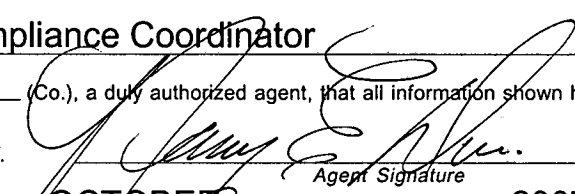
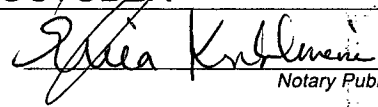


KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
EXPLORATION & PRODUCTION WASTE TRANSFER

Form CDP-5
August 2004
Form must be Typed

07

Operator Name: <u>American Warrior, Inc.</u>		License Number: <u>4058</u>	
Operator Address: <u>P. O. Box 399, Garden City, KS 67846</u>			
Contact Person: <u>Kevin Wiles, Sr.</u>		Phone Number: (<u>620</u>) <u>275</u> - <u>2963</u>	
Permit Number (API No. if applicable): <u>15-185-23,462 0000</u>		Lease Name: <u>GROW "A"</u>	
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: <u>4-16</u>	
		Source Location (QQQQ): _____ - <u>S/2</u> - <u>SE</u> Sec. <u>16</u> Twp. <u>21S</u> R. <u>13</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>1200</u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <u>1300</u> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section <u>STAFFORD</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>6</u> No. of loads <u>480</u> Barrels _____ Tons _____ YDS			
Destination of waste: <input type="checkbox"/> Reserve 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 checked="" type="checkbox"/> No			
Location of waste disposal:		Date of Waste Transfer: <u>9-17-07</u>	
Operator Name: <u>American Warrior, Inc.</u>		License No.: <u>4058</u>	
Lease Name: <u>Koopman (Hazel) 4 SWD</u>		Sec. <u>20</u> Twp. <u>21s</u> R. <u>13</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
Docket No.: <u>D-02,934</u>		County: <u>Stafford</u>	
<p>RECEIVED KANSAS CORPORATION COMMISSION OCT 04 2007 CONSERVATION DIVISION WICHITA, KS</p>			
The undersigned hereby certifies that he / she is <u>Compliance Coordinator</u> for <u>American Warrior, Inc.</u> (Co.), a duly authorized agent, that all information shown hereon is true and correct to the best of his / her knowledge and belief.			
		 Agent Signature	
Subscribed and sworn to before me on this <u>2ND</u> day of <u>OCTOBER</u> , <u>2007</u>			
My Commission Expires: <u>09-22-09</u>		 Notary Public	
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p>ERICA KUHLMEIER Notary Public - State of Kansas My Appt. Expires <u>09-22-09</u></p> </div>			