



KANSAS CORPORATION COMMISSION 1035636
OIL & GAS CONSERVATION DIVISION

Form CDP-5
August 2008
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: American Warrior, Inc.		License Number: 4058	
Operator Address: PO Box 399 GARDEN CITY KS 67846			
Contact Person: Scott Corsair		Phone Number: (785) 398 - 2270	
Permit Number (API No. if applicable): 15-135-24955-00-00		Lease Name: Moore	
Source of Waste: <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		Well Number: 4-1	
		Source Location (QQQQ): <u>NE</u> - <u>SW</u> - <u>NW</u> - <u>NE</u> Sec. <u>1</u> Twp. <u>19</u> R. <u>22</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>890</u> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section <u>2025</u> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section <u>Ness</u> 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>3</u> No. of loads <u>240</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 type="checkbox"/> No			
Location of waste disposal:		Date of Waste Transfer: <u>01/22/2010</u>	
Operator Name: <u>American Warrior, Inc.</u>		License No.: <u>4058</u>	
Lease Name: <u>STRECKER</u>		Sec. <u>6</u> Twp. <u>19</u> R. <u>21</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
Docket No./API No.: <u>D19026</u>		County: <u>Ness</u>	
Comments:			
<p><i>Fluid pmt 3/2/10</i></p> <p>Submitted Electronically</p>			