

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

Form CDP-5  
August 2004  
Form must be Typed

Operator Name: <b>American Warrior, Inc.</b>		License Number: <b>4058</b>
Operator Address: <b>P. O. Box 399, Garden City, KS 67846</b>		
Contact Person: <b>Kevin Wiles, Sr.</b>		Phone Number: ( <b>620</b> ) <b>275 - 2963</b>
Permit Number (API No. if applicable): <b>015-077-21,620 0000</b>		Lease Name: <b>SCHMIDT</b>
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: <b>1-24</b>  Source Location (QQQQ): _____ - _____ - _____ - <b>SW</b> Sec. <b>24</b> Twp. <b>32S</b> R. <b>6</b> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <b>2134</b> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <b>1304</b> Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section <b>HARPER</b> 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: **4-8-08**

Operator Name: **Messinger Pet.**      License No.: **4706**

Lease Name: **Nicholas SWD**      Sec. **20** Twp. **30s** R. **8**       East  West

Docket No.: **D-27,434**      County: **Kingman**

RECEIVED  
KANSAS CORPORATION COMMISSION  
  
**APR 23 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.

Subscribed and sworn to before me on this 22ND day of **APRIL**, 2008

My Commission Expires: 09-22-09

*[Signature]*  
Agent Signature

*[Signature]*  
Notary Public

**ERICA KUHLMEIER**  
Notary Public - State of Kansas  
My Appt. Expires 09-22-09