

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

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

In the matter of an agreed compliance ) Docket No.: 15-CONS-173-CMSC  
schedule for Joe Brake to plug the wells on )  
the Korte Lease in Butler County, Kansas. ) CONSERVATION DIVISION  
 )  
 ) License No.: 31074 (suspended)

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**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 29<sup>th</sup> 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	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits. <b>15-173</b></p> <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"><p>JOE BRAKE dba BRAKE INC. RT 1 BOX 84 LATHAM KS 67072</p></div>		<p>A. Signature <b>X</b> </p> <p><input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <b>Joe Brake</b> C. Date of Delivery <b>4-25-15</b></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>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>	
2. Article Number (Transfer from service label)		<b>7014 2120 0004 1024 7933</b>	
PS Form 3811, July 2013 Domestic Return Receipt			