

NON-HAZARDOUS  
WASTE MANIFEST

1. Generator ID Number

2. Page 1 of

3. Emergency Response Phone  
800-424-9300

4. Waste Tracking Number

273305

5. Generator's Name and Mailing Address

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

FIDUCIAL 6-62-34 SW SW  
AFE # 18777

Generator's Phone:

6. Transporter 1: Complete Company Name and Address

FIR Trucking, Truck #10

Transporter Phone

(970) 405-3482

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, &amp; Profile Number

10. Containers

11. Total  
Quantity12. Unit  
Wt./Vol.

No.

Type

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

12111800

13.94

2.

13. Regulatory Agency: Colorado Department of Public Health and Environment  
4300 Cherry Creek Drive South  
Denver, Co 80222-1530Emergency Notification:  
CHEMTREC (800) 424-9300  
24-hour Toll Free Number

14. Bill to &amp; 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

Signature

Month Day Year

VICTOR OCHOA

[Signature]

7 10 17

16. Transporter Acknowledgement of Receipt of Materials

Transporter 1 Printed/Typed Name

Signature

Month Day Year

Travis Kaderka

[Signature]

10 5 17

Transporter 2 Printed/Typed Name

Signature

Month Day Year

17. Special Handling Instructions

18. Discrepancy Indication Space:

19. Ticket #

1035484

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]

[Signature]

9 10 17

GENERATOR

TRANSPORTER

DESIGNATED FACILITY



<b>NON-HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number		2. Page 1 of		3. Emergency Response Phone 800-424-9300		4. Waste Tracking Number <b>273306</b>					
		5. Generator's Name and Mailing Address		Generator's Project Address (if different than mailing address) <b>FIDUCIAL 6-62-34 SW SW</b> <b>APE # 18777</b>									
GENERATOR		Generator's Phone:		6. Transporter 1: Complete Company Name and Address <b>E &amp; R Trucking</b>		Transporter Phone <b>(970) 405-5482</b>		7. Transporter 2: Complete Company Name and Address <b>Truck # 10</b>					
		8. Designated Disposal Facility Name and Site Address <b>NORTH WELD LANDFILL</b> <b>40000 WELD COUNTY ROAD 25</b> <b>AULT CO 80610 970-686-2800</b>		Facility's Phone: <b>(970) 686-2800</b>									
TRANSPORTER		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 SOLIDS)</b> <b>121118CC</b>						<b>15.50</b>					
DESIGNATED FACILITY		2.											
		13. Regulatory Agency: <b>Colorado Department of Public Health and Environment</b> <b>4300 Cherry Creek Drive South</b> <b>Denver, Co 80222-1530</b>		Emergency Notification: <b>CHEMTREC (800) 424-9300</b> <b>24-hour Toll Free Number</b>									
TRANSPORTER		14. Bill to & Account Number: <b>Customer Acct #: 308-10540 Customer Name: BILL BARRETT PRODUCTION CORP</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.											
DESIGNATED FACILITY		Generator's/Officer's Printed/Typed Name <b>VICTOR OCHOA</b>		Signature <b>VICTOR OCHOA</b>		Month <b>7</b>		Day <b>10</b>		Year <b>17</b>			
		16. Transporter Acknowledgement of Receipt of Materials		Transporter 1 Printed/Typed Name <b>EFRAIN URBANO</b>		Signature <b>EFRAIN URBANO</b>		Month <b>7</b>		Day <b>10</b>		Year <b>17</b>	
DESIGNATED FACILITY		Transporter 2 Printed/Typed Name		Signature		Month		Day		Year			
		17. Special Handling Instructions											
DESIGNATED FACILITY		18. Discrepancy Indication Space:						19. Ticket # <b>1035641</b>					
		Initials of Person noting discrepancy _____ Signature _____						Date _____					
DESIGNATED FACILITY		20. Management Method/Location  <b>Landfill _____ Monofill _____ 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 _____ Signature _____											
DESIGNATED FACILITY								Month <b>7</b>		Day <b>10</b>		Year <b>17</b>	



1970 02-1100

GENERATOR

TRANSPORTER

DESIGNATED FACILITY

<b>NON-HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone 800-424-9300	4. Waste Tracking Number <b>273307</b>	
5. Generator's Name and Mailing Address			Generator's Project Address (if different than mailing address) <i>Fiducial 6-62-34 SW</i>			
Generator's Phone:						
6. Transporter 1: Complete Company Name and Address <i>Hamilco E &amp; M Trucking #18 210 S. 2nd St #138 Johnston CO</i>			Transporter Phone <i>970-581-6515</i>			
7. Transporter 2: Complete Company Name and Address			Transporter Phone <i>90534</i>			
8. Designated Disposal Facility Name and Site Address <b>NORTH WELD LANDFILL 40000 WELD COUNTY ROAD 25 AULT CO-80610 970-686-2800</b> <i>(970) 686-2800</i>			Facility's Phone:			
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 SOLIDS)</b>  <i>121.11800</i>				<i>13.41</i>	<i>42</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 #: 308-10540 Customer Name: BILL BARRETT PRODUCTION CORP</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/Officer's Printed/Typed Name		Signature		Month	Day Year	
<i>Richard Lohr</i>		<i>[Signature]</i>		<i>12</i>	<i>11 117</i>	
16. Transporter Acknowledgement of Receipt of Materials						
Transporter 1 Printed/Typed Name		Signature		Month	Day Year	
<i>Martin Aguilar</i>		<i>Martin A.</i>		<i>7</i>	<i>11 17</i>	
Transporter 2 Printed/Typed Name		Signature		Month	Day Year	
17. Special Handling Instructions						
18. Discrepancy Indication Space:				19. Ticket # <i>1635887</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		Signature		Month	Day Year	
<i>Robert L...</i>		<i>[Signature]</i>		<i>7</i>	<i>11 17</i>	



