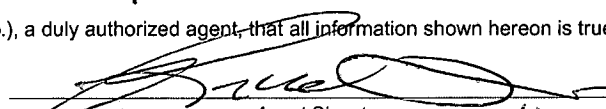
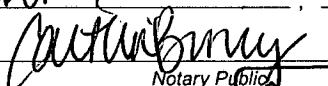


KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

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>                                                                                                                                                                                                                                                                                                                                                                         |  | Phone Number: ( <b>620</b> ) <b>275 - 2963</b>                                                                                                                                                                                                                                                                                                                                                                                            |  |
| Permit Number (API No. if applicable): <b>15-159-22,645-00-00</b>                                                                                                                                                                                                                                                                                                                                             |  | Lease Name: <b>Buckley</b>                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| Source of Waste:<br><input type="checkbox"/> Emergency Pit <input type="checkbox"/> Dike<br><input type="checkbox"/> Workover Pit <input type="checkbox"/> Settling Pit<br><input type="checkbox"/> Burn Pit <input checked="" type="checkbox"/> Drilling Pit<br><input type="checkbox"/> Steel Pit <input type="checkbox"/> Haul-off Pit<br><input type="checkbox"/> <input type="checkbox"/> Spill / Escape |  | Well Number: <b>5-18</b>                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                               |  | Source Location (QQQQ): <u>SE</u> - <u>SW</u> - <u>NE</u> - <u>NW</u><br>Sec. <u>18</u> Twp. <u>19</u> R. <u>9</u> <input type="checkbox"/> East <input type="checkbox"/> West<br><u>1174</u> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section<br><u>1968</u> Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section<br>Rice _____ 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 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>4-26-11</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<br>NOV 15 2011<br>KCC WICHITA                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
| The undersigned hereby certifies that he / she is <u>PRODUCTION Supt.</u><br>for <u>AMERICAN WARRIOR INC</u> (Co.), a duly authorized agent, that all information shown hereon is true<br>and correct to the best of his / her knowledge and belief.                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
| Subscribed and sworn to before me on this <u>14</u> day of <u>November</u> , <u>2011</u>                                                                                                                                                                                                                                                                                                                      |  | <br>_____<br>Agent Signature                                                                                                                                                                                                                                                                                                                          |  |
| My Commission Expires: <u>01/10/13</u>                                                                                                                                                                                                                                                                                                                                                                        |  | <br>_____<br>Notary Public                                                                                                                                                                                                                                                                                                                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                               |  | Caitlin Birney<br>Notary Public - State of Kansas<br>My Appt. Expires <u>01/10/13</u>                                                                                                                                                                                                                                                                                                                                                     |  |