #: N 10622 Customer Name: CGRS INC</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/Offor's Printed/Typed Name <i>ELIZABETH WILSON</i>						Signature <i>[Signature]</i>			Month <i>10</i>		Day <i>6</i>		Year <i>17</i>	
	16. Transporter Acknowledgement of Receipt of Materials														
Transporter 1 Printed/Typed Name <i>[Signature]</i>						Signature <i>[Signature]</i>			Month		Day		Year		
Transporter 2 Printed/Typed Name						Signature			Month		Day		Year		
17. Special Handling Instructions															
18. Discrepancy Indication Space:									19. Ticket # <i>[Signature]</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 <i>[Signature]</i>						Signature <i>[Signature]</i>			Month		Day		Year		

GENERATOR	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 426289		
	5. Generator's Name and Mailing Address BLUE CHIP OIL INC 155 E BOARDWALK DR SUITE 400 FORT COLLINS CO 80525						Generator's Project Address (if different than mailing address) BLUE CHIP OIL INC NORTH WELDE				
	Generator's Phone: (970) 493-7710										
	6. Transporter 1: Complete Company Name and Address North Weld Landfill						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						Facility's Phone: (970) 686-2800				
	9. Waste Shipping Name, Description, & Profile Number						10. Containers		11. Total Quantity	12. Unit Wt./Vol.	
							No.	Type			
	1. NON REGULATED SOLID (E&P EXEMPT PRODUCTION WATER CONTAMINATED SOIL) 12600801								14.36	T	14.36
	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 10622 Customer Name: CGRS INC											
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/Officer's Printed/Typed Name ELIZABETH WILSON						Signature <i>Elizabeth Wilson</i>			Month Day Year 10 11 17		
TRANSPORTER	16. Transporter Acknowledgement of Receipt of Materials										
	Transporter 1 Printed/Typed Name						Signature			Month Day Year	
	Transporter 2 Printed/Typed Name						Signature			Month Day Year	
DESIGNATED FACILITY	17. Special Handling Instructions										
	18. Discrepancy Indication Space:						19. Ticket # 163034				
	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 John A						Signature <i>John A</i>			Month Day Year 10 11 17		

GENERATOR	NON-HAZARDOUS WASTE MANIFEST		1. Generator ID Number <i>N/A</i>		2. Page 1 of 1		3. Emergency Response Phone 800-424-9300		4. Waste Tracking Number 426290		
	5. Generator's Name and Mailing Address BLUE CHIP OIL INC 155 E BOARDWALK DR SUITE 400 FORT COLLINS CO 80525						Generator's Project Address (if different than mailing address) BLUE CHIP OIL INC NORTH WELD				
	Generator's Phone: <i>(970) 483-7710</i>						Transporter Phone				
	6. Transporter 1: Complete Company Name and Address <i>Matt Smith</i>						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						Facility's Phone: <i>(970) 658-2800</i>				
	9. Waste Shipping Name, Description, & Profile Number						10. Containers		11. Total Quantity	12. Unit Wt./Vol.	
							No.	Type			
	1. NON REGULATED SOLID (E&P EXEMPT PRODUCTION WATER CONTAMINATED SOIL) 12600900								<i>12.75</i>		<i>12.70</i>
	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: <i>Customer Acct #: N 10622 Customer Name: CGRS INC</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.											
TRANSPORTER	Generator's/Officer's Printed/Typed Name <i>THOMAS WILSON</i>						Signature <i>[Signature]</i>		Month Day Year <i>10 11 17</i>		
	16. Transporter Acknowledgement of Receipt of Materials										
	Transporter 1 Printed/Typed Name <i>[Signature]</i>						Signature		Month Day Year		
	Transporter 2 Printed/Typed Name						Signature		Month Day Year		
	17. Special Handling Instructions										
DESIGNATED FACILITY	18. Discrepancy Indication Space:						19. Ticket # <i>1663148</i>				
	Initials of Person noting discrepancy _____ Signature _____						Date _____				
	20. Management Method/Location <i>Landfill Monofill Location:</i>										
21. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 18											
Printed/Typed Name <i>[Signature]</i>						Signature <i>[Signature]</i>		Month Day Year <i>10 11 17</i>			

