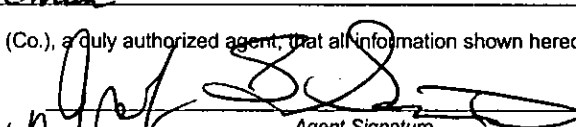
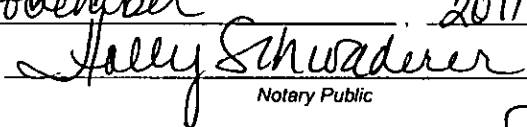


KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form CDP-5  
August 2008  
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: <u>American Warrior Inc.</u>		License Number: <u>4058</u>	
Operator Address: <u>P.O. box 399 Garden City Ks. 67846</u>			
Contact Person: <u>Jody Smith</u>		Phone Number: ( <u>620</u> ) <u>272</u> - <u>2963</u>	
Permit Number (API No. if applicable): <u>15-083-21705 6000</u>		Lease Name: <u>Hodgeman O'Brate</u>	
Source of Waste:		Well Number: <u>2-35</u>	
<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): <u>SE</u> - <u>SW</u> - <u>SE</u> - <u>NE</u> Sec. <u>35</u> Twp. <u>22</u> R. <u>23</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>2650</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>Hodgeman</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>6/2/11</u>	
Operator Name: <u>American Warrior Inc.</u>		License No.: <u>4058</u>	
Lease Name: <u>Billings</u>		Sec. <u>26</u> Twp. <u>21</u> R. <u>25</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
Docket No./API No.: <u>D-27511</u>		County: <u>Hodgeman</u>	
Comments:			
<p><b>RECEIVED</b> <b>NOV 10 2011</b> <b>KCC WICHITA</b></p>			
The undersigned hereby certifies that he / she is <u>Foreman</u> for <u>American Warrior Inc</u> (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 <u>9</u> day of <u>November</u> , <u>2011</u> My Commission Expires: <u>6/11/2014</u> <div style="text-align: right;">             Agent Signature              Notary Public         </div>			

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