

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

Form CDP-5  
August 2004  
Form must be Typed  
0?

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>Kevin Wiles, Sr.</b>		Phone Number: ( <b>620</b> ) <b>275 - 2963</b>	
Permit Number (API No. if applicable): <b>15-185-22,679 0000</b>		Lease Name: <b>SCHULTZ</b>	
Source of Waste: <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Emergency Pit <input checked="" type="checkbox"/> Workover Pit <input type="checkbox"/> Burn Pit <input type="checkbox"/> Steel Pit</div><div><input type="checkbox"/> Dike <input type="checkbox"/> Settling Pit <input type="checkbox"/> Drilling Pit <input type="checkbox"/> Haul-off Pit <input type="checkbox"/> Spill / Escape</div></div>		Well Number: <b>6-5</b>	
		Source Location (QQQQ): <b>E2 - SE - NW</b>	
		Sec. <b>5</b> Twp. <b>22S</b> R. <b>13</b> <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
		<b>3235</b> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section	
		<b>2970</b> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section	
		<b>STAFFORD</b> 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>1</u> No. of loads <u>80</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: <b>8-2-07</b>
Operator Name: <b>AMERICAN WARRIOR, INC.</b>	License No.: <b>4058</b>
Lease Name: <b>FANSHIER 1-5 SWD</b>	Sec. <b>5</b> Twp. <b>22S</b> R. <b>13</b> <input type="checkbox"/> East <input checked="" type="checkbox"/> West
Docket No.: <b>D-28,377</b>	County: <b>STAFFORD</b>

RECEIVED  
KANSAS CORPORATION COMMISSION

**AUG 06 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 **3RD** day of **AUGUST**, **2007**

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

*Erica Kuhlmeier*  
**ERICA KUHLMIEIER**  
Notary Public - State of Kansas  
My Appt. Expires **09-12-09**