GENERATOR	NON-HAZARDOUS WASTE MANIFEST		1. Generator ID Number <i>N/A</i>		2. Page 1 of		3. Emergency Response Phone 800-424-9300		4. Waste Tracking Number 426291		
	5. Generator's Name and Mailing Address BLUE CHIP OIL INC 155 E BOARDWALK DR SUITE 400 FORT COLLINS CO 80525						Generator's Project Address (if different than mailing address) BLUE CHIP OIL INC NORTH WELD				
	Generator's Phone: <i>(970) 493-7750</i>										
	6. Transporter 1: Complete Company Name and Address <i>...</i>						Transporter Phone				
	7. Transporter 2: Complete Company Name and Address						Transporter Phone				
TRANSPORTER	8. Designated Disposal Facility Name and Site Address NORTH WELD LANDFILL 40000 WELD COUNTY ROAD 25 AULT CO 80610						Facility's Phone: <i>(970) 686-2800</i>				
	9. Waste Shipping Name, Description, & Profile Number						10. Containers		11. Total Quantity	12. Unit Wt./Vol.	
							No.	Type			
	1. NON REGULATED SOLID (ESP EXEMPT PRODUCTION WATER CONTAMINATED SOIL) 12600900								<i>15.13</i>	<i>15.13</i>	
	2.										
DESIGNATED FACILITY	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: <i>Customer Acct #: N 10622 Customer Name: CGRS INC</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/Officer's Printed/Typed Name <i>...</i>						Signature <i>...</i>			Month Day Year <i>10 11 17</i>	
	16. Transporter Acknowledgement of Receipt of Materials										
Transporter 1 Printed/Typed Name						Signature			Month Day Year		
Transporter 2 Printed/Typed Name						Signature			Month Day Year		
17. Special Handling Instructions											
18. Discrepancy Indication Space:								19. Ticket # <i>1463237</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 <i>...</i>						Signature <i>...</i>			Month Day Year <i>10 11 17</i>		

NON-HAZARDOUS WASTE MANIFEST		1. Generator ID Number <i>N/A</i>		2. Page 1 of 1		3. Emergency Response Phone 800-424-9300		4. Waste Tracking Number 426292	
		5. Generator's Name and Mailing Address BLUE CHIP OIL INC 155 E BOARDWALK DR SUITE 400 FORT COLLINS CO 80525		Generator's Project Address (if different than mailing address) BLUE CHIP OIL INC 125TH ROUTE					
Generator's Phone: <i>(970) 492-7710</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 NORTH WELD LANDFILL 40000 WELD COUNTY ROAD 25 AULT CO 80610				Facility's Phone: <i>(970) 682-2800</i>					
9. Waste Shipping Name, Description, & Profile Number		10. Containers		11. Total Quantity		12. Unit Wt./Vol.			
		No.	Type						
1. NON REGULATED SOLID (E&P EXEMPT PRODUCTION WATER CONTAMINATED SOIL) 12600900						<i>17.84</i>		17.84	
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 10622 Customer Name: CGRS INC									
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/Offor's Printed/Typed Name <i>ELLEN PETER L HENDON</i>		Signature <i>Ellyn Peter Hendon</i>		Month <i>10</i>		Day <i>11</i>		Year <i>17</i>	
16. Transporter Acknowledgement of Receipt of Materials									
Transporter 1 Printed/Typed Name <i>MARK T. K</i>		Signature <i>Mark T. K</i>		Month		Day		Year	
Transporter 2 Printed/Typed Name		Signature		Month		Day		Year	
17. Special Handling Instructions									
18. Discrepancy Indication Space:		19. Ticket # <i>426292</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 <i>Mark T. K</i>		Signature <i>Mark T. K</i>		Month <i>10</i>		Day <i>11</i>		Year <i>17</i>	

