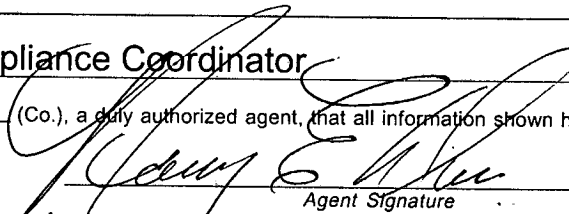
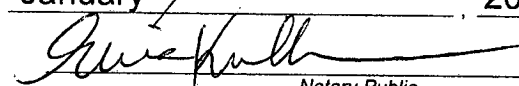


KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION  
**EXPLORATION & PRODUCTION WASTE TRANSFER**

Form CDP-5  
August 2004  
Form must be Typed

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</u> - <u>2963</u>	
Permit Number (API No. if applicable): <u>015-009-25,284 000 0</u>		Lease Name: <u>SOPHIE BAHR</u>	
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: <u>3-24</u> Source Location (QQQQ): <u>SW - NE - NE - SW</u> Sec. <u>24</u> Twp. <u>18S</u> R. <u>15</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>2300</u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <u>2260</u> Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section <u>BARTON</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>2</u> No. of loads <u>160</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>12-17-08</u>	
Operator Name: <u>John J. Darrah</u>		License No.: <u>5088</u>	
Lease Name: <u>Anshutz SWD 2</u>		Sec. <u>15</u> Twp. <u>21s</u> R. <u>14</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
Docket No.: <u>D-17,893</u>		County: <u>STAFFORD</u>	

RECEIVED  
KANSAS CORPORATION  
**JAN 08 2009**  
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>7th</u> day of <u>January</u>	<u>2008</u>
 _____ Agent Signature	
 _____ Notary Public	
My Commission Expires: <u>09-12-09</u>	

ERICA KUHLMEIER  
Notary Public - State of Kansas  
Expires: 09-12-09