<b>NON-HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone 800-424-9300	4. Waste Tracking Number <b>273308</b>
5. Generator's Name and Mailing Address			Generator's Project Address (if different than mailing address) <b>Fiducial 6-62-34 SW SW</b>		
Generator's Phone:					
6. Transporter 1: Complete Company Name and Address <b>Aguilar E&amp;M Trucking #18 210 S. 2nd St #36</b>			Transporter Phone <b>970-881-6915</b>		
7. Transporter 2: Complete Company Name and Address <b>Johnson Co 80534</b>			Transporter Phone		
8. Designated Disposal Facility Name and Site Address <b>NORTH WELD LANDFILL 40000 WELD COUNTY ROAD 25 AULT CO 80610 970-686-2800</b>			Facility's Phone: <b>(970) 686-2800</b>		
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 SOLIDS)</b>  12111800				12.29	
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 #: 308-10540 Customer Name: BILL BARRETT PRODUCTION CORP</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/Officer's Printed/Typed Name		Signature		Month	Day Year
<b>Cyran Barraza</b>		<b>Cyran Barraza</b>		17	11 17
16. Transporter Acknowledgement of Receipt of Materials					
Transporter 1 Printed/Typed Name		Signature		Month	Day Year
<b>Martin Aguilar</b>		<b>Martin A.</b>		17	11 17
Transporter 2 Printed/Typed Name		Signature		Month	Day Year
17. Special Handling Instructions					
18. Discrepancy Indication Space:				19. Ticket # <b>1636070</b>	
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>Ruben</b>		<b>Ruben</b>		17	11 17



<b>NON-HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone 800-424-9300	4. Waste Tracking Number <b>273309</b>
5. Generator's Name and Mailing Address			Generator's Project Address (If different than mailing address)  <b>Fiducia 6-62-34 SW SW ATE 18777</b>		
Generator's Phone:					
6. Transporter 1: Complete Company Name and Address <b>AGUILAR E&amp;M TRUCKING #18 210 S. 2nd St #38 Junction</b>				Transporter Phone <b>970-581-6515</b>	
7. Transporter 2: Complete Company Name and Address <b>Co. 80534</b>				Transporter Phone	
8. Designated Disposal Facility Name and Site Address <b>NORTH WELD LANDFILL 40000 WELD COUNTY ROAD 25 AULT CO 80610 970-686-2800</b>				Facility's Phone: <b>(970) 686-2800</b>	
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 SOLIDS)</b>  <b>12111800</b>				<b>16.387</b>	
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 #: 308-10540 Customer Name: BILL BARRETT PRODUCTION CORP</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/Officer's Printed/Typed Name		Signature		Month	Day Year
<b>Juan Barreto</b>		<b>[Signature]</b>		<b>7</b>	<b>12 17</b>
16. Transporter Acknowledgement of Receipt of Materials					
Transporter 1 Printed/Typed Name		Signature		Month	Day Year
<b>Martin Aguilar</b>		<b>Martin A.</b>		<b>7</b>	<b>12 17</b>
Transporter 2 Printed/Typed Name		Signature		Month	Day Year
17. Special Handling Instructions					
18. Discrepancy Indication Space:				19. Ticket # <b>1636217</b>	
Initials of Person noting discrepancy		Signature		Date	
20. Management Method/Location  <b>Landfill Monofill 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		Signature		Month	Day Year
<b>[Signature]</b>		<b>[Signature]</b>		<b>7</b>	<b>12 17</b>



# NON-HAZARDOUS WASTE MANIFEST

1. Generator ID Number

2. Page 1 of

3. Emergency Response Phone

800-424-9300

4. Waste Tracking Number

273310

5. Generator's Name and Mailing Address

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

FIDUCIAL 662-27

Generator's Phone:

AFE # 18777

6. Transporter 1: Complete Company Name and Address

AGUILAR ERM TRUCKING #18 210 S. 2nd St  
Johannesburg Co 80534

Transporter Phone

1970-581-6515

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

No.

Type

11. Total  
Quantity

12. Unit  
Wt./Vol.

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

12111800

15.65

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

Juan Barrey

J Barrey

16. Transporter Acknowledgement of Receipt of Materials

Transporter 1 Printed/Typed Name

Signature

Month Day Year

Martin Aguilar

Martin A.

7 12 17

Transporter 2 Printed/Typed Name

Signature

Month Day Year

17. Special Handling Instructions

18. Discrepancy Indication Space:

19. Ticket #

1636417

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. Lerner

7 12 17