

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

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

In the matter of the failure of Lone Wolf New Mexico LLC ("Operator") to comply with K.A.R. 82-3-111 at 16 wells in Cheyenne County, Kansas.) Docket No.: 14-CONS-816-CPEN
)
) CONSERVATION DIVISION
)
_____) License No.: 34236

PROOF OF SERVICE

The undersigned, Lane R. Palmateer, Litigation Counsel, hereby makes record that pursuant to the attached Domestic Return Receipt, on April 21, 2014 of Lone Wolf New Mexico LLC, received valid service of the Order issued by the Commission April 17, 2014.

Dated this 21th day of April, 2014.

Respectfully submitted,

/s/ Lane R. Palmateer
Lane R. Palmateer, S.Ct. #23661
Litigation Counsel
Kansas Corporation Commission
130 S. Market, Room 2078
Wichita, Kansas 67202-3802
(316) 337-6200 (Telephone)
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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.		<p>A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>James Brundige</i> C. Date of Delivery <i>4-21-14</i></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: DOUG HOISINGTON LONE WOLF NEW MEXICO LLC 119 E FLETCHER PO BOX 576 HAXTUN CO 80731		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	

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