

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

2015-07-23 17:56:02  
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 Bow Creek Oil	)	Docket No.: 15-CONS-798-CPEN
Company, General Partnership ("Operator")	)	
to comply with K.A.R. 82-3-117 at the Marla	)	CONSERVATION DIVISION
Kay #1 well in Trego County, Kansas.	)	
<hr/>		License No.: 34530

**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 23<sup>rd</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	
<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. <b>15-798</b></li></ul>		<p>A. Signature <b>X</b> <i>Tony Stroup</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Tony Stroup</i> C. Date of Delivery <i>4-13-15</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
1. Article Addressed to:  <div>ANTHONY D. STROUP BOW CREEK OIL COMPANY, GENERAL PARTNERSHIP 1304 EISENHOWER RD HAYS KS 67601</div>		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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