

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>Joe Smith</u>		Phone Number: (<u>620</u>) <u>275 - 2963</u>
Permit Number (API No. if applicable): <u>015-007-23,283 0000</u>		Lease Name: <u>Newton</u>
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: <u>2-7</u> Source Location (QQQQ): <u>N2 - SE - NW - SE</u> Sec. <u>7</u> Twp. <u>33S</u> R. <u>10</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>1740</u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <u>1650</u> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section <u>BARBER</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>5-6-08</u>
Operator Name: <u>American Warrior, Inc.</u>		License No.: <u>4058</u>
Lease Name: <u>Newton 1 SWD</u>		Sec. <u>8</u> Twp. <u>33s</u> R. <u>10</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West
Docket No.: <u>D-19,361</u>		County: <u>Barber</u>

RECEIVED
KANSAS CORPORATION COMMISSION

JUN 05 2008

CONSERVATION DIVISION
WICHITA, KS

The undersigned hereby certifies that he / she is <u>Compliance Coordinator</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>3rd</u> day of <u>June</u>	2008 <i>[Signature]</i> Agent Signature
My Commission Expires: <u>091209</u>	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p>ERICA KUHLMEIER Notary Public - State of Kansas My Appt. Expires <u>091209</u></p> </div>