

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

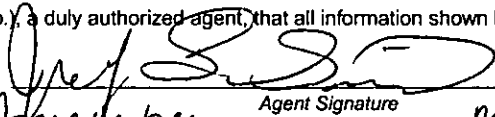
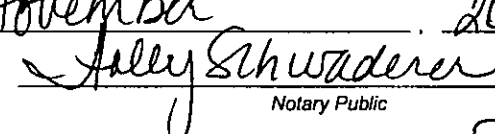
Form CDP-5  
August 2008  
Form must be Typed

**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>15-081-21945 6660</b>		Lease Name: <b>O'Brate</b>	
Source of Waste:		Well Number: <b>1-4</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>SW</u> - <u>NE</u> - <u>NW</u> - <u>NW</u> Sec. <u>4</u> Twp. <u>28</u> R. <u>33</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>553</u> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section <u>927</u> Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section <u>Haskell</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>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: <u>6/30/11</u>	
Operator Name: <u>American Warrior Inc.</u>		License No.: <u>4058</u>	
Lease Name: <u>Burgess</u>		Sec. <u>3</u> Twp. <u>29</u> R. <u>32</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
Docket No./API No.: <u>E-26414</u>		County: <u>Haskell</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  
My Commission Expires: 6/11/2014

  
Agent Signature  
  
Notary Public

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