

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

2015-07-23 17:23:23
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 Barracuda)	Docket No.: 15-CONS-765-CPEN
Operating Company ("Operator") to comply)	
with K.A.R. 82-3-407 at the Bower #2 in Ness)	CONSERVATION DIVISION
County, Kansas.)	
<hr/>		License No.: 33593

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.		A. Signature X Carolyn Gabel <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name) Carolyn Gabel	C. Date of Delivery 3-21-15
BRIAN GABEL BARRACUDA OPERATING COMPANY PO BOX 405 NESS CITY KS 67560-0405		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)		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	
PS Form 3811, July 2013		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
		7014 2120 0004 1024 7582	
Domestic Return Receipt			