

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>15-009-25,114 8000</u>		Lease Name: <u>Bodine</u>
Source of Waste:		Well Number: <u>1-13</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>    </u> - <u>NW</u> - <u>SW</u> - <u>NW</u> Sec. <u>13</u> Twp. <u>20s</u> R. <u>13</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>1596</u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <u>218</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:     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: 11-5-07

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

Lease Name: WELSH 3 SWD Sec. 30 Twp. 20s R. 10     East  West

Docket No.: D-28,646 County: Barton

**RECEIVED**  
KANSAS CORPORATION COMMISSION  
  
**DEC 04 2007**  
  
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 1ST day of DECEMBER 2007

My Commission Expires: 09-12-09

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