2015-08-17 13:51:39 Kansas Corporation Commission /s/ Amy L. Gilbert

THE STATE CORPORATION COMMISSION OF THE STATE OF KANSAS

| Jay Scot Pat App | | | |
|--|---|------------------------------|--|
| In the matter of the failure of Chesapeake |) | Docket No.: 15-CONS-972-CPEN | |
| Operating, LLC ("Operator") to comply with |) | | |
| K.A.R. 82-3-111 at the Runnymede Unit B |) | CONSERVATION DIVISION | |
| #1-23 and Trophy Farms 32-34-16 #1H wells |) | | |
| in Kiowa and Comanche County, Kansas. |) | License No.: 32334 | |

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 17th 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 S | ECTION | COMPLETE THIS SECTION ON DELIVERY | | |
|---|--|---|--|--|
| ■ Complete items 1, 2, and 3. A item 4 if Restricted Delivery is Print your name and address so that we can return the card Attach this card to the back or on the front if space permit 1. Article Addressed to: KATIE WRIGHT CHESAPEAKE OPER PO BOX 18496 OKLAHOMA CITY OK | s desired. on the reverse d to you. of the mailpiece, ts. (5 97) | A. Signature X RECFIVED ☐ Agent ☐ Addresse ☐ Addresse ☐ B. Received by (Printed Name) ☐ C. Date of Delive ☐ B. Received by (Printed Name) ☐ C. Date of Delive ☐ C. Date of Delive ☐ Yes ☐ Yes ☐ Yes ☐ Registered ☐ Priority Mail Express™☐ Registered ☐ Return Receipt for Merchandis☐ Insured Mail ☐ Collect on Delivery ☐ Restricted Delivery? (Extra Fee) ☐ Yes | | |
| Article Number (Transfer from service label) | 7014 8 | 3750 0004 7054 408P | | |
| PS Form 3811, July 2013 | Domestic | Return Receipt | | |