

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, 638-00-00		Lease Name: Long	
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: 2-13	
		Source Location (QQQQ): <u>SW</u> - <u>NW</u> - <u>SE</u> - <u>NE</u> Sec. <u>13</u> Twp. <u>19</u> R. <u>10</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>1750</u> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section <u>1100</u> Feet from <input checked="" type="checkbox"/> East / <input 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>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>3-3-11</u>	
Operator Name: <u>American Warrior INC</u>		License No.: <u>4058</u>	
Lease Name: <u>Kate # 3 INJ.</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:			

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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.

[Signature]
Agent Signature
Subscribed and sworn to before me on this 18 day of November, 2011
Caitlin Birney
Notary Public

My Commission Expires: 09/10/13

Caitlin Birney
Notary Public - State of Kansas
Not. Expires 09/10/13