

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 157818			
	5. Generator's Name and Mailing Address Patt 7 wells						Generator's Project Address (if different than mailing address)					
	Generator's Phone:											
	6. Transporter 1: Complete Company Name and Address Bosman Equip 809 252						Transporter Phone 92353-0720					
	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)686-2800						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 (IMPACTED SOIL) 119217CO								8.03			
	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 10500 Customer Name: SYNERGY RESOURCES CORPORATION												
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/Offor's Printed/Typed Name DAVID P. ...						Signature [Signature]		Month		Day Year	
	16. Transporter Acknowledgement of Receipt of Materials											
	Transporter 1 Printed/Typed Name DAVE GERE						Signature [Signature]		Month		Day Year	
	Transporter 2 Printed/Typed Name						Signature		Month		Day Year	
	17. Special Handling Instructions											
	18. Discrepancy Indication Space:											19. Ticket # 141-915
	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		Month		Day Year		