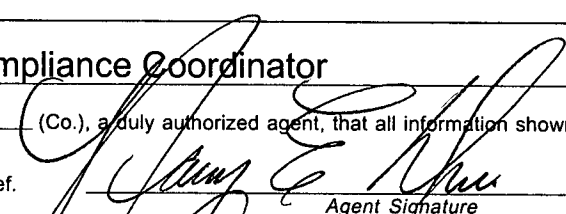
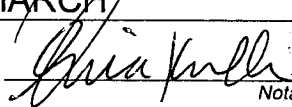


KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION  
**EXPLORATION & PRODUCTION WASTE TRANSFER**

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 ) 275 - 2963</b>
Permit Number (API No. if applicable): <b>015-163-23,686 0600</b>		Lease Name: <b>Keller</b>
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: <b>1-30</b> Source Location (QQQQ): <b>NW - NE - SW - SE</b> Sec. <b>30</b> Twp. <b>10S</b> R. <b>20</b> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <b>1100</b> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <b>1925</b> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section <b>ROOKS</b> 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: <b>3-21-08</b>
Operator Name: <b>American Warrior, Inc.</b>		License No.: <b>4058</b>
Lease Name: <b>Schneider (Allphin) SWD</b>		Sec. <b>30</b> Twp. <b>10s</b> R. <b>20</b> <input type="checkbox"/> East <input checked="" type="checkbox"/> West
Docket No.: <b>D-14,486</b>		County: <b>Rooks</b>

RECEIVED  
KANSAS CORPORATION COMMISSION  
**MAR 31 2008**  
CONSERVATION DIVISION  
WICHITA, KS

The undersigned hereby certifies that he / she is <b>Compliance Coordinator</b>	
for <b>American Warrior, Inc.</b> (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>27th</u> day of <b>MARCH</b>	<u>2008</u>
 _____ Agent Signature	
 _____ Notary Public	
My Commission Expires: <u>09-22-09</u>	

**ERICA KUFLMEIER**  
Notary Public - State of Kansas  
My Appt. Expires 09-22-09