

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>Kevin Wiles, Sr.</u>		Phone Number: ( <u>620</u> ) <u>275 - 2963</u>
Permit Number (API No. if applicable) <u>15-009-25,0210000</u>		Lease Name: <u>Selle</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"/> 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"/> Split / Escape		Well Number: <u>1-10</u>
		Source Location (QQQQ): <u>    </u> - <u>    </u> - <u>C</u> - <u>E2</u> Sec. <u>10</u> Twp. <u>20s</u> R. <u>13</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>2600</u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <u>1250</u> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section <u>Barton</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>3</u> No. of loads <u>240</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>3-7-07</u>
Operator Name: <u>American Warrior, Inc.</u>		License No.: <u>4058</u>
Lease Name: <u>WELSH 3 SWD</u>		Sec. <u>30</u> Twp. <u>20s</u> R. <u>10</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West
Docket No.: <u>D-28,646</u>		County: <u>Barton</u>

RECEIVED  
MAR 26 2007  
KCC WICHITA

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>23RD</u> day of <u>March</u>	<u>2007</u> <i>[Signature]</i> Agent Signature
My Commission Expires: <u>09-12-09</u>	<i>[Signature]</i> Notary Public

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