

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form CDP-5  
August 2008  
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>Joe Smith</b>		Phone Number: ( <b>620</b> ) <b>275 - 2963</b>
Permit Number (API No. if applicable): <b>15-009-04316 0000</b>		Lease Name: <b>Stoss</b>
Source of Waste: <input type="checkbox"/> Dike <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Settling Pit <input checked="" type="checkbox"/> Workover Pit <input 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: <b>#3</b>  Source Location (QQQQ): <u>  <b>C</b>  </u> - <u>  <b>NW</b>  </u> - <u>  <b>NE</b>  </u> - <u>  <b>NW</b>  </u> Sec. <u>  <b>29</b>  </u> Twp. <u>  <b>18</b>  </u> R. <u>  <b>13</b>  </u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>  <b>4950'</b>  </u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <u>  <b>3630'</b>  </u> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section <u>  <b>Barton</b>  </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>  <b>1</b>  </u> No. of loads <u>  <b>35</b>  </u> Barrels    _____ Tons    _____ YDS		
Destination of waste: <input type="checkbox"/> Reserve Pit <input type="checkbox"/> Haul Off Pit <input type="checkbox"/> Disposal Well <input checked="" 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>  <b>9/15/08</b>  </u>
Operator Name: <u>  <b>American Warrior inc</b>  </u>		License No.: <u>  <b>4058</b>  </u>
Lease Name: <u>  <b>Dove</b>  </u>		Sec. <u>  <b>34</b>  </u> Twp. <u>  <b>17</b>  </u> R. <u>  <b>13</b>  </u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West
Docket No./API No.: <u>  <b>15-009-23029</b>  </u>		County: <u>  <b>Barton</b>  </u>
Comments:		

**RECEIVED  
DEC 14 2010  
KCC WICHITA**

The undersigned hereby certifies that he / she is   **Forman**    
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.   *Joe Smith*    
Agent Signature

Subscribed and sworn to before me on this   **13**   day of   **September**     **2010**  

My Commission Expires:   **6/11/2014**     *Holly Schwaderer*    
Notary Public

**HOLLY SCHWADERER**  
Notary Public - State of Kansas  
My Appt. Expires   **6/11/2014**  

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