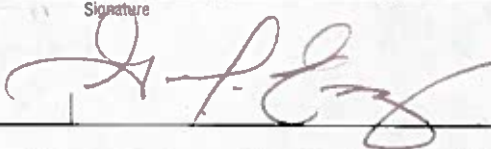

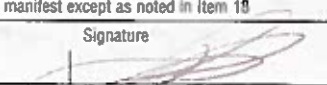

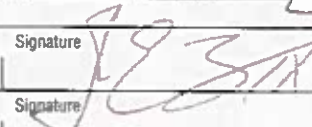
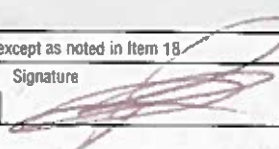


NON-HAZARDOUS WASTE MANIFEST		1. Generator ID Number N / A	2. Page 1 of 1	3. Emergency Response Phone 800-424-9300	4. Waste Tracking Number 445114	
5. Generator's Name and Mailing Address WHITING OIL & GAS - OPERATIONS			Generator's Project Address (if different than mailing address) WHITING OIL & GAS - OPERATIONS WELL NAME: WELL #: <i>Proven 12 11</i>			
Generator's Phone: (870) 407-3008			Transporter Phone			
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 NORTH WELD LANDFILL 40000 WELD COUNTY ROAD 25 AULT CO 80810 (970) 886-2800			Facility's Phone:			
9. Waste Shipping Name, Description, & Profile Number NON REGULATED SOLID (DRY PRODUCED WATER/SOIL) 12887600			10. Containers		11. Total Quantity	12. Unit Wt./Vol.
			No.	Type		
					2208.7	
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 10772 Customer Name: WHITING OIL & GAS - OPERATIONS						
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 <i>Guadalupe Espinoza</i>			Signature <i>[Signature]</i>		Month	Day Year
16. Transporter Acknowledgement of Receipt of Materials						
Transporter 1 Printed/Typed Name <i>Robert H. [unclear]</i>			Signature <i>[Signature]</i>		Month	Day Year
Transporter 2 Printed/Typed Name			Signature		Month	Day Year
17. Special Handling Instructions						
18. Discrepancy Indication Space:					19. Ticket # 172 7548	
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 <i>[Signature]</i>			Signature <i>[Signature]</i>		Month	Day Year 153018

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 445115	
		5. Generator's Name and Mailing Address WHITING OIL & GAS - OPERATIONS		Generator's Project Address (if different than mailing address) WHITING OIL & GAS - OPERATIONS WELL NAME: WELL #:					
Generator's Phone:		(970) 407-3008							
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 NORTH WELD LANDFILL 40000 WELD COUNTY ROAD 25 AULT CO 80610		Facility's Phone: (970) 888-2800							
9. Waste Shipping Name, Description, & Profile Number NON REGULATED SOLID (DRY PRODUCED WATER/SOIL)		10. Containers		11. Total Quantity		12. Unit Wt./Vol.			
		No.	Type						
12897800				26.15					
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 10772		Customer Name: WHITING OIL & GAS - OPERATIONS							
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 Guadalupe Espinoza		Signature 				Month Day Year 10 10 10			
16. Transporter Acknowledgement of Receipt of Materials									
Transporter 1 Printed/Typed Name Waste Transporter		Signature 				Month Day Year 5 30 10			
Transporter 2 Printed/Typed Name		Signature				Month Day Year			
17. Special Handling Instructions									
18. Discrepancy Indication Space:						19. Ticket # 1727742			
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 19									
Printed/Typed Name Robert L. Laman		Signature 				Month Day Year 5 31 10			

