## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form CDP-4 April 2004 Form must be Typed

## **CLOSURE OF SURFACE PIT**

Operator Name: AMERICAN WARRIOR INC	License Number: 4058
Operator Address: PO BOX 399 GARDEN CITY, KS 67846	
Contact Person: KEVIN WILES	Phone Number: ( 620 ) 275 - 2963
Permit Number (API No. if applicable): 15-175-221870000	Lease Name & Well No.: SINGLEY 11
Type of Pit:	Pit Location (QQQQ):
Emergency Pit Burn Pit	
Settling Pit	Sec. 34 Twp. 32S R. 31
Workover Pit Haul-Off Pit	335 Feet from North / ✓ South Line of Section
	1800 Feet from ✓ East ✓ West Line of Section
	SEWARD County
Date of closure: SEPTEMBER 29, 2011  Was an artificial liner used? Yes No  If no, how were the sides and bottom sealed to prevent downward migration of the pit contents?  NATIVE MUDS AND CLAYS.	
Abandonment procedure of pit: BACKFILL AND LEVEL AS CLOSE AS POSSIBLE TO IT	RECEIVED  OCT 1 3 2011  S NATURAL STATE. KCC WICHITA
The undersigned hereby certifies that he / she is PRODUCTION Supt. for American Warriof 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 of Applicant or Agent  Subscribed and sworn to me on this day of American Warriof 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 of Applicant or Agent  Authorized agent, that all information shown hereon is true and correct to the best of his /her knowledge and belief.  Signature of Applicant or Agent  Authorized agent, that all information shown hereon is true and correct to the best of his /her knowledge and belief.  Subscribed and sworn to me on this   Authorized agent, that all information shown hereon is true and correct to the best of his /her knowledge and belief.  Signature of Applicant or Agent  Authorized agent, that all information shown hereon is true and correct to the best of his /her knowledge and belief.  Subscribed and sworn to me on this   Authorized agent, that all information shown hereon is true and correct to the best of his /her knowledge and belief.  Signature of Applicant or Agent  Authorized agent, that all information shown hereon is true and correct to the best of his /her knowledge and belief.  Signature of Applicant or Agent  Authorized agent, that all information shown hereon is true and correct to the best of his /her knowledge and belief.	