

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form CDP-5  
August 2004  
Form must be Typed

**EXPLORATION & PRODUCTION WASTE TRANSFER**

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>15-009-25,106 6080</u>		Lease Name: <u>Bushnell-Cooper</u>	
Source of Waste:		Well Number: <u>1-14</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 - SE - NE - SW</u> Sec. <u>14</u> Twp. <u>20s</u> R. <u>13</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>1640</u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <u>2580</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: <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 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>11-12-07</u>	
Operator Name: <u>American Warrior, Inc.</u>		License No.: <u>4058</u>	
Lease Name: <u>WELSH 3 SWD</u>		Sec. <u>30</u> Twp. <u>20s</u> R. <u>10</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
Docket No.: <u>D-28,646</u>		County: <u>Barton</u>	

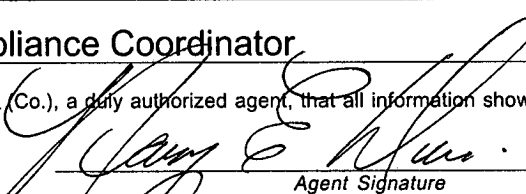
**RECEIVED**  
KANSAS CORPORATION COMMISSION

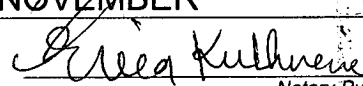
**DEC 04 2007**

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.

Subscribed and sworn to before me on this 19TH day of NOVEMBER, 2007

  
 \_\_\_\_\_  
 Agent Signature

  
 \_\_\_\_\_  
 Notary Public

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

My Commission Expires: 09-12-09