

REQUEST FOR CHANGE OF OPERATOR
TRANSFER OF INJECTION AUTHORIZATION
OR TRANSFER OF SURFACE POND PERMIT

STATE CORPORATION COMMISSION
CONSERVATION DIVISION
200 COLORADO DERBY BLDG.
WICHITA, KS. 67202

KDOR: 109344

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Effective Date of Transfer 6/1/93

Check Applicable Boxes:

Lease Name ROTH G

[X] Oil Lease: No. of Wells 1

31 Sec. T 20 S R 24 W/E

[] Gas Lease: No. of Wells _____

Legal Description of Lease: NE/4

[] Saltwater Disposal Well - Docket No. _____

County Ness

Spot Location: _____ feet from N/S Line

_____ feet from E/W Line

Production Zone(s) Miss. Dolomite

[] Enhanced Recovery Project Docket No. _____

Entire project: Yes/No

Number of injection wells _____

Injection Zone(s) _____

Field Name Pember

Surface Pond Permit # _____

_____ Feet from N/S Line of Section

_____ Feet from E/W Line of Section

Identify: Emergency Pit ☐

Burn Pit ☐

Storage Pit ☐

List API#'s on all post-1967 wells transferred with lease: 15-135-20314-0000

Past Operator's License No. 4419

Contact Person: Dick Schremmer

Past Operator's Name and Address:
Bear Petroleum, Inc.

Phone: (316) 524-1225

Box 438
Haysville, KS 67060

✓ Date 6-7-93

Title President

✓ Signature [Signature]

New Operator's License No. 30104

Contact Person Paul L Cambra

New Operator's Name and Address

Phone 913-798-2282

Paul L Cambra
Box 384
Ness City, KS.

Oil/Gas Purchaser NCRA

Date [Signature]

ACKNOWLEDGEMENT OF TRANSFER: The above request for transfer of injection authorization, surface pond permit # _____ has been noted, approved and duly recorded in the records of the Kansas Corporation Commission. This acknowledgement of transfer pertains to Kansas Corporation Commission records only and does not convey any ownership interest in the above injection well(s) or pond permit.

_____ is acknowledged as the new operator and may continue to inject fluids as authorized by Docket # _____. Recommended action _____

_____ is acknowledged as the new operator of the above named lease containing the surface pond permitted by # _____.

Date _____

Authorized Signature

Date _____

Authorized Signature