

**THE STATE CORPORATION COMMISSION
OF THE STATE OF KANSAS**

2015-07-23 16:48:09
Kansas Corporation
Commission
/s/ Amy L. Gilbert

Before Commissioners: Shari Feist Albrecht, Chair
 Jay Scott Emler
 Pat Apple

In the matter of the failure of Agricultural)	Docket No.: 15-CONS-646-CPEN
Energy Services ("Operator") to comply with)	
K.A.R. 82-3-111 at the Peters #1-15, Carter)	CONSERVATION DIVISION
#3-36 and Mueller D #2-30 wells in Seward)	
<u>County, Kansas.</u>)	License No.: 34089

PROOF OF SERVICE

The undersigned attorney hereby records that, pursuant to the attached Domestic Return Receipt, the operator has received valid service of the Order in this docket.

Dated this 23rd day of July, 2015.

Respectfully submitted,

/s/ Jonathan R. Myers
Jonathan R. Myers, S.Ct. #25975
Litigation Counsel
Kansas Corporation Commission
266 N. Main Street, Suite 220
Wichita, Kansas 67202-1513
(316) 337-6200 (Telephone)
(316) 337-6106 (Facsimile)

For Commission Staff

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits. 15-646		<p>A. Signature X <u>Boyd</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>MONTGOMERY ESCUE AGRICULTURAL ENERGY SERVICES 1755 W BROADWAY ST STE 6 OVIEDO FL 32765</p>		<p>B. Received by (Printed Name) <u>C BOYD</u></p>	<p>C. Date of Delivery <u>3-4-15</u></p>
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p><i>(Circular postmark: MAR 4 15)</i></p>	
		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>7014 2120 0004 1024 9968</p>	
PS Form 3811, July 2013		Domestic Return Receipt	