

**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>15-025-21,402 000 0</u> | | Lease Name: <u>Esplund CD & E</u> |
| Source of Waste: <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Dike <input type="checkbox"/> Workover Pit <input type="checkbox"/> Settling Pit <input type="checkbox"/> Bum 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 | | Well Number: <u>3-19</u> Source Location (QQQQ): <u> </u> - <u>E2</u> - <u>E2</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>1376</u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <u>330</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: Fluid Soil Mud / Cuttings Other: _____

Amount of waste: 4 No. of loads 320 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: 3-23-07

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

Lease Name: Taylor (B) 2 SWD Sec. 17 Twp. 30s R. 23 East West

Docket No.: D-19,490 County: Clark

RECEIVED
KANSAS CORPORATION COMMISSION
APR 10 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 7TH day of APRIL, 2007

My Commission Expires: 09/20/09

[Signature]
Agent Signature

[Signature]
Notary Public - State of Kansas
My Appt. Expires 09/20/09