

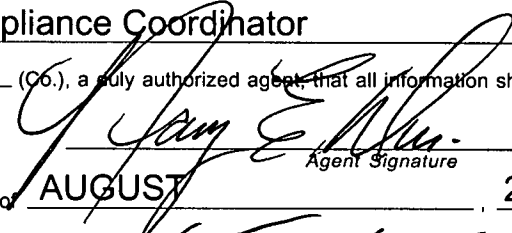

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

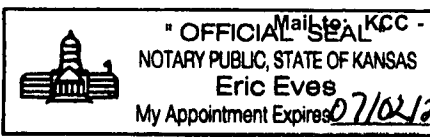
Form CDP-5  
August 2004  
Form must be Typed

**EXPLORATION & PRODUCTION WASTE TRANSFER**

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>Kevin Wiles, Sr.</b>		Phone Number: ( <b>620</b> ) <b>275 - 2963</b>	
Permit Number (API No. if applicable): <b>015-047-21,585 0000</b>		Lease Name: <b>Nelson</b>	
Source of Waste:		Well Number: <b>1-17</b>	
<input type="checkbox"/> Dike <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Settling Pit <input 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		Source Location (QQQQ): <b>S/2 - NE - SE - SE</b> Sec. <b>17</b> Twp. <b>25S</b> R. <b>17</b> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <b>850</b> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <b>330</b> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section <b>EDWARDS</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>5-20-09</b>	
Operator Name: <b>American Warrior, Inc.</b>		License No.: <b>4058</b>	
Lease Name: <b>Koopman (Hazel) 4 SWD</b>		Sec. <b>20</b> Twp. <b>21S</b> R. <b>13</b> <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
Docket No.: <b>D-02,934</b>		County: <b>Stafford</b>	

**RECEIVED**  
**AUG 21 2009**  
**KCC WICHITA**

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>  19th  </u> day of <b>AUGUST</b> , <u>  2009  </u>	 Agent Signature
My Commission Expires: <u>  07/02/2013  </u>	 Notary Public



Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202