



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	Generator's Site Address (if different than mailing): HIGHPOINT RESOURCES - WATTENBERG WELL NAME: WELL #: <i>State 213 AEF 4.62.33</i>		A. Manifest Number WMNA 6792574
4. Generator's Phone	B. State Generator's ID		
5. Transporter 1 Company Name <i>E&R Trucking</i>	6. US EPA ID Number	C. State Transporter's ID	
7. Transporter 2 Company Name <i>AP</i>	8. US EPA ID Number	D. Transporter's Phone	
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	
11. Description of Waste Materials	12. Containers No. Type	13. Total Quantity	14. Unit Wt./Vol.
		I. Misc. Comments	
a. E&P EXEMPT SOLIDS WM Profile # 127111CO		<i>9.54</i>	<i>TN</i>
b. WM Profile #			
c. WM Profile #			
d. WM Profile #			
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
		<i>1</i>	<i>28</i> <i>19</i>
17. Transporter 1 Acknowledgement of Receipt of Materials	Printed Name <i>Alberto Perera</i>	Signature <i>Alberto Perera</i>	Month Day Year <i>1</i> <i>28</i> <i>19</i>
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.	<i>1045793</i>		
20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.			
Printed Name <i>A. Conner</i>	Signature <i>A. Conner</i>	Month	Day Year <i>1</i> <i>28</i> <i>19</i>

GENERATOR
TRANSPORTER
FACILITY



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5. Transporter 1 Company Name LoA Trucking #001		6. US EPA ID Number		A. Manifest Number WMNA 6792577
7. Transporter 2 Company Name		8. US EPA ID Number		B. State Generator'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		C. State Transporter's ID
				D. Transporter's Phone 970-388-3577
				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	
	a. E&P EXEMPT SOLIDS		No.	Type
	WM Profile # 127111CO			
	b.			
	WM Profile #			
c.				
WM Profile #				
d.				
WM Profile #				
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 Jessica Foster		Signature / On behalf of 		Month Day Year 1 28 19
TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials			
	Printed Name Alejandro P		Signature 	
	Month	Day	Year	
18. Transporter 2 Acknowledgement of Receipt of Materials		Printed Name		Signature
				Month Day Year
FACILITY	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 A. Conner		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