

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION  
**CLOSURE OF SURFACE PIT**

KANSAS CORPORATION COMMISSION

Form CDP-4  
April 2004  
Form must be Typed

**MAR 05 2009**  
**RECEIVED**

Operator Name: <b>American Warrior, Inc.</b>	License Number: <b>4058</b>
Operator Address: <b>P. O. Box 399, Garden City, Kansas 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>15-009-21,248-∞-∞∞</b>	Lease Name & Well No.: <b>Wondra 2</b>
Type of Pit: <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Burn Pit <input type="checkbox"/> Settling Pit <input type="checkbox"/> Drilling Pit <input checked="" type="checkbox"/> Workover Pit <input type="checkbox"/> Haul-Off Pit	Pit Location (QQQQ): <b>C</b> <u>SE</u> <u>SW</u> <u>SE</u> Sec. <b>4</b> Twp. <b>17S</b> R. <b>12</b> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <b>330</b> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <b>1650</b> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section <b>BARTON</b> County

Date of closure: **2-23-09**

Was an artificial liner used?     Yes     No

If no, how were the sides and bottom sealed to prevent downward migration of the pit contents?  
**Native Clay**

Abandonment procedure of pit:  
**Let dry backfill and replaced top soil.**

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]*  
 \_\_\_\_\_  
 Signature of Applicant or Agent

Subscribed and sworn to me on this **4TH** day of **FEBRUARY** **MARCH**, **2009**

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

*[Signature]*  
 \_\_\_\_\_  
 Notary Public

My Commission Expires: **09-12-09**