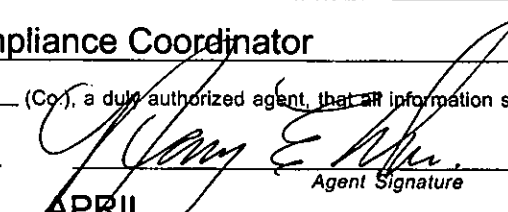


KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
EXPLORATION & PRODUCTION WASTE TRANSFER

Form CDP-5
August 2004
Form must be Typed

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>Joe Smith</u>		Phone Number: (<u>620</u>) <u>275</u> - <u>2963</u>	
Permit Number (API No. if applicable): <u>15-025-21,405 0000</u>		Lease Name: <u>Esplund CD & E</u>	
Source of Waste:		Well Number: <u>4-19</u>	
<input type="checkbox"/> Emergency Pit <input type="checkbox"/> Dike <input type="checkbox"/> Workover Pit <input type="checkbox"/> Settling Pit <input type="checkbox"/> Burn Pit <input checked="" type="checkbox"/> Drilling Pit <input type="checkbox"/> Steel Pit <input type="checkbox"/> Haul-off Pit <input type="checkbox"/> <input type="checkbox"/> Spill / Escape		Source Location (QQQQ): <u> </u> - <u>SE</u> - <u>SE</u> - <u>SE</u> Sec. <u>19</u> Twp. <u>30S</u> R. <u>23</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>330</u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <u>480</u> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section <u>CLARK</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>2</u> No. of loads <u>160</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>3-23-07</u>	
Operator Name: <u>American Warrior, Inc.</u>		License No.: <u>4058</u>	
Lease Name: <u>Taylor (B) 2 SWD</u>		Sec. <u>17</u> Twp. <u>30s</u> R. <u>23</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
Docket No.: <u>D-19,490</u>		County: <u>Clark</u>	

RECEIVED
KANSAS CORPORATION COMMISSION
APR 10 2007
CONSERVATION DIVISION
WICHITA, KS

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.	
Subscribed and sworn to before me on this <u>7TH</u> day of <u>APRIL</u>	<u>2007</u>
 Erica Kuhlmeier Notary Public - State of Kansas My Appt. Expires <u>091209</u>	
My Commission Expires: <u>091209</u>	