

**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: 426277

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  
POUDRE NORTH

6. Transporter 1: Complete Company Name and Address: World Energy Services (513 W 41st) Greeley CO      Transporter Phone: 953 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      Facility's Phone: (970) 598-2800

9. Waste Shipping Name, Description, & Profile Number	10. Containers		11. Total Quantity	12. Unit Wt./Vol.
	No.	Type		
1. <u>NON REGULATED SOLID (E&amp;P EXEMPT PRODUCTION WATER CONTAMINATED SOIL) 12600901</u>			<u>11.49 T</u>	<u>11.49 T</u>
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: [Signature]      Signature: [Signature]      Month: 10 Day: 5 Year: 17

16. Transporter Acknowledgement of Receipt of Materials

Transporter 1 Printed/Typed Name: [Signature]      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 #: 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: 10 Day: 5 Year: 17

GENERATOR

TRANSPORTER

DESIGNATED FACILITY

**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

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

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

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/Offferor's Printed/Typed Name

Signature

Month Day Year

Blue Chip Oil Inc

[Signature]

10/5/17

16. Transporter Acknowledgement of Receipt of Materials

Transporter 1 Printed/Typed Name

Signature

Month Day Year

[Signature]

[Signature]

11/17

Transporter 2 Printed/Typed Name

Signature

Month Day Year

17. Special Handling Instructions

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

[Signature]

11/5/17

GENERATOR

TRANSPORTER

DESIGNATED FACILITY

<b>NON-HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number <i>N/A</i>	2. Page 1 of	3. Emergency Response Phone 800-424-9300	4. Waste Tracking Number <b>426279</b>		
5. Generator's Name and Mailing Address <b>BLUE CHIP OIL INC 155 E BOARDWALK DR SUITE 400 FORT COLLINS CO 80525</b>			Generator's Project Address (if different than mailing address) <b>BLUE CHIP OIL INC ADDITIONAL ADDRESS</b>				
Generator's Phone: <i>(970) 492-3740</i>			Transporter Phone: <i>353-1764</i>				
6. Transporter 1: Complete Company Name and Address <i>Murd Energy Services 6513 W 44 St. Greeley Co 80634</i>			Transporter Phone: <i>353-1764</i>				
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: <i>(970) 695-2800</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>178009(C)</i>			<i>14.19</i>		<i>14.19 T</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 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>ERNEST W. WILSON</i>			Signature <i>[Signature]</i>		Month <i>10</i>	Day <i>3</i>	Year <i>17</i>
16. Transporter Acknowledgement of Receipt of Materials							
Transporter 1 Printed/Typed Name <i>Bob McQueen</i>			Signature <i>[Signature]</i>		Month <i>10</i>	Day <i>5</i>	Year <i>17</i>
Transporter 2 Printed/Typed Name			Signature		Month	Day	Year
17. Special Handling Instructions							
18. Discrepancy Indication Space:					19. Ticket # <i>14011079</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>Tolson K. Langman</i>			Signature <i>[Signature]</i>		Month <i>10</i>	Day <i>15</i>	Year <i>17</i>

GENERATOR

TRANSPORTER

DESIGNATED FACILITY

**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  
**426280**

5. Generator's Name and Mailing Address

BLUE CHIP OIL INC  
155 E BOARDWALK DR SUITE 400  
FORT COLLINS CO 80526

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

BLUE CHIP OIL INC

Generator's Phone:

(970) 493-7710

NORTH WELD

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) 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)  
12600901

16.46 T

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

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

[Signature]

[Signature]

11 2 17

TRANSPORTER

16. Transporter Acknowledgement of Receipt of Materials

Transporter 1 Printed/Typed Name

Signature

Month Day Year

[Signature]

[Signature]

11 2 17

Transporter 2 Printed/Typed Name

Signature

Month Day Year

DESIGNATED FACILITY

17. Special Handling Instructions

18. Discrepancy Indication Space:

19. Ticket #

14611-5

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

[Signature]

