

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>15-083-217150000</b>		Lease Name: <b>Schlegel</b>	
Source of Waste:		Well Number: <b>2-34</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>NE</u> - <u>SE</u> - <u>SE</u> - <u>SW</u> Sec. <u>34</u> Twp. <u>22</u> R. <u>23</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>414</u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <u>2600</u> Feet from <input type="checkbox"/> East / <input checked="" 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>3</u> No. of loads <u>240</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>7/13/11</u>	
Operator Name: <u>American Warrior Inc.</u>		License No.: <u>4058</u>	
Lease Name: <u>Billings</u>		Sec. <u>36</u> Twp. <u>22</u> R. <u>23</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
Docket No./API No.: <u>D-27511</u>		County: <u>Hodgeman</u>	
Comments:			

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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

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