NON-HAZARDOUS WASTE MANIFEST		1. Generator ID Number <i>N/A</i>	2. Page 1 of	3. Emergency Response Phone 800-424-9300	4. Waste Tracking Number 426293
5. Generator's Name and Mailing Address BLUE CHIP OIL INC 155 E BOARDWALK DR SUITE 400 FORT COLLINS CO 80525			Generator's Project Address (if different than mailing address) BLUE CHIP OIL INC NORTH WELD		
Generator's Phone: <i>(970) 493-7710</i>			Transporter Phone <i>970 57392</i>		
6. Transporter 1: Complete Company Name and Address <i>Mundt Energy 508 E 16th St Greeley, CO</i>			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			Facility's Phone: <i>(970) 586-2800</i>		
9. Waste Shipping Name, Description, & Profile Number			10. Containers		11. Total Quantity
			No.	Type	
1. NON REGULATED SOLID (E&P EXEMPT PRODUCTION WATER CONTAMINATED SOIL) <i>12/20/09</i>					<i>19.12</i>
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: <i>Customer Acct #: N 10622 Customer Name: CGRS INC</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/Offoror's Printed/Typed Name <i>Christopher Wilson</i>			Signature <i>[Signature]</i>		Month Day Year <i>10 12 12</i>
16. Transporter Acknowledgement of Receipt of Materials					
Transporter 1 Printed/Typed Name <i>SDT Corp</i>			Signature <i>[Signature]</i>		Month Day Year <i>10 12 12</i>
Transporter 2 Printed/Typed Name			Signature		Month Day Year
17. Special Handling Instructions					
18. Discrepancy Indication Space:					19. Ticket # <i>16635512</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 <i>[Signature]</i>			Signature <i>[Signature]</i>		Month Day Year <i>10 12 12</i>

GENERATOR	NON-HAZARDOUS WASTE MANIFEST		1. Generator ID Number <i>N/A</i>		2. Page 1 of		3. Emergency Response Phone 800-424-9300		4. Waste Tracking Number 426294						
	5. Generator's Name and Mailing Address BLUE CHIP OIL INC 155 E BOARDWALK DR SUITE 400 FORT COLLINS CO 80525						Generator's Project Address (if different than mailing address) BLUE CHIP OIL INC NORTH POWDER								
	Generator's Phone: <i>(970) 493-7310</i>						Transporter Phone <i>970-583-9200</i>								
	6. Transporter 1: Complete Company Name and Address <i>Mundt Energy 508 Fifth St Greeley</i>						Transporter Phone								
	7. Transporter 2: Complete Company Name and Address						Transporter Phone								
TRANSPORTER	8. Designated Disposal Facility Name and Site Address NORTH WELD LANDFILL 40000 WELD COUNTY ROAD 25 AULT CO 80610 <i>(970) 886-2800</i>						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 (E&P EXEMPT PRODUCTION WATER CONTAMINATED SOIL) <i>12600900</i>														
	2.														
DESIGNATED FACILITY	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: <i>Customer Acct #: N 10622 Customer Name: CGRS INC</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/Offor's Printed/Typed Name <i>ELIZABETH WILSON</i>						Signature <i>Elizabeth Wilson</i>			Month <i>10</i>		Day <i>12</i>		Year <i>07</i>	
	16. Transporter Acknowledgement of Receipt of Materials														
Transporter 1 Printed/Typed Name <i>MT Energy</i>						Signature <i>[Signature]</i>			Month <i>10</i>		Day <i>15</i>		Year <i>07</i>		
Transporter 2 Printed/Typed Name						Signature			Month		Day		Year		
17. Special Handling Instructions															
18. Discrepancy Indication Space:								19. Ticket # <i>106-3665</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 <i>[Signature]</i>						Signature <i>[Signature]</i>			Month <i>10</i>		Day <i>12</i>		Year <i>07</i>		

NON-HAZARDOUS WASTE MANIFEST		1. Generator ID Number <i>N/A</i>	2. Page 1 of	3. Emergency Response Phone 800-424-9300	4. Waste Tracking Number 426295
5. Generator's Name and Mailing Address BLUE CHIP OIL INC 155 E BOARDWALK DR SUITE 400 FORT COLLINS CO 80525			Generator's Project Address (if different than mailing address) BLUE CHIP OIL INC <i>NORTH PLATTE</i>		
Generator's Phone: <i>(970) 493-7750</i>			Transporter Phone <i>970 5139065</i>		
6. Transporter 1: Complete Company Name and Address <i>Mundt Freese 5081 16th St Greeley CO</i>			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 <i>(970) 693-2800</i>			Facility's Phone:		
9. Waste Shipping Name, Description, & Profile Number			10. Containers		11. Total Quantity
			No.	Type	
1. NON REGULATED SOLID (E&P EXEMPT PRODUCTION WATER CONTAMINATED SOIL) <i>12600000</i>					<i>20.7</i>
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: <i>Customer Acct #: N 10622 Customer Name: CGRS INC</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/Officer's Printed/Typed Name <i>CHRISTOPHER WILSON</i>			Signature <i>[Signature]</i>		Month Day Year <i>10/12/17</i>
16. Transporter Acknowledgement of Receipt of Materials					
Transporter 1 Printed/Typed Name <i>J. Tracy</i>			Signature <i>[Signature]</i>		Month Day Year <i>10/12/17</i>
Transporter 2 Printed/Typed Name			Signature		Month Day Year
17. Special Handling Instructions					
18. Discrepancy Indication Space:					19. Ticket # <i>1643716</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 <i>[Signature]</i>			Signature <i>[Signature]</i>		Month Day Year <i>10/12/17</i>