[Signature]

11 5 17

<b>NON-HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number N/A	2. Page 1 of	3. Emergency Response Phone 800-424-9300	4. Waste Tracking Number <b>426281</b>
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 2200 W. ...		
Generator's Phone: (970) 492-7710					
6. Transporter 1: Complete Company Name and Address Munell Energy Services 6513 W 4th St Greeley CO 80634				Transporter Phone 353 1764	
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) 626-2800	
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) 125009C0			13.43	13.43 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 Brandon ...		Signature [Signature]		Month	Day Year
				10	17
16. Transporter Acknowledgement of Receipt of Materials					
Transporter 1 Printed/Typed Name Bobby McQueen		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 # 1161726	
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 ...		Signature [Signature]		Month	Day Year
				10	5 17

GENERATOR

TRANSPORTER

DESIGNATED FACILITY

<b>NON-HAZARDOUS WASTE MANIFEST</b>	1. Generator ID Number <i>N/A</i>	2. Page 1 of 1	3. Emergency Response Phone 800-424-9300	4. Waste Tracking Number <b>426282</b>	
5. Generator's Name and Mailing Address <b>BLUE CHIP OIL INC 155 E BOARDWALK DR SUITE 400 FORT COLLINS CO 80525</b>		Generator's Project Address (if different than mailing address) <b>BLUE CHIP OIL INC</b>			
Generator's Phone: <i>(970) 493-7710</i>		<i>N. Collins</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: <i>(970) 686-2800</i>		
9. Waste Shipping Name, Description, & Profile Number		10. Containers		11. Total Quantity	12. Unit Wt./Vol.
		No.	Type		
1. <b>NON REGULATED SOLID (E&amp;P EXEMPT PRODUCTION WATER CONTAMINATED SOIL) 124009C1</b>				<i>14.62T</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:  <b>Customer Acct #: N 10622 Customer Name: CGRS INC</b>					
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>[Signature]</i>		Signature <i>[Signature]</i>		Month Day Year <i>10 5 17</i>	
16. Transporter Acknowledgement of Receipt of Materials					
Transporter 1 Printed/Typed Name <i>[Signature]</i>		Signature <i>[Signature]</i>		Month Day Year <i>10 5 17</i>	
Transporter 2 Printed/Typed Name		Signature		Month Day Year	
17. Special Handling Instructions					
18. Discrepancy Indication Space:				19. Ticket # <i>1441733</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

TRANSPORTER

DESIGNATED FACILITY

**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

426283

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

Generator's Phone:

(970) 493-7750

6. Transporter 1: Complete Company Name and Address

Mundt

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 80810

Facility's Phone:

(970) 596-2800

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)  
1260000

No.

Type

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:

Customer Acct #: N 10622 Customer Name: CGRS INC

15. Contractor/Generator Certification:

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Generator's/Officer's Printed/Typed Name

Signature

Month Day Year

ELIZABETH COLLINS

[Signature]

10 6 17

TRANSPORTER

16. Transporter Acknowledgement of Receipt of Materials

Transporter 1 Printed/Typed Name

Signature

Month Day Year

Bob [Signature]

Transporter 2 Printed/Typed Name

Signature

Month Day Year

DESIGNATED FACILITY

17. Special Handling Instructions

18. Discrepancy Indication Space:

19. Ticket #

1061872

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

[Signature]

10 6 17

**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) 402 7710

6. Transporter 1: Complete Company Name and Address

Manell Energy Services

6513 W. 4th St. Greeley, CO 80634

Transporter Phone

353 1214

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) 298 2900

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)  
1 28/1007

16 17

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:

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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

Signature

Month Day Year

Ernesto [Signature]

[Signature]

0 6 17

16. Transporter Acknowledgement of Receipt of Materials

Transporter 1 Printed/Typed Name

Signature

Month Day Year

Bobby [Signature]

[Signature]

