

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

Form CDP-5
August 2004
Form must be Typed

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 - 2963</u>
Permit Number (API No. if applicable): <u>015-077-21,593 0000</u>		Lease Name: <u>BURKHOLDER</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>1-21</u> Source Location (QQQQ): _____ - _____ - <u>W/2 - SE</u> Sec. <u>21</u> Twp. <u>32S</u> R. <u>7</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>1273</u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <u>2070</u> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section <u>HARPER</u> County

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

Amount of waste: 4 No. of loads 320 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: <u>10-10-07</u>
Operator Name: <u>Messinger Pet.</u>	License No.: <u>4706</u>
Lease Name: <u>Nicholas SWD</u>	Sec. <u>20</u> Twp. <u>30s</u> R. <u>8</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West
Docket No.: <u>D-27,434</u>	County: <u>Kingman</u>

RECEIVED
KANSAS CORPORATION COMMISSION

JAN 11 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.

Subscribed and sworn to before me on this 10th day of January, 2008
Agent Signature

My Commission Expires: 09-20-09

Notary Public **ERICA KUFILMEIER**
Notary Public - State of Kansas
My Appt. Expires 09-20-09