

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

2015-11-10 10:52:02
Kansas Corporation Commission
/s/ Amy L. Green

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

In the matter of the failure of Vast Petroleum Corporation ("Operator") to comply with)	Docket No.: 16-CONS-141-CPEN
K.A.R. 82-3-608 at the Thohoff #V6, Gardner)	
#V1, Richardson #V10, Richardson #V11 and)	CONSERVATION DIVISION
Richardson #V12 wells in Allen and Miami)	
County, Kansas.)	License No.: 35013


PROOF OF SERVICE

The undersigned records that pursuant to the attached Domestic Return Receipt, Operator received valid service of the Penalty Order in this docket.

Dated this 10th day of November, 2015.

Respectfully submitted,

/s/ Jonathan R. Myers
Jonathan R. Myers, S.Ct. #25975
Litigation Counsel for Commission Staff
Kansas Corporation Commission
266 N. Main Street, Suite 220
Wichita, Kansas 67202-1513
316-337-6200 (Phone); 316-337-6106 (Fax)

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  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: 16-136 16-141		B. Received by (Printed Name) Christian Reisked	C. Date of Delivery
SHAWN SMART VAST PETROLEUM CORPORATION 10939 N ALPINE HWY #510 HIGHLAND UT 84003		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		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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