

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>Q15-009-25,149 0300</u>		Lease Name: <u>Phillips</u>
Source of Waste: <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Dike <input type="checkbox"/> Workover Pit <input type="checkbox"/> Settling Pit <input type="checkbox"/> Burn Pit <input checked="" type="checkbox"/> Drilling Pit <input type="checkbox"/> Steel Pit <input type="checkbox"/> Haul-off Pit <input type="checkbox"/> <input type="checkbox"/> Spill / Escape		Well Number: <u>2-27</u>
		Source Location (QQQQ): <u>SE - NW - NE - NE</u> Sec. <u>27</u> , Twp. <u>20S</u> R. <u>13</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>650</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 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: 3 No. of loads 240 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: 3-6-08

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

Lease Name: Welsh 3 SWD Sec. 30 Twp. 20s R. 12 East West

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

RECEIVED
KANSAS CORPORATION COMMISSION

JUN 05 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.

[Handwritten Signature]
Agent Signature

Subscribed and sworn to before me on this 2ND day of JUNE, 2008

My Commission Expires: 09/20/09

[Handwritten Signature]
Notary Public
ERICA KUHLMEIER
Notary Public - State of Kansas
My Appt. Expires 09/20/09