

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			
Contact Person: Joe Smith		Phone Number: (620) 275 - 2963	
Permit Number (API No. if applicable): X15-069-20,313000		Lease Name: Gates	
Source of Waste:		Well Number: 8-16	
<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 - NW</u> Sec. <u>16</u> Twp. <u>24S</u> R. <u>30</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>2300</u> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section <u>1750</u> Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section <u>GRAY</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>6</u> No. of loads <u>480</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 checked="" type="checkbox"/> No			
Location of waste disposal:		Date of Waste Transfer: <u>1-7-09</u>	
Operator Name: <u>AMERICAN WARRIOR, INC.</u>		License No.: <u>4058</u>	
Lease Name: <u>NEELEY, SW 5 INJ</u>		Sec. <u>33</u> Twp. <u>23S</u> R. <u>32</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
Docket No./API No.: <u>E-28,150 v1</u>		County: <u>FINNEY</u>	
Comments:			
<p>RECEIVED JUN 09 2009 KCC WICHITA</p>			
The undersigned hereby certifies that he / she is <u>Joe Smith, Production Supervisor</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>6th</u> day of <u>June</u> , <u>2009</u> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 5px;"> <p>NOTARY PUBLIC State of Kansas MARY L. WATTS My Comm. Expires <u>8-7-2010</u></p> </div> <div style="text-align: right;"> <p><u>Mary L. Watts</u> Notary Public</p> </div> </div>			