

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CDP-5
August 2004
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): 015-185-23,534 0000		Lease Name: SCHARTZ UNIT
Source of Waste: <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		Well Number: 1-20 Source Location (QQQQ): NE - NE - NE - SW Sec. 20 Twp. 21S R. 13 <input type="checkbox"/> East <input checked="" type="checkbox"/> West 2500 Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section 2700 Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section STAFFORD 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: 7-22-08
Operator Name: AMERICAN WARRIOR, INC.		License No.: 4058
Lease Name: KOOPMAN 4 (HAZEL)		Sec. 20 Twp. 21S R. 13 <input type="checkbox"/> East <input checked="" type="checkbox"/> West
Docket No.: D-02,934		County: STAFFORD

RECEIVED
KANSAS CORPORATION COMMISSION

AUG 01 2008

CONSERVATION DIVISION
WICHITA, KS

The undersigned hereby certifies that he / she is Compliance Coordinator	
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 <u>30TH</u> day of <u>JULY</u> , <u>2008</u>	<i>[Signature]</i> Agent Signature
My Commission Expires: <u>091209</u>	<i>[Signature]</i> Notary Public

ERICA KUHLMEIER
Notary Public - State of Kansas
My Appt. Expires 092209