

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

2015-06-24 14:07:18
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 Teichgraeber)	Docket No.: 15-CONS-338-CPEN
Oil, Inc. ("Operator") to comply with K.A.R.)	
82-3-602 at the Hoyt #3-HP well in Coffey)	CONSERVATION DIVISION
County, Kansas.)	
<hr/>		License No.: 6101

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. 15-338		<p>A. Signature x Nancy R Fitts <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Nancy R Fitts C. Date of Delivery 10/31/14</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: A.C. TEICHGRAEBER TEICHGRAEBER OIL, INC. 700 N MAIN ST EUREKA KS 67045-1320		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 4650			

PS Form 3811, July 2013 Domestic Return Receipt