

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): 15-009-20,581 0001		Lease Name: Nordman	
Source of Waste: <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Workover Pit <input type="checkbox"/> Burn Pit <input type="checkbox"/> Steel Pit <input type="checkbox"/> Dike <input type="checkbox"/> Settling Pit <input checked="" type="checkbox"/> Drilling Pit <input type="checkbox"/> Haul-off Pit <input type="checkbox"/> Spill / Escape		Well Number: 4 INJ. Source Location (QQQQ): NW - SW - SE - Sec. 24 Twp. 18 R. 15 <input checked="" type="checkbox"/> East <input type="checkbox"/> West 990 Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section 2310 Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section Barton 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>1</u> No. of loads <u>80</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: 5-20-09	
Operator Name: American Warrior INC		License No.: 4058	
Lease Name: Hazel SWD		Sec. 20 Twp. 21s R. 13 <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
Docket No./API No.: D-02,934		County: Barton	
Comments:			

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KCC WICHITA

The undersigned hereby certifies that he / she is <u>PRODUCTION Supt.</u>	
for <u>AMERICAN WARRIOR INC</u> (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 <u>9th</u> day of <u>June</u> , <u>2009</u>	 Agent Signature
My Commission Expires _____	 Notary Public