

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CDS-2
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: Jody Smith		Phone Number: (620) 275 - 2963
Permit Number (API No. if applicable): 15-135-25318 - 0000		Lease Name: Petersilie
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: 2-11
		Source Location (QQQQ): <u>S/2</u> - <u>NW</u> - <u>NE</u> - <u>SE</u> Sec. <u>11</u> Twp. <u>20</u> R. <u>24</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>2150</u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <u>960</u> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section <u>Ness</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>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: <u>11/19/11</u>
Operator Name: <u>American Warrior Inc.</u>	License No.: <u>4058</u>
Lease Name: <u>Billings</u>	Sec. <u>35S</u> Twp. <u>22</u> R. <u>23</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West
Docket No./API No.: <u>D-27511</u>	County: <u>Hodgeman</u>
Comments:	

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The undersigned hereby certifies that he / she is Foreman
 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. [Signature]
 Agent Signature

Subscribed and sworn to before me on this 21 day of November, 2011

My Commission Expires: 09/10/13

[Signature]
Notary Public
Caitlin Birney
Notary Public - State of Kansas
My App. Expires 09/10/13