

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION KCC
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>15-185-9101-00-00</u>		Lease Name: <u>Hazel (Koopman) SWD</u>
Source of Waste:		Well Number:
<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		Source Location (QQQQ): <u> </u> - <u>NW</u> - <u>NE</u> - <u>NE</u> Sec. <u>20</u> Twp. <u>21S</u> R. <u>13</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>4980</u> ⁴⁹⁸⁴ Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <u>960</u> ⁹³⁰ Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section <u>STAFFORD</u> County

Type of waste to be disposed: Fluid Soil Mud / Cuttings Other: _____

Amount of waste: 2 No. of loads 160 Barrels _____ Tons _____ YDS

Destination of waste: Reserve Pit Disposal Well Lease Road Dike / Berm Other: _____

If waste is transferred to another reserve pit, is the lease active? Yes No

Location of waste disposal: _____ Date of Waste Transfer: 5-16-07

Operator Name: American Warrior, Inc. License No.: 4058

Lease Name: Hazel (Koopman) SWD Sec. 20 Twp. 21s R. 13 East West

Docket No.: D-02,934 County: STAFFORD

RECEIVED
KANSAS CORPORATION COMMISSION

JUN 11 2007

CONSERVATION DIVISION
WICHITA, KS

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.

Subscribed and sworn to before me on this 8TH day of JUNE, 2007

[Signature]
Agent Signature

[Signature]
Notary Public - State of Kansas
My Commission Expires: 09-12-09

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