

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>Jody Smith</b>		Phone Number: ( <b>620</b> ) <b>272 - 2963</b>	
Permit Number (API No. if applicable): <b>15-083-21695 0000</b>		Lease Name: <b>Hodgeman O'Brate</b>	
Source of Waste:		Well Number: <b>1-35</b>	
<input type="checkbox"/> Dike <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Settling Pit <input type="checkbox"/> Workover Pit <input checked="" type="checkbox"/> Drilling Pit <input type="checkbox"/> Burn Pit <input type="checkbox"/> Haul-off Pit <input type="checkbox"/> Steel Pit <input type="checkbox"/> Spill / Escape		Source Location (QQQQ): <b>SE - NW - NE - NW</b> Sec. <b>35</b> Twp. <b>22</b> R. <b>23</b> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <b>525'</b> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section <b>1800</b> Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section <b>Hodgeman</b> 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>2</u> No. of loads <u>160</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: <b>4/14/11</b>	
Operator Name: <b>American Warrior Inc.</b>		License No.: <b>4058</b>	
Lease Name: <b>Billings</b>		Sec. <b>26</b> Twp. <b>21</b> R. <b>25</b> <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
Docket No./API No.: <b>D-27511</b>		County: <b>Hodgeman</b>	
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.

Subscribed and sworn to before me on this 9 day of November, 2011

*[Handwritten Signature]*  
Agent Signature  
*[Handwritten Signature]*  
Notary Public

My Commission Expires: 6/11/2014

HOLLY SCHWADERER  
Notary Public - State of Kansas  
My Appt Expires 6/11/2014