



NON-HAZARDOUS MANIFEST

NON-HAZARDOUS MANIFEST		1. Generator's US EPA ID No.		Manifest Doc No.		2. Page 1 of			
3. Generator's Mailing Address: HIGHPOINT RESOURCES - PRODUCTION 33105 CR 33 GREELEY, CO 80631 4. Generator's Phone				Generator's Site Address (if different than mailing): HIGHPOINT RESOURCES - WATTENBERG WELL NAME: WELL #: <i>State 212 AEF 4.62.33</i>		A. Manifest Number WMNA 6792574			
5. Transporter 1 Company Name <i>E&R Trucking</i>				6. US EPA ID Number		B. State Generator's ID			
7. Transporter 2 Company Name <i>AP</i>				8. US EPA ID Number		C. State Transporter's ID			
9. Designated Facility Name and Site Address BUFFALO RIDGE LANDFILL 11655 WELD COUNTY ROAD 59 KEENESBURG, CO 80643				10. US EPA ID Number		D. Transporter's Phone			
						E. State Transporter's ID			
						F. Transporter's Phone			
						G. State Facility ID			
						H. State Facility Phone 303-732-0218			
GENERATOR	11. Description of Waste Materials			12. Containers		13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments	
	a. E&P EXEMPT SOLIDS			No.	Type				
	WM Profile # 127111CO					9.54	TN		
	b.								
	WM Profile #								
TRANSPORTER	c.								
	WM Profile #								
	d.								
	WM Profile #								
FACILITY	J. Additional Descriptions for Materials Listed Above			K. Disposal Location					
				Cell		Level			
				Grid					
15. Special Handling Instructions and Additional Information ACCOUNT BR 715 HIGHPOINT RESOURCES - WATTENBERG GROUP									
Purchase Order #				EMERGENCY CONTACT / PHONE NO.:					
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.									
Printed Name <i>Jessica Foster</i>				Signature (On Behalf of)			Month	Day	Year
							1	28	19
TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials								
	Printed Name <i>Alberto Perea</i>		Signature				Month	Day	Year
							1	28	19
FACILITY	18. Transporter 2 Acknowledgement of Receipt of Materials								
	Printed Name		Signature				Month	Day	Year
19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.									
20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.									
Printed Name <i>A. Conner</i>				Signature			Month	Day	Year
							1	28	19

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY

Blue- GENERATOR #2 COPY

Yellow- GENERATOR #1 COPY

Pink- FACILITY USE ONLY

Gold- TRANSPORTER #1 COPY



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4. Generator's Phone						B. State Generator's ID				
5. Transporter 1 Company Name Loa Trucking #001				6. US EPA ID Number		C. State Transporter's ID				
7. Transporter 2 Company Name				8. US EPA ID Number		D. Transporter's Phone 970 386-3577				
9. Designated Facility Name and Site Address BUFFALO RIDGE LANDFILL 11655 WELD COUNTY ROAD 59 KEENESBURG, CO 80643				10. US EPA ID Number		E. State Transporter's ID				
						F. Transporter's Phone				
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						H. State Facility Phone 303-732-0218				
GENERATOR	11. Description of Waste Materials					12. Containers		13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
	a. E&P EXEMPT SOLIDS					No.	Type			
	WM Profile # 127111CO							6.79	TR	
	b.									
	WM Profile #									
	c.									
WM Profile #										
d.										
WM Profile #										
J. Additional Descriptions for Materials Listed Above					K. Disposal Location					
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Purchase Order #					EMERGENCY CONTACT / PHONE NO.:					
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.										
Printed Name Jessica Foster					Signature/Original of			Month	Day	Year
								1	28	19
TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials									
	Printed Name Alejandro P				Signature			Month	Day	Year
								1	20	19
18. Transporter 2 Acknowledgement of Receipt of Materials										
Printed Name				Signature			Month	Day	Year	
FACILITY	19. Certificate of Final Treatment/Disposal					1045794				
	I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.									
	20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.									
Printed Name A. Conner				Signature			Month	Day	Year	
							1	28	19	

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