

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

Form CDP-4  
April 2004  
Form must be Typed

Operator Name: <b>American Warrior, Inc</b>	License Number: <b>4058</b>
Operator Address: <b>P O Box 399</b>	
Contact Person: <b>Kevin Wiles, Sr</b>	Phone Number: <b>( 620 ) 275 - 2963</b>
Permit Number (API No. if applicable): <b>015-135-24, 899 6000</b>	Lease Name & Well No.: <b>Ryersee #3-33</b>
Type of Pit: <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Burn Pit <input type="checkbox"/> Settling Pit <input checked="" type="checkbox"/> Drilling Pit <input type="checkbox"/> Workover Pit <input type="checkbox"/> Haul-Off Pit	Pit Location (QQQQ): <b>SE</b> <b>NW</b> <b>SE</b> <b>SE</b> Sec. <b>33</b> Twp. <b>18</b> R. <b>21</b> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <b>950</b> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <b>925</b> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section <b>Ness</b> County

Date of closure: 5/21/10

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**

**RECEIVED**  
**KANSAS CORPORATION COMMISSION**  
  
**MAY 28 2010**  
  
**CONSERVATION DIVISION**  
**WICHITA, KS**

Abandonment procedure of pit:  
**Let dry. Backfill. Replace top soil.**

The undersigned hereby certifies that he / she is \_\_\_\_\_ **Geologist** \_\_\_\_\_ 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.

*Neil L. H.*  
 \_\_\_\_\_  
 Signature of Applicant or Agent

Subscribed and sworn to me on this 27<sup>th</sup> day of May, 2010

**Teaira Turner**  
 Notary Public - State of Kansas  
 My Appt. Expires 10/15/2013

*Teaira Turner*  
 \_\_\_\_\_  
 Notary Public

My Commission Expires: 10/15/2013