

OCT 06 2009

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

CONSERVATION DIVISION EXPLORATION & PRODUCTION WASTE TRANSFER  
WICHITA, KS

Operator Name: <b>AMERICAN WARRIOR, INC.</b>		License Number: <b>4058</b>	
Operator Address: <b>P. O. Box 399, Garden City, KS</b>			
Contact Person: <b>KEVIN WILES, SR</b>		Phone Number: ( <b>620</b> ) <b>275 - 2963</b>	
Permit Number (API No. if applicable): <b>15-077-21,6530000</b>		Lease Name: <b>PULLIAM</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</b>	
		Source Location (QQQQ): <b>SW - NW - NW - SE</b>	
		Sec. <b>35</b> Twp. <b>33S</b> R. <b>6</b> <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
		<b>2222</b> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section	
		<b>2485</b> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section	
		<b>HARPER</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 type="checkbox"/> Haul Off 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>7-24-09</b>	
Operator Name: <b>AMERICAN WARRIOR, INC.</b>		License No.: <b>4058</b>	
Lease Name: <b>WOLFF</b>		Sec. <b>2</b> Twp. <b>34S</b> R. <b>6</b> <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
Docket No./API No.: <b>D-30,358</b>		County: <b>HARPER</b>	
Comments:			
<p>The undersigned hereby certifies that he / she is <u>Nancy E Davis, Compliance Coordinator</u>  for <u>American Warrior, Inc</u> (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>3<sup>rd</sup></u> day of <u>October</u>, <u>2009</u>  My Commission Expires: <u>09/10/2013</u></p>			
		<u>Nancy E Davis</u> Agent Signature	
		<u>Caitlin Birney</u> Notary Public	

**Caitlin Birney**  
Notary Public - State of Kansas  
My Appt. Expires 09/10/2013