

NON-HAZARDOUS WASTE MANIFEST	1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone 800-424-9300	4. Waste Tracking Number 200473
5. Generator's Name and Mailing Address Bill Barrett Corp		Generator's Project Address (if different than mailing address) Siebring 5-63-32 Hawkins 5-61-21		
6. Transporter 1: Complete Company Name and Address Elite oil field services		7009 Rds Lamar Co.		Transporter Phone 970-888-4827
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: (970) 686-2800
9. Waste Shipping Name, Description, & Profile Number		10. Containers		11. Total Quantity
		No.	Type	12. Unit Wt./Vol.
1. NON REGULATED SOLID (E&P EXEMPT SOLIDS) 121118CO				4.627
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 #: 308-10540 Customer Name: BILL BARRETT PRODUCTION CORP				
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 Sean Sappington		Signature 		Month Day Year 05 16 16
16. Transporter Acknowledgement of Receipt of Materials				
Transporter 1 Printed/Typed Name Oscar O. Loraiza		Signature 		Month Day Year 5 17 16
Transporter 2 Printed/Typed Name		Signature		Month Day Year
17. Special Handling Instructions				
18. Discrepancy Indication Space:				19. Ticket # 1521667
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 		Month Day Year 5 17 16