2017-09-07 15:09:24 Kansas Corporation Commission /s/ Lynn M. Retz

Docket No. 17-CONS-3423-(SHO Conservation Division License No: 31747

To: Kansas Corporation Commission

Some years ago my husband, her Brooks, had me get an Operator livence for the Potter wells. I was operator in name only, He did all the work related to the well. When he received notice of action regarding unplugged wells on expired livense he instructed me to write letter stating we were in the process of "curing" the title and recompleting the wells. Then he instructed me to get a new livense. I received the application but didn't follow through as it seemed "wishful thinking" on my husbanda part.

I have no objections to the wells being plugged; however, I have no firancial ability to pay for it or an attorney to represent me.

Please Consider this as my pre-filed testimony.

Respectfully, Warita Brooks

Wanita Brooks

Note address change:



Attachments: 3

Mercy

Mercy Clinic

950 N. Porter Ave, Suite 300 Norman, OK 73071 phone 405-329-0121 fax 405-292-6099 mercy.net

7-13-2017/10:

JUDGE NAPOLI

FROM STEPHEN G. LINDSEY, MD

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Sincerely ()

Redacted Confidential Medical Record

For the year Jan. 1-Dec. 31, 2016, or other tax year beginning			, ending				See separate instructions.			
Your first name M.I.			Last name Suffix				Your social security number			
D LEE			BROOKS							
If a joint return, spous	e's first		Last name Suffix				Spouse's social security number			
WANITA			BROOKS			_				
Home address (numb	er and s	street). If you have a P.O. box, see in	nstructions.			Apt. no.	A		re the SSN(s) above	
								and on	line 6c are correct.	
City, town or post office	ce, state	, and ZIP code. If you have a foreign	address, also complete spa	ices below (see instri	uctions).		100		lection Campaign	
								Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking		
Foreign country name	9		Foreign province/state	Fore	Foreign postal code		a box below will not change your tax or			
							refund.		ou Spouse	
Filing Status	1	Single		4	Head of	household (with qu	alifying pe	rson). (See	e instructions.) If	
i imig otatas	2	X Married filing jointly (even if only one had income) the qualifying person is a child but no child's name here.							indent, enter this	
	3	Married filing separately. Enter spouse's SSN above								
	3	and full name here.	. Litter spouses 3314 au	.5ve		1			t r	
Check only one	D	and fair marrie here.			Fir	st name	Last n	ame	SSN	
box.		First name	Last name	5	Qualifyi	ng widow(er) wit	h depen	dent child	1	
	648	[2]					1	Boxes check		
Exemptions	6a	6a X Yourself. If someone can claim you as a dependent, do not check box 6a								
	b	X Spouse					711 TO 7	No. of childr	en	
	C	Dependents:	101 0		(4) Vif child under ag	e 17	on 6c who: lived with		
			(2) Dependent social security no			ualifying for child tax o	redit	did not liv	-	
	(1) Fir	st name Last name	29.557.11/19.247.11 4 .03	Secretary Communication	3.75.4.0.7	(see instructions)		you due to d	divorce	
If more than four								or separatio (see instruct		
dependents, see								Dependents	on 6c	
instructions and							_	not entered	above	
check here ▶		Total number of automotions	alaimed				-	Add number	rs on	
	d	Total number of exemptions of	Jaimed		* * * *			lines above	P	
Income	7	Wages, salaries, tips, etc. At						7	45	
	8a	Taxable interest. Attach Sch						8a		
Attach Form(3) W-2 here, Also	b							BC52(1)		
attach Forms	oh Forms							9a		
W-2G and	ь 10	Qualified dividends						40		
1099-R if tax	10 11	Alimony received					372 (M) (III	10		
was withheld.	12						-			
	13	Business income or (loss). Attach Schedule C or C-EZ Capital gain or (loss). Attach Schedule D if required. If not required, check here						13		
If you did not	ou did not 14 Other gains or (losses) Attach Form 4797							14		
get a W-2,	15a							15b		
see instructions.	16a							16b		
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E						17		
	18	Farm income or (loss). Attach Schedule F						18		
	19	Unemployment compensation						19		
	20a	에 대한 전에 대한						20b		
	21	Other income. List type and	amount					21		
	22	Combine the amounts in the					. , •	22		
Adjusted	23	Educator expenses Certain business expenses o			23		-		1	
Gross	24		[[[생생] [[[[[] [[] [[] [[] [] [] [] [] [] [] [24					
Income	25	fee-basis government officials. Attach Form 2106 or 2106-EZ								
	26	Moving expenses. Attach Form 3903								
	27	Deductible part of self-employment tax. Attach Schedule SE						elecció.	1	
	28	Self-employed SEP, SIMPLE, and qualified plans								
	29	Self-employed health insurance deduction						1910		
	30	Penalty on early withdrawal of savings								
	31a							2.57		
	32	IRA deduction	****		. 32					
	33	Student loan interest deducti	on							
	34	Tuition and fees. Attach Form					\perp	7		
	35	Domestic production activities deduction. Attach Form 8903						04198		
	36	Add lines 23 through 35	<u> </u>					36		
	27	Subtract line 36 from line 22. This is your adjusted gross income						37		