

**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 American)	Docket No.: 15-CONS-321-CPEN
Warrior, Inc. ("Operator") to comply with)	
K.A.R. 82-3-117 at the Brown-Todd #1-7H)	CONSERVATION DIVISION
well in Comanche County, Kansas.)	
<hr/>		License No.: 4058

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
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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.		<p>A. Signature X  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 10px; margin-top: 10px;"><p>AARON ZELLER AMERICAN WARRIOR, INC. PO BOX 399 GARDEN CITY KS 67846</p></div>		<p>B. Received by (Printed Name) C. Date of Delivery <u>JOE L. ERIKSON</u> <u>11-03-11</u></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>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>2. Article Number (Transfer from service label)</p>		<p>7013 2250 0001 0099 4483</p>	
PS Form 3811, July 2013		Domestic Return Receipt	