

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): 15-007-23,396 0000		Lease Name: Marsh Ranch	
Source of Waste:		Well Number: 1-32	
<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> NW </u> <u> NE </u> <u> SW </u> <u> SE </u> Sec. <u> 32 </u> Twp. <u> 31s </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 <u> Barber </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 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: <u> 12-17-08 </u>	
Operator Name: <u> American Warrior INC </u>		License No.: <u> 4058 </u>	
Lease Name: <u> Alexander 1-10 </u>		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.: <u> D-28,670 </u>		County: <u> Barber </u>	
Comments:			

RECEIVED
MAR 20 2009
KCC WICHITA

The undersigned hereby certifies that he / she is **PRODUCTION S4PT.**
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 **19th** day of **March** **2009**

Agent Signature

Notary Public

My Commission Expires: **09-12-09**

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

ERICA KUHLMEIER
 Notary Public - State of Kansas
 My Appt. Expires **09-12-09**