

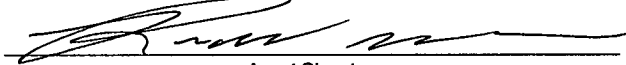
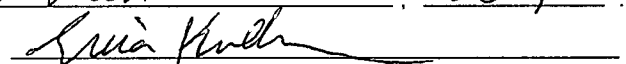
KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

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): 15-077-21,648 0000		Lease Name: Wolff
Source of Waste:		Well Number: 1-2
<input type="checkbox"/> Dike <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Settling Pit <input checked="" 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>SE</u> - <u>NW</u> - <u>NW</u> - <u>NW</u> Sec. <u>2</u> Twp. <u>34s</u> R. <u>6</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>335'</u> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section <u>335'</u> Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section <u>Harper</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>12-18-08</u>
Operator Name: <u>American Warrior INC</u>		License No.: <u>4058</u>
Lease Name: <u>Burkholder # 1-28</u>		Sec. <u>28</u> Twp. <u>32s</u> R. <u>7</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West
Docket No./API No.: <u>D-30,100</u>		County: <u>Harper</u>
Comments:		

RECEIVED
MAR 20 2009
KCC WICHITA

The undersigned hereby certifies that he/she is <u>Production Supt.</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>19th</u> day of <u>March</u> , <u>2009</u>	 Agent Signature
My Commission Expires: <u>09/22/09</u>	 Notary Public

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