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 445121	
		5. Generator's Name and Mailing Address WHITING OIL & GAS - OPERATIONS		Generator's Project Address (if different than mailing address) WHITING OIL & GAS - OPERATIONS WELL NAME: WELL #: <i>KOTO 2H</i>					
Generator's Phone:		(970) 407-3008							
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 NORTH WELD LANDFILL 40000 WELD COUNTY ROAD 25 AULT CO 80810								Facility's Phone: (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 (DRY PRODUCED WATER/SOIL)						<i>25.842</i>			
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 10772 Customer Name: WHITING OIL & GAS - OPERATIONS									
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 <i>Guadalupe Espinoza</i>				Signature <i>[Signature]</i>				Month Day Year 	
16. Transporter Acknowledgement of Receipt of Materials									
Transporter 1 Printed/Typed Name <i>Jacinto Bautista</i>				Signature <i>Jacinto Bautista</i>				Month Day Year <i>5 30 18</i>	
Transporter 2 Printed/Typed Name				Signature				Month Day Year 	
17. Special Handling Instructions									
18. Discrepancy Indication Space:								19. Ticket # <i>172759</i>	
Initials of Person noting discrepancy				Signature				Date	
20. Management Method/Location Landfill <input type="checkbox"/> Monofill <input type="checkbox"/> 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 <i>Robert A. [Signature]</i>				Signature <i>[Signature]</i>				Month Day Year <i>5 30 18</i>	

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 445120	
		5. Generator's Name and Mailing Address WHITING OIL & GAS - OPERATIONS		Generator's Project Address (if different than mailing address) WHITING OIL & GAS - OPERATIONS WELL NAME: WELL #: <i>Ron. 124</i>					
Generator's Phone: (970) 407-3008		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 NORTH WELD LANDFILL 40000 WELD COUNTY ROAD 25 AULT CO 80810 (970) 686-2800							
9. Waste Shipping Name, Description, & Profile Number NON REGULATED SOLID (DRY PRODUCED WATER/SOIL) 12687800		10. Containers		11. Total Quantity		12. Unit Wt./Vol.			
		No.	Type						
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 10772 Customer Name: WHITING OIL & GAS - OPERATIONS									
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 <i>Guadalupe Espinoza</i>		Signature <i>[Signature]</i>		Month		Day		Year	
16. Transporter Acknowledgement of Receipt of Materials		Transporter 1 Printed/Typed Name <i>Lberto Bautista</i>		Signature <i>[Signature]</i>		Month		Day	
		Transporter 2 Printed/Typed Name		Signature		Month		Day	
						5		30	
						18			
17. Special Handling Instructions									
18. Discrepancy Indication Space:								19. Ticket # 1727545	
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 _____									

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 445122
5. Generator's Name and Mailing Address WHITING OIL & GAS - OPERATIONS			Generator's Project Address (if different than mailing address) WHITING OIL & GAS - OPERATIONS WELL NAME: WELL #:		
Generator's Phone: (970) 407-3008			R-1701 12 14		
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 NORTH WELD LANDFILL 40000 WELD COUNTY ROAD 25 AULT CO 80810				Facility's Phone: (970) 688-2800	
9. Waste Shipping Name, Description, & Profile Number NON REGULATED SOLID (DRY PRODUCED WATER/SOIL) 12687600			10. Containers		11. Total Quantity
			No.	Type	
					12. Unit Wt./Vol.
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 10772 Customer Name: WHITING OIL & GAS - OPERATIONS					
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 Guadalupe Espinoza			Signature 		Month Day Year 5 30 18
16. Transporter Acknowledgement of Receipt of Materials					
Transporter 1 Printed/Typed Name Juan Espinoza			Signature 		Month Day Year 5 30 18
Transporter 2 Printed/Typed Name			Signature		Month Day Year
17. Special Handling Instructions					
18. Discrepancy Indication Space:					19. Ticket # 1727543
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 Robert A. Lerner			Signature 		Month Day Year 5 30 18

