

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>15-083-21,608 0000</b>		Lease Name: <b>SMILEY</b>
Source of Waste:		Well Number: <b>2-13</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>NW - SE - NE - NE</b> Sec. <b>13</b> Twp. <b>22S</b> R. <b>22</b> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <b>971</b> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section <b>540</b> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section <b>HODGEMAN</b> County

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

Amount of waste:    2 No. of loads    160 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

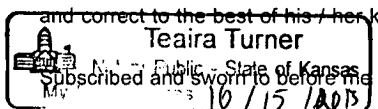
Location of waste disposal:	Date of Waste Transfer: <b>10-7-09</b>
Operator Name: <b>AMERICAN WARRIOR, INC.</b>	License No.: <b>4058</b>
Lease Name: <b>SPRINGER 6-25 SWD</b>	Sec. <b>25</b> Twp. <b>22S</b> R. <b>24</b> <input type="checkbox"/> East <input checked="" type="checkbox"/> West
Docket No.: <b>D-30,408</b>	County: <b>HODGEMAN</b>

**RECEIVED**  
**OCT 29 2009**  
**KCC WICHITA**

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 27TH day of OCTOBER, 2009



*[Signature]*  
Notary Public

My Commission Expires: 10/15/2013