

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

Form GDP-5
August 2004
Form must be Typed

07

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) 275 - 2963</u>
Permit Number (API No. if applicable): <u>15-095-22,116 e000</u>		Lease Name: <u>ALBRIGHT</u>
Source of Waste:		Well Number: <u>7-4 (1-4)</u>
<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"/> Spill / Escape		Source Location (QQQQ): <u> </u> - <u>S/2</u> - <u>NE</u> - <u>SE</u> Sec. <u>4</u> Twp. <u>27S</u> R. <u>7</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>1700</u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <u>580</u> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section <u>KINGMAN</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>4</u> No. of loads <u>320</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>10-4-07</u>
Operator Name: <u>Messinger Pet.</u>		License No.: <u>4706</u>
Lease Name: <u>Nicholas SWD</u>		Sec. <u>20</u> Twp. <u>30s</u> R. <u>8</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West
Docket No.: <u>D-27,434</u>		County: <u>Kingman</u>

RECEIVED
KANSAS CORPORATION COMMISSION

OCT 05 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 5TH day of OCTOBER 2007

My Commission Expires: 8-7-2010

NOTARY PUBLIC State of Kansas
MARY L. WATTS
My Not. Exp. 8-7-2010

[Handwritten Signature]
Agent Signature

[Handwritten Signature]
Notary Public