

70 Ranch 4-6-20-5-63

NON-HAZARDOUS WASTE MANIFEST

1. Generator ID Number

2. Page 1 of

3. Emergency Response Phone
800-424-9300

4. Waste Tracking Number

200460

5. Generator's Name and Mailing Address

Bill Barrett Corporation

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

70 Ranch 4-6-20-5-63

Generator's Phone:

6. Transporter 1: Complete Company Name and Address

Element Services

Transporter Phone

(970) 302-1100

7. Transporter 2: Complete Company Name and Address

Element Services 123 7th Ave Greeley, CO 80631

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

1. NON REGULATED SOLID
(E&P EXEMPT SOLIDS)

121118CO

10. Containers

No. Type

11. Total Quantity

12. Unit Wt./Vol.

8.15 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 #: 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/Offor's Printed/Typed Name

Richard Lohr

Signature

[Signature]

Month Day Year

4 17 17

16. Transporter Acknowledgement of Receipt of Materials

Transporter 1 Printed/Typed Name

GRL Waste Services

Signature

Month Day Year

4 12 17

Transporter 2 Printed/Typed Name

BENITO JUAREZ

Signature

[Signature]

Month Day Year

4 13 17

17. Special Handling Instructions

RECEIVED
APR 14 2017
BY: [Signature]

18. Discrepancy Indication Space:

BY: [Signature]

19. Ticket #

608064

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

4 12 17

GENERATOR

TRANSPORTER

DESIGNATED FACILITY

NON-HAZARDOUS WASTE MANIFEST

1. Generator ID Number

2. Page 1 of

3. Emergency Response Phone

800-424-9300

4. Waste Tracking Number

200461

5. Generator's Name and Mailing Address

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

Generator's Phone: (970) 302-1160

70 Ranch 4-6-20.5-63

6. Transporter 1: Complete Company Name and Address

Transporter Phone

NIETO oilfield

970 534 1281

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 970-686-2800

(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 SOLIDS)

121118CO

13.0 ktr

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:

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Generator's/Offorer's Printed/Typed Name

Signature

Month Day Year

Christopher Ruiz

Chris Ruiz

4 10 17

16. Transporter Acknowledgement of Receipt of Materials

Transporter 1 Printed/Typed Name

Signature

Month Day Year

NIETO oilfield

JOSE A NIETO

7 12 17

Transporter 2 Printed/Typed Name

Signature

Month Day Year

RECEIVED
APR 14 2017

17. Special Handling Instructions

BY: [Signature]

18. Discrepancy Indication Space:

19. Ticket #

1608203

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]

4 12 17

GENERATOR

TRANSPORTER

DESIGNATED FACILITY

NON-HAZARDOUS WASTE MANIFEST

1. Generator ID Number

2. Page 1 of

3. Emergency Response Phone
800-424-9300

4. Waste Tracking Number

200466

5. Generator's Name and Mailing Address

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

Bill BARRETT
(Element)

70 RANKIN
4-6-20-5-63

Generator's Phone: 970-302-1100

6. Transporter 1: Complete Company Name and Address

Transporter Phone

NIETO OIL Field

970-534-6000

7. Transporter 2: Complete Company Name and Address

Transporter Phone

8. Designated Disposal Facility Name and Site Address

Facility's Phone:

NORTH WELD LANDFILL
4000 WELD COUNTY ROAD 25
AULT CO 80610 970-686-2800

(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 SOLIDS)

121118CO

8.97 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 #: 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/Offorer's Printed/Typed Name

Signature

Month Day Year

[Signature]

Mike Johnson

4 | 12 | 17

16. Transporter Acknowledgement of Receipt of Materials

Transporter 1 Printed/Typed Name

Signature

Month Day Year

NIETO OIL Field

JOSE NIETO

4 | 12 | 17

Transporter 2 Printed/Typed Name

Signature

Month Day Year

17. Special Handling Instructions

RECEIVED
APR 14 2017

18. Discrepancy Indicator Space:

BT: DA

19. Ticket #

716 08 06 2

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]

4 | 12 | 17

GENERATOR

TRANSPORTER

DESIGNATED FACILITY

NON-HAZARDOUS WASTE MANIFEST

1. Generator ID Number

2. Page 1 of

3. Emergency Response Phone
800-424-9300

4. Waste Tracking Number

200467

5. Generator's Name and Mailing Address

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

Fleming

Generator's Phone:

(970) 302-1100

70 Ranch 4-G-205-63

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 970-686-2800

(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 SOLIDS)

121118CO

8.84

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

Signature

Month Day Year

Christopher Ruiz

[Signature]

4 | 12 | 17

16. Transporter Acknowledgement of Receipt of Materials

Transporter 1 Printed/Typed Name

Signature

Month Day Year

GRL Welding

[Signature]

4 | 12 | 17

Transporter 2 Printed/Typed Name

Signature

Month Day Year

BENITO GUERRA

[Signature]

4 | 12 | 17

17. Special Handling Instructions

RECEIVED
APR 14 2017

18. Discrepancy Indication Space:

BT:

19. Ticket #

1608227

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 K. Hansen

[Signature]

4 | 12 | 17

GENERATOR

TRANSPORTER

DESIGNATED FACILITY

NON-HAZARDOUS WASTE MANIFEST 1. Generator ID Number 2. Page 1 of 3. Emergency Response Phone 800-424-9300 4. Waste Tracking Number 200468

5. Generator's Name and Mailing Address: *Blened Services* Generator's Project Address (if different than mailing address)
 Generator's Phone: *770-302-4661*

6. Transporter 1: Complete Company Name and Address: *Wesco 2605 CR 40 Rosely Co 30647* Transporter Phone: *770-713-4663*

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 (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 (E&P EXEMPT SOLIDS) 12111800			10.17	
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/Offorer's Printed/Typed Name: _____ Signature: _____ Month: _____ Day: _____ Year: _____

16. Transporter Acknowledgement of Receipt of Materials
 Transporter 1 Printed/Typed Name: *Michael J. Sauer* Signature: _____ Month: _____ Day: _____ Year: _____
 Transporter 2 Printed/Typed Name: _____ Signature: _____ Month: _____ Day: _____ Year: _____

17. Special Handling Instructions:

18. Discrepancy Indication Space: 19. Ticket # *1608799*
 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: *Sara* Signature: _____ Month: _____ Day: _____ Year: _____

NON-HAZARDOUS WASTE MANIFEST		1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone 800-424-9300	4. Waste Tracking Number 200469
5. Generator's Name and Mailing Address			Generator's Project Address (if different than mailing address)		
Generator's Phone:					
6. Transporter 1: Complete Company Name and Address <i>Deer Company 2605 Wacker 46 Kersey, Co 80644</i>				Transporter Phone <i>970-795-4860</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 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					8.05
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			Signature		Month Day Year
<i>[Signature]</i>			<i>[Signature]</i>		
16. Transporter Acknowledgement of Receipt of Materials					
Transporter 1 Printed/Typed Name			Signature		Month Day Year
<i>Scott Klein</i>			<i>Scott Klein</i>		4 14 10
Transporter 2 Printed/Typed Name			Signature		Month Day Year
17. Special Handling Instructions					
18. Discrepancy Indication Space:					19. Ticket # 1608800
Initials of Person noting discrepancy			Signature		Date
20. Management Method/Location Landfill <u>Monofill</u> 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
<i>[Signature]</i>			<i>[Signature]</i>		4 14 10

GENERATOR

TRANSPORTER

DESIGNATED FACILITY