

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>275 - 2963</b>	
Permit Number (API No. if applicable): <b>15-083-21696 6000</b>		Lease Name: <b>Hodgeman O'Brate</b>	
Source of Waste:		Well Number: <b>3-36</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): <u>  <b>NW</b>  </u> - <u>  <b>SW</b>  </u> - <u>  <b>NE</b>  </u> - <u>  <b>NW</b>  </u> Sec. <u>  <b>36</b>  </u> Twp. <u>  <b>22</b>  </u> R. <u>  <b>23</b>  </u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>  <b>800</b>  </u> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section <u>  <b>1600</b>  </u> Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section <u>  <b>Hodgeman</b>  </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>  <b>4</b>  </u> No. of loads <u>  <b>320</b>  </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 checked="" 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>  <b>4/1/11</b>  </u>	
Operator Name: <u>  <b>American Warrior Inc.</b>  </u>		License No.: <u>  <b>4058</b>  </u>	
Lease Name: <u>  <b>Billings</b>  </u>		Sec. <u>  <b>36</b>  </u> Twp. <u>  <b>22</b>  </u> R. <u>  <b>23</b>  </u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
Docket No./API No.: <u>  <b>D-27511</b>  </u>		County: <u>  <b>Hodgeman</b>  </u>	
Comments:			

**RECEIVED**  
**NOV 10 2011**  
**KCC WICHITA**

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**    
  **Holly Schwaderer**    
Notary Public

My Commission Expires:   **6/11/2014**  

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