



NON-HAZARDOUS MANIFEST

NON-HAZARDOUS MANIFEST		1. Generator's US EPA ID No.	Manifest Doc No.	2. Page 1 of
3. Generator's Mailing Address: BONANZA CREEK ENERGY 4301 INDUSTRIAL PARKWAY EVANS, CO 80620		Generator's Site Address (if different than mailing): BONANZA CREEK ENERGY, INC WELL NAME: <i>RSU Anschutz Fed</i> WELL #: <i>4-62-11-12 (HPR)</i>		A. Manifest Number WMNA 9494515
4. Generator's Phone 661-444-0999		B. State Generator's ID		
5. Transporter 1 Company Name <i>E3 Solutions</i>		6. US EPA ID Number		C. State Transporter's ID
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone
9. Designated Facility Name and Site Address CONSERVATION SERVICES, INC (CSI) 41800 E 88TH AVE BENNETT, CO 80102		10. US EPA ID Number		E. State Transporter's ID
				F. Transporter's Phone
				G. State Facility ID
				H. State Facility Phone 303-644-4335
11. Description of Waste Materials		12. Containers		13. Total Quantity
		No.	Type	14. Unit Wt./Vol.
a. NON REGULATED SOLID - PRODUCED SAND WM Profile # 114400CO				2520 gal
b.				
c.				
d.				
J. Additional Descriptions for Materials Listed Above ACCOUNT NUMBER: CSI 1596 BONANZA CREEK ENERGY		K. Disposal Location <i>Del S 339</i> Cell <i>N 301 S 1119</i> Grid <i>W 104 3007S</i>		
15. Special Handling Instructions and Additional Information				
Purchase Order #		EMERGENCY CONTACT / PHONE NO.: 1-800-424-9300 24HR TOLL FREE		
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.				
Printed Name <i>Walt Griffin</i>		Signature "On behalf of" <i>[Signature]</i>		Month <i>5</i> Day <i>21</i> Year <i>21</i>
17. Transporter 1 Acknowledgement of Receipt of Materials				
Printed Name <i>Forrest Connor</i>		Signature <i>[Signature]</i>		Month <i>5</i> Day <i>21</i> Year <i>21</i>
18. Transporter 2 Acknowledgement of Receipt of Materials				
Printed Name		Signature		Month Day Year
19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.				
20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.				
Printed Name <i>Kim Grimm</i>		Signature <i>Kim Grimm</i>		Month <i>5</i> Day <i>21</i> Year <i>21</i>

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY

Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY

Gold- TRANSPORTER #1 COPY

Yellow- GENERATOR #1 COPY