10 6 17

Transporter 2 Printed/Typed Name

Signature

Month Day Year

17. Special Handling Instructions

18. Discrepancy Indication Space:

19. Ticket #

1661877

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

[Signature]

10 6 17

GENERATOR

TRANSPORTER

DESIGNATED FACILITY

**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  
426285

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) 492-7700

Generator's Project Address (if different than mailing address)  
BLUE CHIP OIL INC  
NORTH TOWNE

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) 12600900	12	18			12.18 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.  
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Generator's/Offeror's Printed/Typed Name: [Signature] Signature: [Signature] Month: 0 Day: 6 Year: 17

16. Transporter Acknowledgement of Receipt of Materials  
Transporter 1 Printed/Typed Name: [Signature] Signature: [Signature] Month: Day: Year:  
Transporter 2 Printed/Typed Name: Signature: Month: Day: Year:

17. Special Handling Instructions

18. Discrepancy Indication Space:  
19. Ticket # 1061978  
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: 10/17

GENERATOR  
TRANSPORTER  
DESIGNATED FACILITY

**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  
**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

Generator's Phone: (970) 493-2700

NORTH WELDEE

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.

1. NON REGULATED SOLID  
(E&P EXEMPT PRODUCTION WATER CONTAMINATED SOIL)  
12600600

No.

Type

11.55

11.55 T

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

Signature

Month Day Year

Michael W. Mason

[Signature]

10/6/17

16. Transporter Acknowledgement of Receipt of Materials

Transporter 1 Printed/Typed Name

Signature

Month Day Year

Bobby McQueen

[Signature]

10/16/17

Transporter 2 Printed/Typed Name

Signature

Month Day Year

17. Special Handling Instructions

18. Discrepancy Indication Space:

19. Ticket #

1061973

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

[Signature]

10/6/17

GENERATOR

TRANSPORTER

DESIGNATED FACILITY

GENERATOR	<b>NON-HAZARDOUS WASTE MANIFEST</b>	1. Generator ID Number <i>N/A</i>	2. Page 1 of	3. Emergency Response Phone 800-424-9300	4. Waste Tracking Number <b>426287</b>	
	5. Generator's Name and Mailing Address <b>BLUE CHIP OIL INC 155 E BOARDWALK DR SUITE 400 FORT COLLINS CO 80525</b>			Generator's Project Address (if different than mailing address) <b>BLUE CHIP OIL INC 122TH AVENUE</b>		
	Generator's Phone: <i>(970) 493-3750</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: <i>(970) 686-2800</i>	
	9. Waste Shipping Name, Description, & Profile Number		10. Containers		11. Total Quantity	12. Unit Wt./Vol.
			No.	Type		
	1. <b>NON REGULATED SOLID (E&amp;P EXEMPT PRODUCTION WATER CONTAMINATED SOIL) 12600900</b>				<i>14.6</i>	<i>14.6T</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 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/Offorer's Printed/Typed Name <i>Elizabeth Wilson</i>			Signature <i>Elizabeth Wilson</i>		Month Day Year <i>10 6 17</i>	
TRANSPORTER	16. Transporter Acknowledgement of Receipt of Materials					
	Transporter 1 Printed/Typed Name <i>Bolch Inc</i>		Signature <i>Bolch</i>		Month Day Year <i>10 6 17</i>	
	Transporter 2 Printed/Typed Name		Signature		Month Day Year	
17. Special Handling Instructions						
18. Discrepancy Indication Space:					19. Ticket # <i>1662036</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>DDA</i>			Signature <i>DDA</i>		Month Day Year <i>10 6 17</i>	

**NON-HAZARDOUS WASTE MANIFEST**

1. Generator ID Number

2. Page 1 of

3. Emergency Response Phone

4. Waste Tracking Number

426288

5. Generator's Name and Mailing Address

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

BLUE CHIP OIL INC  
155 E BOARDWALK DR SUITE 400  
FORT COLLINS CO 80525

BLUE CHIP OIL INC

Generator's Phone:

