

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, 637-00-00</b>		Lease Name: <b>Link</b>
Source of Waste: <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Workover Pit <input type="checkbox"/> Burn Pit <input type="checkbox"/> Steel Pit <input type="checkbox"/> Dike <input type="checkbox"/> Settling Pit <input checked="" type="checkbox"/> Drilling Pit <input type="checkbox"/> Haul-off Pit <input type="checkbox"/> Spill / Escape		Well Number: <b>2-13</b>  Source Location (QQQQ): <u>  <b>NW</b>  </u> - <u>  <b>SE</b>  </u> - <u>  <b>NE</b>  </u> - <u>  <b>SE</b>  </u> Sec. <u>  <b>13</b>  </u> Twp. <u>  <b>19</b>  </u> R. <u>  <b>10</b>  </u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>  <b>1850</b>  </u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <u>  <b>500</b>  </u> Feet from <input checked="" type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section <u>  <b>Rice</b>  </u> County

Type of waste to be disposed:  Fluid  Soil  Mud / Cuttings  Other: \_\_\_\_\_

Amount of waste:   **3**   No. of loads   **240**   Barrels        Tons        YDS

Destination of waste:  Reserve Pit  Haul Off Pit  Disposal Well  Lease Road  Dike / Berm  Other: \_\_\_\_\_

If waste is transferred to another reserve pit, is the lease active?  Yes  No

Location of waste disposal: \_\_\_\_\_ Date of Waste Transfer:   **2-23-11**  

Operator Name:   **American Warrior INC**   License No.:   **4058**  

Lease Name:   **Kate # 3 INJ.**   Sec.   **18**   Twp.   **19**   R.   **9**    East  West

Docket No./API No.:   **E-15609**   County:   **Rice**  

Comments: \_\_\_\_\_

RECEIVED

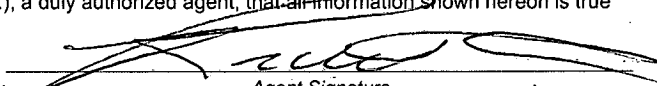
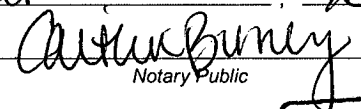
NOV 21 2011

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   **18**   day of   **November**  ,   **2011**  

My Commission Expires:   **09/10/13**  

  
 Agent Signature  
  
 Notary Public

**Caitlin Birney**  
 Notary Public - State of Kansas  
 My Appt. Expires   **09/10/13**