

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

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

| | | |
|---|---|------------------------------|
| In the matter of the failure of Circle Star |) | Docket No.: 15-CONS-960-CPEN |
| Operating Corp ("Operator") to comply with |) | |
| K.A.R. 82-3-602 at the Lynd Family Trust |) | CONSERVATION DIVISION |
| #13-1 well in Trego County, Kansas. |) | |
| <hr/> | | License No.: 34781 |

PROOF OF SERVICE

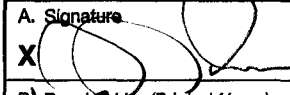
The undersigned attorney hereby records that, pursuant to the attached Domestic Return Receipt, the operator has received valid service of the Order in this docket.

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 SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|---|
| <p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits. 15-960</p> <p>1. Article Addressed to:</p> <p>S. JEFFREY JOHNSON CIRCLE STAR OPERATING CORP. 7065 CONFEDERATE PARK RD STE 102 FORT WORTH TX 76108</p> | <p>A. Signature X </p> <p style="text-align: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Jeffery Johnson C. Date of Delivery 6/7/85</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> |
| <p>2. Article Number (Transfer from service label)</p> | <p>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</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |
| <p>7014 2120 0004 1024 3973</p> | |