

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form CDP-5  
August 2008  
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: <b>American Warrior INC</b>		License Number: <b>4058</b>
Operator Address: <b>P.O.Box 399, Garden City, KS 67846</b>		
Contact Person: <b>Kevin Wiles SR</b>	<i>033-20162-0000</i>	Phone Number: <b>( 620 ) 275 - 2963</b>
Permit Number (API No. if applicable): <b>15--33-20,162</b>	<i>033-20162000</i>	Lease Name: <b>Schuette</b>
Source of Waste:		Well Number: <b>3</b>
<input type="checkbox"/> Dike <input type="checkbox"/> Emergency Pit <input checked="" type="checkbox"/> Workover Pit <input type="checkbox"/> Burn Pit <input type="checkbox"/> Steel Pit <input type="checkbox"/> Settling Pit <input type="checkbox"/> Drilling Pit <input type="checkbox"/> Haul-off Pit <input type="checkbox"/> Spill / Escape		Source Location (QQQQ): <b>C</b> - SW - _____ Sec. <b>36</b> Twp. <b>31</b> R. <b>16</b> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <b>4060</b> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section <b>1420</b> Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section <b>Comanche</b> 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>1</u> No. of loads <u>80</u> Barrels _____ Tons _____ YDS		
Destination of waste: <input type="checkbox"/> Reserve Pit <input type="checkbox"/> Haul Off 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 type="checkbox"/> No		
Location of waste disposal:		Date of Waste Transfer: <b>5-30-09</b>
Operator Name: <b>American Warrior INC</b>		License No.: <b>4058</b>
Lease Name: <b>Schuette # 5</b>		Sec. <b>36</b> Twp. <b>31</b> R. <b>16</b> <input type="checkbox"/> East <input checked="" type="checkbox"/> West
Docket No./API No.: <b>D- 26,072</b>		County: <b>Comanche</b>
Comments:		

RECEIVED  
APR 25 2011  
KCC WICHITA

The undersigned hereby certifies that he / she is Production Supt.  
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 19 day of April, 2011  
My Commission Expires: 09/10/13

*[Signature]*  
Agent Signature  
*[Signature]*  
Notary Public

**Caitlin Birney**  
Notary Public - State of Kansas  
My Appt. Expires 09/10/13