

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>Joe Smith</b>	Phone Number: ( <b>620</b> ) <b>275 - 2963</b>
Permit Number (API No. if applicable): <b>015-163-23,542 0000</b>	Lease Name: <b>Keller</b>
Source of Waste:  <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Dike <input checked="" 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>3-6</b>
	Source Location (QQQQ): <u>    </u> - <u>SW</u> - <u>NE</u> - <u>SE</u>
	Sec. <u>6</u> Twp. <u>10S</u> R. <u>20</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>1670</u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <u>1000</u> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section <b>ROOKS</b> County

Type of waste to be disposed:     Fluid     Soil     Mud / Cuttings     Other: \_\_\_\_\_

Amount of waste:    2 No. of loads    160 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: **10-25-06**

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

Lease Name: **Renner 11 SWD**      Sec. 5 Twp. 10s R. 20     East  West

Docket No.: **D-26,155**      County: **Rooks**

**RECEIVED**  
**MAR 10 2008**  
**KCC WICHITA**

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 5th day of March, 2008

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

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

My Commission Expires: 09-12-09

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