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 445117	
		5. Generator's Name and Mailing Address WHITING OIL & GAS - OPERATIONS		Generator's Project Address (if different than mailing address) WHITING OIL & GAS - OPERATIONS WELL NAME: WELL #: <i>Kono 13 H</i>					
Generator's Phone:		(970) 407-3008							
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 NORTH WELD LANDFILL 40000 WELD COUNTY ROAD 25 AULT CO 80810		Facility's Phone: (970) 688-2800							
9. Waste Shipping Name, Description, & Profile Number NON REGULATED SOLID (DRY PRODUCED WATER/SOIL) 12887800		10. Containers		11. Total Quantity		12. Unit Wt./Vol.			
		No.	Type						
						13.675			
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 10772 Customer Name: WHITING OIL & GAS - OPERATIONS									
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>Guadalupe Espinoza</i>		<i>[Signature]</i>				<i>5 1 18</i>			
16. Transporter Acknowledgement of Receipt of Materials									
Transporter 1 Printed/Typed Name		Signature				Month Day Year			
<i>Juan Espinoza</i>		<i>[Signature]</i>				<i>5 30 18</i>			
Transporter 2 Printed/Typed Name		Signature				Month Day Year			
17. Special Handling Instructions									
18. Discrepancy Indication Space:									
19. Ticket # 172157									
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>[Signature]</i>		<i>[Signature]</i>				<i>5 30 18</i>			

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 445119	
		5. Generator's Name and Mailing Address WHITING OIL & GAS - OPERATIONS				Generator's Project Address (if different than mailing address) WHITING OIL & GAS - OPERATIONS WELL NAME: WELL #: <i>Kerr 124</i>			
Generator's Phone:		(970) 407-3008							
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 NORTH WELD LANDFILL 40000 WELD COUNTY ROAD 25 AULT CO 80810						Facility's Phone: (970) 688-2800			
9. Waste Shipping Name, Description, & Profile Number NON REGULATED SOLID (DRY PRODUCED WATER/SOIL) 12687600						10. Containers		11. Total Quantity 27.24	12. Unit WL/Vol. T
						No.	Type		
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 10772 Customer Name: WHITING OIL & GAS - OPERATIONS									
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 <i>Guadalupe Espinoza</i>						Signature <i>[Signature]</i>		Month Day Year 15/30/18	
16. Transporter Acknowledgement of Receipt of Materials									
Transporter 1 Printed/Typed Name <i>Walter Zamora</i>						Signature <i>[Signature]</i>		Month Day Year 15/30/18	
Transporter 2 Printed/Typed Name						Signature		Month Day Year	
17. Special Handling Instructions									
18. Discrepancy Indication Space:								19. Ticket # 1727546	
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 <i>[Signature]</i>						Signature <i>[Signature]</i>		Month Day Year 15/30/18	

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 445118		
	5. Generator's Name and Mailing Address WHITING OIL & GAS - OPERATIONS				Generator's Project Address (if different than mailing address) WHITING OIL & GAS - OPERATIONS WELL NAME: WELL #: <i>POW 124</i>			
	Generator's Phone: (970) 407-3008							
	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 NORTH WELD LANDFILL 40000 WELD COUNTY ROAD 25 AULT CO 80810 (970) 686-2800				Facility's Phone:				
TRANSPORTER	9. Waste Shipping Name, Description, & Profile Number NON REGULATED SOLID (DRY PRODUCED WATER/SOIL) 12687800			10. Containers		11. Total Quantity	12. Unit Wt./Vol.	
				No.	Type			
	1					<i>27.074</i>		
	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 10772 Customer Name: WHITING OIL & GAS - OPERATIONS								
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 <i>Guadalupe Espinoza</i>				Signature <i>[Signature]</i>		Month Day Year <i>15/10/18</i>		
DESIGNATED FACILITY	16. Transporter Acknowledgement of Receipt of Materials							
	Transporter 1 Printed/Typed Name <i>[Signature]</i>			Signature <i>[Signature]</i>		Month Day Year <i>15/10/18</i>		
	Transporter 2 Printed/Typed Name			Signature		Month Day Year		
	17. Special Handling Instructions							
18. Discrepancy Indication Space:						19. Ticket # <i>1727743</i>		
Initials of Person noting discrepancy				Signature		Date		
20. Management Method/Location Landfill <u> </u> Monofill <u> </u> Location: <u> </u>								
21. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 18								
Printed/Typed Name <i>[Signature]</i>				Signature <i>[Signature]</i>		Month Day Year <i>15/10/18</i>		