

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CDP-5
August 2008
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: American Warrior INC		License Number: 4058	
Operator Address: P.O.Box 399, Garden City KS 67846			
Contact Person: Kevin Wiles SR		Phone Number: (620) 275 - 2963	
Permit Number (API No. if applicable): 15-159-22,646-00-00		Lease Name: Buckley	
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"/> Spill / Escape		Well Number: 7-18	
		Source Location (QQQQ): <u> NW </u> - <u> SE </u> - <u> SW </u> - <u> NW </u> Sec. <u> 18 </u> Twp. <u> 19 </u> R. <u> 9 </u> <input type="checkbox"/> East <input type="checkbox"/> West <u> 2307 </u> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section <u> 813 </u> Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section <u> Rice </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 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: <u> 4-12-11 </u>	
Operator Name: <u> American Warrior INC </u>		License No.: <u> 4058 </u>	
Lease Name: <u> Kate # 3 </u>		Sec. <u> 18 </u> Twp. <u> 19 </u> R. <u> 9 </u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
Docket No./API No.: <u> E-15609 </u>		County: <u> Rice </u>	
Comments:			

RECEIVED
NOV-15-2011
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 14 day of November 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