NON-HAZARDOUS WASTE MANIFEST		1. Generator ID Number <i>N/A</i>		2. Page 1 of		3. Emergency Response Phone 800-424-9300		4. Waste Tracking Number 426296	
		5. Generator's Name and Mailing Address BLUE CHIP OIL INC 155 E BOARDWALK DR SUITE 400 FORT COLLINS CO 80525		Generator's Project Address (if different than mailing address) BLUE CHIP OIL INC NORTH TOWER					
GENERATOR		Generator's Phone: <i>(970) 492-7700</i>		6. Transporter 1: Complete Company Name and Address <i>Mundt Inc</i>		Transporter Phone <i>970-573-9200</i>			
				7. Transporter 2: Complete Company Name and Address		Transporter Phone			
DESIGNATED FACILITY		8. Designated Disposal Facility Name and Site Address NORTH WELD LANDFILL 40000 WELD COUNTY ROAD 25 AULT CO 80610		Facility's Phone: <i>(970) 886-2800</i>					
		9. Waste Shipping Name, Description, & Profile Number		10. Containers		11. Total Quantity		12. Unit Wt./Vol.	
		1. NON REGULATED SOLID (E&P EXEMPT PRODUCTION WATER CONTAMINATED SOIL) 126000CT		No. Type		<i>19 89</i>			
		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			
TRANSPORTER		14. Bill to & Account Number: <i>Customer Acct #: N 10622 Customer Name: CGRS INC</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/Offor's Printed/Typed Name <i>Elizabeth Wilson</i>		Signature <i>Elizabeth Wilson</i>		Month Day Year <i>10 14 17</i>			
		16. Transporter Acknowledgement of Receipt of Materials							
		Transporter 1 Printed/Typed Name <i>JD Tracy</i>		Signature <i>JD Tracy</i>		Month Day Year <i>10 14 17</i>			
		Transporter 2 Printed/Typed Name		Signature		Month Day Year			
DESIGNATED FACILITY		17. Special Handling Instructions							
		18. Discrepancy Indication Space:						19. Ticket # <i>1664178</i>	
		Initials of Person noting discrepancy _____ Signature _____						Date _____	
		20. Management Method/Location <i>Landfill Monofill Location:</i>							
		21. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 18							
		Printed/Typed Name <i>JD Tracy</i>		Signature <i>JD Tracy</i>		Month Day Year <i>10 14 17</i>			

NON-HAZARDOUS WASTE MANIFEST		1. Generator ID Number <div style="text-align: center;">N/A</div>		2. Page 1 of	3. Emergency Response Phone 800-424-9300	4. Waste Tracking Number <div style="text-align: center; font-size: 1.2em;">426297</div>	
		5. Generator's Name and Mailing Address BLUE CHIP OIL INC 155 E BOARDWALK DR SUITE 400 FORT COLLINS CO 80525 Generator's Phone: (970) 493-7750		Generator's Project Address (if different than mailing address) BLUE CHIP OIL INC NORTH WELLS			
6. Transporter 1: Complete Company Name and Address Mundt Energy 5080 16th St Greeley CO		Transporter Phone 970-573-9268					
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) 698-2800		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 (E&P EXEMPT PRODUCTION WATER CONTAMINATED SOIL) 12500900				15.11		15.11 T	
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 10622 Customer Name: CGRS INC							
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/Offor's Printed/Typed Name GREGORY WILSON				Signature <i>Gregory Wilson</i>		Month Day Year 10 16 17	
16. Transporter Acknowledgement of Receipt of Materials							
Transporter 1 Printed/Typed Name J D Tracy				Signature <i>J D Tracy</i>		Month Day Year 10 16 17	
Transporter 2 Printed/Typed Name				Signature		Month Day Year	
17. Special Handling Instructions							
18. Discrepancy Indication Space:						19. Ticket # 1664396	
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 DAN				Signature <i>Dan</i>		Month Day Year 10 16 17	