

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

Form GDP-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 - 2963</u>
Permit Number (API No. if applicable): <del>X</del> <u>15-077-21,619 0000</u>		Lease Name: <u>Walker</u>
Source of Waste:		Well Number: <u>1-23</u>
<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>SE - NW - NE - NE</u> Sec. <u>23</u> Twp. <u>34S</u> R. <u>7</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>410</u> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section <u>980</u> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section <u>HARPER</u> County

Type of waste to be disposed:     Fluid     Soil     Mud / Cuttings     Other: \_\_\_\_\_

Amount of waste:    4 No. of loads    320 Barrels    \_\_\_\_\_ Tons    \_\_\_\_\_ YDS

Destination of waste:     Reserve Pit     Disposal Well     Lease Road     Dike / Berm     Other: \_\_\_\_\_

If waste is transferred to another reserve pit, is the lease active?     Yes     No

Location of waste disposal: \_\_\_\_\_ Date of Waste Transfer: 6-11-08

Operator Name: American Warrior, Inc. License No.: 4058

Lease Name: Marvel 2 SWD Sec. 1 Twp. 31s R. 8     East  West

Docket No.: D-28,899 County: Harper

**RECEIVED**  
KANSAS CORPORATION COMMISSION  
  
**JUL 14 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.

*[Signature]*  
Agent Signature

Subscribed and sworn to before me on this 11th day of July, 2008

*[Signature]*  
Notary Public

My Commission Expires: 09-12-09

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