

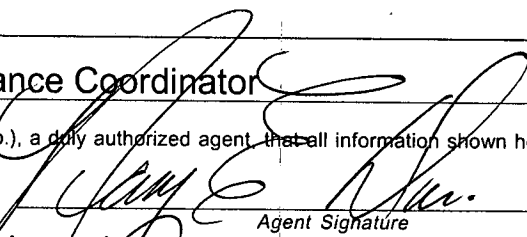
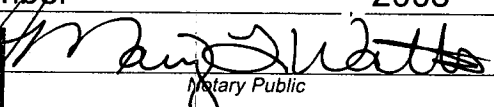
KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CDP-5
August 2004
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: <u>American Warrior, Inc.</u>		License Number: <u>4058</u>	
Operator Address: <u>P. O. Box 399, Garden City, KS 67846</u>			
Contact Person: <u>Kevin Wiles, Sr.</u>		Phone Number: (<u>620</u>) <u>275 - 2963</u>	
Permit Number (API No. if applicable): <u>15-185-23,548 0000</u>		Lease Name: <u>MORTON, VIOLET</u>	
Source of Waste:		Well Number: <u>1-34</u>	
<input type="checkbox"/> Dike <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Settling Pit <input type="checkbox"/> Workover Pit <input checked="" type="checkbox"/> Drilling Pit <input type="checkbox"/> Burn Pit <input type="checkbox"/> Haul-off Pit <input type="checkbox"/> Steel Pit <input type="checkbox"/> Spill / Escape		Source Location (QQQQ): <u>NE - SW - SE - NE</u> Sec. <u>34</u> Twp. <u>21S</u> R. <u>14</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>2000</u> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section <u>700</u> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section <u>STAFFORD</u> 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>320</u> Barrels _____ Tons _____ YDS			
Destination of waste: <input type="checkbox"/> Reserve 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 checked="" type="checkbox"/> No			
Location of waste disposal:		Date of Waste Transfer: <u>11-3-08</u>	
Operator Name: <u>American Warrior, Inc.</u>		License No.: <u>4058</u>	
Lease Name: <u>Koopman 4 (Hazel) SWD</u>		Sec. <u>20</u> Twp. <u>21s</u> R. <u>13</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
Docket No.: <u>D-02,934</u>		County: <u>Stafford</u>	

RECEIVED
KANSAS CORPORATION COMMISSION
NOV 14 2008
CONSERVATION DIVISION
WICHITA, KS

The undersigned hereby certifies that he / she is <u>Compliance Coordinator</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>12th</u> day of <u>November</u> <u>2008</u>	 Agent Signature
My Commission Expires _____	 Notary Public

NOTARY PUBLIC State of Kansas
MARY L. WATTS
My Appt. Exp. 8-7-2010