

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

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

In the matter of the failure of Tim Splechter                      )    Docket No.: 15-CONS-965-CPEN  
("Operator") to comply with K.A.R. 82-3-608                      )  
at the Grisier #10-14 well in Woodson                                      )    CONSERVATION DIVISION  
County, Kansas.    )  
\_\_\_\_\_)    License No.: 32709

**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 17<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. 15-965</li></ul> |  | <p>A. Signature  <input type="checkbox"/> Agent<br/><input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery<br/>Tim Splechter 7/3/15</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> |  |
| 1. Article Addressed to:<br><br>TIM SPLECHTER<br>1586 HWY 54<br>YATES CENTER KS 66783-5201  |  | 3. Service Type<br><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™<br><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery   |  |
| 2. Article Number<br>(Transfer from service label)  |  | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes  |  |
| 7014 2120 0004 1024 4024  |  |   |  |
| PS Form 3811, July 2013   |  | Domestic Return Receipt   |  |