

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CDP-5
August 2008
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: American Warrior INC		License Number: 4058	
Operator Address: P.O.Box 399, Garden city, Ks 67846			
Contact Person: Kevin Wiles SR		Phone Number: (620) 275 - 2963	
Permit Number (API No. if applicable): 15-00723,396 0000		Lease Name: Marsh	
Source of Waste: <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Dike <input type="checkbox"/> Workover Pit <input type="checkbox"/> Settling Pit <input type="checkbox"/> Burn Pit <input checked="" type="checkbox"/> Drilling Pit <input type="checkbox"/> Steel Pit <input type="checkbox"/> Haul-off Pit <input type="checkbox"/> <input type="checkbox"/> Spill / Escape		Well Number: 1-32	
		Source Location (QQQQ): <u> NW </u> - <u> NE </u> - <u> SW </u> - <u> SE </u> Sec. <u> 32 </u> Twp. <u> 31 </u> R. <u> 15 </u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u> 1076 </u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <u> 1756 </u> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section Barber _____ County	
Type of waste to be disposed: <input checked="" type="checkbox"/> Fluid <input type="checkbox"/> Soil <input type="checkbox"/> Mud / Cuttings <input type="checkbox"/> Other: _____			
Amount of waste: <u> 4 </u> No. of loads <u> 300 </u> Barrels _____ Tons _____ YDS			
Destination of waste: <input type="checkbox"/> Reserve Pit <input type="checkbox"/> Haul Off Pit <input checked="" type="checkbox"/> Disposal Well <input type="checkbox"/> Lease Road <input type="checkbox"/> Dike / Berm <input type="checkbox"/> Other: _____			
If waste is transferred to another reserve pit, is the lease active? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Location of waste disposal:		Date of Waste Transfer: 12-8-08	
Operator Name: American Warrior INC		License No.: 4058	
Lease Name: Alexander # 1-10		Sec. <u> 10 </u> Twp. <u> 32s </u> R. <u> 15 </u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
Docket No./API No.: D-28,670		County: Barber	
Comments:			

RECEIVED
JUN 22 2009
KCC WICHITA

The undersigned hereby certifies that he/she is **PRODUCTION Supt.**
 for **AMERICAN WARRIOR INC** (Co.), a duly authorized agent, that all information shown hereon is true
 and correct to the best of his / her knowledge and belief.

Subscribed and sworn to before me on this **17** day of **June** , **2009** .
 My Commission Expires: **11/4/2011**

DEBRA J. PURCELL
Notary Public - State of Kansas
My Comm. Expires **11/4/2011**