



NON-HAZARDOUS MANIFEST

Handwritten: 4/16/19

NON-HAZARDOUS MANIFEST		1. Generator's US EPA ID No.		Manifest Doc No.		2. Page 1 of	
3. Generator's Mailing Address: WHITING OIL & GAS - OPERATIONS			Generator's Site Address (if different than mailing): WHITING OIL & GAS - OPERATIONS WELL: AFE:			A. Manifest Number WMNA 8240772	
4. Generator's Phone			5. Transporter 1 Company Name <i>Mandé Oilfield Services</i>			B. State Generator's ID	
6. US EPA ID Number			7. Transporter 2 Company Name			C. State Transporter's ID	
8. US EPA ID Number			9. Designated Facility Name and Site Address NORTH WELD LANDFILL 40000 WELD COUNTY ROAD 25 AULT, CO 80610			D. Transporter's Phone	
10. US EPA ID Number			11. Description of Waste Materials			E. State Transporter's ID	
12. Containers			13. Total Quantity			F. Transporter's Phone	
14. Unit Wt./Vol.			15. Special Handling Instructions and Additional Information			G. State Facility ID	
1. Misc. Comments			16. GENERATOR'S CERTIFICATE:			H. State Facility Phone 970-545-5010	
a. NON REGULATED SOLID - DRY CRUDE OIL IMPACTED ROCK WM Profile # 126946CO			b.			I. Disposal Location	
c.			d.			Cell	
e.			f.			Grid	
g.			h.			Level	
i.			j.			Year	
k.			l.			Month	
m.			n.			Day	
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NON-HAZARDOUS MANIFEST

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NON-HAZARDOUS MANIFEST		1. Generator's US EPA ID No.		Manifest Doc No.		2. Page 1 of		<i>HT 07 EST</i>			
3. Generator's Mailing Address: WHITING OIL & GAS - OPERATIONS			Generator's Site Address (if different than mailing): WHITING OIL & GAS - OPERATIONS WELL: <i>Horse Tail</i> AFE: <i>07H-Ped</i>			A. Manifest Number WMNA		8240777			
4. Generator's Phone			6. US EPA ID Number			C. State Transporter's ID		B. State Generator's ID			
5. Transporter 1 Company Name <i>Mond E Oil Field Services</i>			8. US EPA ID Number			D. Transporter's Phone					
7. Transporter 2 Company Name			10. US EPA ID Number			E. State Transporter's ID					
9. Designated Facility Name and Site Address NORTH WELD LANDFILL 40000 WELD COUNTY ROAD 25 AULT, CO 80610						F. Transporter's Phone					
						G. State Facility ID					
						H. State Facility Phone		970-545-5010			
GENERATOR	11. Description of Waste Materials				12. Containers		13. Total Quantity	14. Unit Wt./Vol.	1. Misc. Comments		
	a. NON REGULATED SOLID - DRY CRUDE OIL IMPACTED ROCK				No.	Type					
	WM Profile # 126946CO								<i>15.48 L</i>		
	b. WM Profile #										
	c. WM Profile #										
d. WM Profile #											
1. Additional Descriptions for Materials Listed Above ACCOUNT #: N 10772 WHITING OIL & GAS - OPERATIONS				K. Disposal Location							
				Cell			Level				
				Grid							
15. Special Handling Instructions and Additional Information											
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>Kyle Wagoner</i>				Signature "On behalf of" <i>[Signature]</i>				Month	Day	Year	
								<i>3</i>	<i>19</i>	<i>19</i>	
TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials				Signature				Month	Day	Year
	Printed Name <i>Gerardo Trevilla</i>				<i>[Signature]</i>						
									<i>3</i>	<i>19</i>	<i>19</i>
FACILITY	18. Transporter 2 Acknowledgement of Receipt of Materials				Signature				Month	Day	Year
	Printed Name <i>[Signature]</i>				<i>[Signature]</i>						
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>[Signature]</i>				Signature <i>[Signature]</i>				Month	Day	Year	

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY
Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY
Gold- TRANSPORTER #1 COPY

Yellow- GENERATOR #1 COPY

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NON-HAZARDOUS MANIFEST *Starline*

NON-HAZARDOUS MANIFEST		1. Generator's US EPA ID No.	Manifest Doc No.	2. Page 1 of <i>1</i>				
3. Generator's Mailing Address: WHITING OIL & GAS - OPERATIONS		Generator's Site Address (if different than mailing): WHITING OIL & GAS - OPERATIONS WELL: AFE:		A. Manifest Number WMNA 6922085				
4. Generator's Phone		B. State Generator's ID						
5. Transporter 1 Company Name <i>MARSH TRUCKING AND OIL FIELD SERVICES</i>		6. US EPA ID Number		C. State Transporter's ID				
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone				
9. Designated Facility Name and Site Address NORTH WELD LANDFILL 40000 WELD COUNTY ROAD 25 AULT, CO 80610		10. US EPA ID Number		E. State Transporter's ID				
				F. Transporter's Phone				
				G. State Facility ID				
				H. State Facility Phone 970-545-5010				
GENERATOR	11. Description of Waste Materials		12. Containers		13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments	
	a. DRY CRUDE OIL IMPACTED ROCK WM Profile # 126946CO		No.	Type				
	b. WM Profile #							
	c. WM Profile #							
	d. WM Profile #							
J. Additional Descriptions for Materials Listed Above ACCOUNT #: N 10772 WHITING OIL & GAS - OPERATIONS		K. Disposal Location						
		Cell				Level		
		Grid						
15. Special Handling Instructions and Additional Information								
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>Kyle Wagner</i>		Signature "On behalf of" <i>[Signature]</i>			Month	Day	Year	
					9	19	19	
TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials							
	Printed Name <i>Gerardo Tejeda</i>		Signature <i>[Signature]</i>			Month	Day	Year
						7	21	19
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		Signature			Month	Day	Year	
					8	21	19	

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY
Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY
Gold- TRANSPORTER #1 COPY

Yellow- GENERATOR #1 COPY

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