(970) 493-7710

NORTH PLATTE

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

Facility's Phone:

NORTH WELD LANDFILL  
40000 WELD COUNTY ROAD 25  
AULT CO 80610

(970) 586-2800

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)

(260090)

12.27

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 Acc # : 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

Signature

Month Day Year

ELIZABETH WILSON

*[Signature]*

10 | 6 | 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 #

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

<b>NON-HAZARDOUS WASTE MANIFEST</b>	1. Generator ID Number <i>N/A</i>	2. Page 1 of	3. Emergency Response Phone 800-424-9300	4. Waste Tracking Number <b>426289</b>	
5. Generator's Name and Mailing Address <b>BLUE CHIP OIL INC 155 E BOARDWALK DR SUITE 400 FORT COLLINS CO 80525</b>		Generator's Project Address (if different than mailing address) <b>BLUE CHIP OIL INC NORTH WELDE</b>			
Generator's Phone: <i>(970) 493-7710</i>					
6. Transporter 1: Complete Company Name and Address <i>CH2M HILL</i>			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: <i>(970) 686-2800</i>		
9. Waste Shipping Name, Description, & Profile Number		10. Containers		11. Total Quantity	12. Unit Wt./Vol.
		No.	Type		
1. <b>NON REGULATED SOLID (E&amp;P EXEMPT PRODUCTION WATER CONTAMINATED SOIL) 12600901</b>				<i>14.36 T</i>	<i>14.36</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 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/Offorer's Printed/Typed Name <i>ELIZABETH WILSON</i>		Signature <i>Elizabeth Wilson</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>163034</i>	
Initials of Person noting discrepancy		Signature		Date	
20. Management Method/Location  <b>Landfill</b> _____ <b>Monofill</b> _____ <b>Location:</b> _____					
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>John A</i>		Signature <i>John A</i>		Month Day Year <i>10 11 17</i>	

GENERATOR

TRANSPORTER

DESIGNATED FACILITY

**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

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

NETH BLUFF

Generator's Phone:

(970) 483-7710

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) 658-2800

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

12.75

12.70

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 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/Offerer's Printed/Typed Name

Signature

Month Day Year

DIANE WILSON

[Signature]

10 11 17

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 #

163148

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

[Signature]

10 11 17

GENERATOR

TRANSPORTER

DESIGNATED FACILITY

**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

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

WEST 2100E

Generator's Phone:

(970) 492-7700

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  
(ESP EXEMPT PRODUCTION WATER CONTAMINATED SOIL)  
12600900

15.13 cu

15.13

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

Signature

Month Day Year

JENNIFER WILSON

Stephanie Wilson

10 11 17

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 #

1463237

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

Robert L. ...

[Signature]

11 11 17

GENERATOR

TRANSPORTER

DESIGNATED FACILITY

**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  
**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

Generator's Phone:

(970) 492-7710

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) 882-2800

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)  
12600900

17.84

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/Officer's Printed/Typed Name

Signature

Month Day Year

ELLEN PETER LINDEN

[Signature]

10 11 17

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 #

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

GENERATOR

TRANSPORTER

DESIGNATED FACILITY

**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: **426293**

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**

6. Transporter 1: Complete Company Name and Address: Mundt Energy 508 E 16th St Greeley, CO      Transporter Phone: 970-57392

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) 886-2800

9. Waste Shipping Name, Description, & Profile Number	10. Containers		11. Total Quantity	12. Unit Wt./Vol.
	No.	Type		
1. <b>NON REGULATED SOLID (E&amp;P EXEMPT PRODUCTION WATER CONTAMINATED SOIL)</b> <u>12/20/09</u>	<u>19</u>	<u>12</u>	<u>19.12</u>	<u>  </u>
2. <u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>

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: CHRISTEN WILSON      Signature: [Signature]      Month: 10 Day: 12 Year: 12

