

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

2015-08-18 14:23:33  
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 Castle	)	Docket No.: 15-CONS-959-CPEN
Resources, Inc. ("Operator") to comply with	)	
K.A.R. 82-3-602 at the Hachmeister Unit #1	)	CONSERVATION DIVISION
well in Russell County, Kansas.	)	
<hr/>		License No.: 9860

**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 18<sup>th</sup> day of August, 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"><li>■ Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</li><li>■ Print your name and address on the reverse so that we can return the card to you.</li><li>■ Attach this card to the back of the mailpiece, or on the front if space permits. 15-959</li></ul>		<p>A. Signature X <u>Stephanie Bray</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Stephanie Bray</u> C. Date of Delivery <u>7/7/13</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>	
1. Article Addressed to:  JERRY GREEN CASTLE RESOURCES, INC. BOX 87 SCHOENCHEN KS 67667-0087		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	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, July 2013		Domestic Return Receipt	