

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

Form GDP-5
August 2004
Form must be Typed

87

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 - 2963</u>	
Permit Number (API No. if applicable): <u>15-065-23,287 USGC</u>		Lease Name: <u>Claude</u>	
Source of Waste:		Well Number: <u>1-26</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>SE - NE - NW - SE</u> Sec. <u>26</u> Twp. <u>9S</u> R. <u>21</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>2162</u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <u>1594</u> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section <u>GRAHAM</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>9.5</u> No. of loads <u>755</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>3-20-07</u>	
Operator Name: <u>American Warrior, Inc.</u>		License No.: <u>4058</u>	
Lease Name: <u>Allphin 1 SWD</u>		Sec. <u>26</u> Twp. <u>9s</u> R. <u>21</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
Docket No.: <u>D-14,486</u>		County: <u>Rooks</u>	

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.

[Signature]
Agent Signature

Subscribed and sworn to before me on this 21st day of MARCH 2007

NOTARY PUBLIC State of Kansas
MARY L. WATTS
My Commission Expires 8-7-2010

[Signature]
Notary Public

RECEIVED
MAR 23 2007
KCC WICHITA