16. Transporter Acknowledgement of Receipt of Materials

Transporter 1 Printed/Typed Name: [Signature]      Signature: [Signature]      Month: 10 Day: 12 Year: 12

Transporter 2 Printed/Typed Name:         Signature:         Month:    Day:    Year:   

17. Special Handling Instructions:   

18. Discrepancy Indication Space:   

19. Ticket #: 16635512

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: 10 Day: 12 Year: 12

GENERATOR

TRANSPORTER

DESIGNATED FACILITY

**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

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:

(970) 493-7310

6. Transporter 1: Complete Company Name and Address

Transporter Phone

Mundt Energy 508 Fifth St Greeley

970-573-9200

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) 888-2800

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)  
12600900

16,434

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

Signature

Month Day Year

ELIZABETH WILSON

*[Signature]*

10 12 17

16. Transporter Acknowledgement of Receipt of Materials

Transporter 1 Printed/Typed Name

Signature

Month Day Year

*[Signature]*

*[Signature]*

10 12 17

Transporter 2 Printed/Typed Name

Signature

Month Day Year

17. Special Handling Instructions

18. Discrepancy Indication Space:

19. Ticket #

106-316/5

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

*[Signature]*

10 12 17

GENERATOR

TRANSPORTER

DESIGNATED FACILITY

**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

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  
NORTH PLATTE

Generator's Phone:

(970) 493-7750

6. Transporter 1: Complete Company Name and Address

Mudt Energy 508 F 16th St Greeley CO

Transporter Phone

970-339-065

7. Transporter 2: Complete Company Name and Address

Transporter Phone

8. Designated Disposal Facility Name and Site Address

NORTH WELD LANDFILL  
40500 WELD COUNTY ROAD 25  
AULT CO 80610

Facility's Phone:

(970) 698-2800

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)  
12600000

No.

Type

20.7

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/Offorer's Printed/Typed Name

Signature

Month Day Year

CHRISTOPHER WILSON

[Signature]

10/12/17

16. Transporter Acknowledgement of Receipt of Materials

Transporter 1 Printed/Typed Name

Signature

Month Day Year

J. Tracy

[Signature]

10/12/17

Transporter 2 Printed/Typed Name

Signature

Month Day Year

17. Special Handling Instructions

18. Discrepancy Indication Space:

19. Ticket #

1443716

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

[Signature]

10/12/17

GENERATOR

TRANSPORTER

DESIGNATED FACILITY

**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  
**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's Phone:

(970) 492-7700

6. Transporter 1: Complete Company Name and Address

Mundt Energy

Transporter Phone

970-573-9200

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) 886-3800

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)  
12600000

No.

Type

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

Signature

Month Day Year

Elizabeth Wilson

*Elizabeth Wilson*

10 14 17

16. Transporter Acknowledgement of Receipt of Materials

Transporter 1 Printed/Typed Name

Signature

Month Day Year

JD Tracy

*JD Tracy*

10 14 17

Transporter 2 Printed/Typed Name

Signature

Month Day Year

17. Special Handling Instructions

18. Discrepancy Indication Space:

19. Ticket #

1664178

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

DA

*DA*

10 14 17

GENERATOR

TRANSPORTER

DESIGNATED FACILITY

**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

426297

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 WELLS

Generator's Phone:

(970) 493-7710

6. Transporter 1: Complete Company Name and Address

Transporter Phone

Mud) Energy 508 E 16th St Greeley CO 9705739268

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) 698-2800

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)  
12500900

15.11 T 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/Offoror's Printed/Typed Name

Signature

Month Day Year

COLEMAN WELLS

[Signature]

10 16 17

16. Transporter Acknowledgement of Receipt of Materials

Transporter 1 Printed/Typed Name

Signature

Month Day Year

J O Truitt

[Signature]

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

Signature

Month Day Year

[Signature]

10 16 17

GENERATOR

TRANSPORTER

DESIGNATED FACILITY