

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

2015-06-24 14:32:07
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 Source Energy)	Docket No.: 15-CONS-359-CPEN
MidCon LLC ("Operator") to comply with)	
K.A.R. 82-3-608 at the Goering #10-14-10-)	CONSERVATION DIVISION
11H well in Butler County, Kansas.)	
<hr/>		License No.: 34633

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 23rd day of June, 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">■ 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. 15-359		<p>A. Signature x <u>Chris Chavez</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Chris Chavez</u> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
1. Article Addressed to: KURT PETERSEN SOURCE ENERGY MIDCON LLC 1805 SHEA CENTER DR STE 100 HIGHLANDS RANCH CO 80129		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	
7013 2250 0001 0099 4841			

PS Form 3811, July 2013 Domestic Return Receipt