

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>015-065-23,408 0000</b>	Lease Name: <b>Kuehn</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>2-27</b>
	Source Location (QQQQ): _____ - <u>NW</u> - <u>SW</u> - <u>NE</u>
	Sec. <u>27</u> Twp. <u>10S</u> R. <u>21</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West
	<u>1850</u> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section <u>2310</u> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section <u>Graham</u> County

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

Amount of waste:    6 No. of loads    480 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: **2-26-08**

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

Lease Name: **DeYoung 3 SWD** Sec. 35 Twp. 9s R. 21     East  West

Docket No.: **D-28,725** County: **Graham**

RECEIVED  
KANSAS CORPORATION COMMISSION  
**MAR 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.

*[Signature]*  
Agent Signature

Subscribed and sworn to before me on this 4th day of March, 2008

My Commission Expires: 09-12-09

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