

NON-HAZARDOUS WASTE MANIFEST		1. Generator ID Number N / A		2. Page 1 of		3. Emergency Response Phone 1 800-424-9300		4. Waste Tracking Number 466380			
		5. Generator's Name and Mailing Address VERDAD RESOURCES LLC 5950 CEDAR SPRINGS RD #200 DALLAS TX 75235		Generator's Project Address (if different than mailing address) VERDAD RESOURCES LLC WELL NAME: WELL #:		Generator's Phone: (720) 845-6901					
GENERATOR		6. Transporter 1: Complete Company Name and Address Focus energy						Transporter Phone			
		7. Transporter 2: Complete Company Name and Address						Transporter Phone			
DESIGNATED FACILITY		8. Designated Disposal Facility Name and Site Address Conservation Services, Inc 41800 East 88th Avenue Bennett CO 80102						Facility's Phone: (303) 644-4335			
		9. Waste Shipping Name, Description, & Profile Number		10. Containers		11. Total Quantity		12. Unit Wt./Vol.			
TRANSPORTER		1. NON REGULATED LIQUID (HYDROVAC E&P CONTAMINATED SOIL)		No.		Type					
		2. 127200CO									
DESIGNATED FACILITY		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 #: CSI 2087 Customer Name: VERDAD RESOURCES, LLC									
DESIGNATED FACILITY		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/Offoror's Printed/Typed Name				Signature		Month		Day	Year
TRANSPORTER		16. Transporter Acknowledgement of Receipt of Materials									
		Transporter 1 Printed/Typed Name Focus energy - Kari Laws				Signature <i>Kari Laws</i>		Month		Day	Year
DESIGNATED FACILITY		Transporter 2 Printed/Typed Name				Signature		Month		Day	Year
DESIGNATED FACILITY		17. Special Handling Instructions									
		18. Discrepancy Indication Space:									
DESIGNATED FACILITY		19. Ticket # 160128									
		Initials of Person noting discrepancy _____ Signature _____						Date _____			
DESIGNATED FACILITY		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									
DESIGNATED FACILITY		Printed/Typed Name Jason McIntyre				Signature <i>Jason McIntyre</i>		Month		Day	Year