

Kansas Department of Agriculture
 Division of Water Resources
CHANGE: P/D WORKSHEET

1. File Number: 11011	2. Status Change Date:	3. Change Num: C2	4. Field Office: 4	5. GMD: 3
6. Status: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied by DWR/GMD <input type="checkbox"/> Dismiss by Request/Failure to Return				7. Filing Date of Change: 10/23/2023
8a. Applicant(s) New to system <input type="checkbox"/> GREGORY & SHERRYL MORRIS 501 S WILDCAT CT HUGOTON, KS 67951-3210		Person ID 12335 Add Seq# _____		8c. Landowner(s) New to system <input type="checkbox"/> Person ID _____ Add Seq# _____
8b. Landowner(s) New to system <input type="checkbox"/> 8a		Person ID _____ Add Seq# _____		8d. WUC New to system <input type="checkbox"/> 8a
9. Documents and Enclosure(s): <input checked="" type="checkbox"/> DWR Meter(s) Date to Comply: 12/31/2024 <input checked="" type="checkbox"/> N & P Date to Comply: 3/1/2025				
<input type="checkbox"/> Anti-Reverse Meter <input type="checkbox"/> Meter Seal <input checked="" type="checkbox"/> Check Valve <input checked="" type="checkbox"/> N & P Form <input checked="" type="checkbox"/> Water Tube <input checked="" type="checkbox"/> Driller Copy <input checked="" type="checkbox"/> H & E Letter <input type="checkbox"/> Conservation Plan Date Required: _____ Date Approved: _____ Date to Comply: _____				
10. Use Made of Water From: _____ To: _____				
Date Prepared: 10/24/2023 By: AM Date Entered: _____ By: _____				

File No. **11011** 11. County: **SV** Basin: **CIMARRON RIVER** Stream: Formation Code: **211** Special Use:

12. Points of Diversion
 Rate and Quantity
 Authorized Additional
 Rate Quantity Rate Quantity
 gpm af gpm af Overlap PD Files

DEL 234

ENT	Qualifier	S	T	R	ID	'N	'W	Comment (AKA Line)	Rate gpm	Quantity af	Rate gpm	Quantity af	Overlap PD Files
	NW SE SW	2	34S	38W					320	1210	320	1210	12699

13. Storage: Rate _____ NF Quantity _____ ac/ft Additional Rate _____ NF Additional Quantity _____ ac/ft

14. Limitation: _____ af/yr at _____ gpm (_____ cfs) when combined with file number(s) _____
 Limitation: _____ af/yr at _____ gpm (_____ cfs) when combined with file number(s) _____

15. 5YR Allocation: Allocation Type _____ Start Year _____ 5 YR Amount _____ Amount Unit _____ Base Acres _____ Comment _____

16. Place of Use CHK MOD DEL ENT	PUSE	S	T	R	ID	NE¼				NW¼				SW¼				SE¼				Total	Owner	Chg?	Overlap Files	
						NE ¼	NW ¼	SW ¼	SE ¼	NE ¼	NW ¼	SW ¼	SE ¼	NE ¼	NW ¼	SW ¼	SE ¼	NE ¼	NW ¼	SW ¼	SE ¼					
CHK 12326																										

Base Acres: Year: Minimum Reasonable Quantity:

Comments:

Garden City Field Office
4532 W. Jones, Suite B
Garden City, KS 67846



Phone: 620-276-2901
Fax: 620-276-9315
www.agriculture.ks.gov

Mike Beam, Secretary

Laura Kelly, Governor

October 24, 2023

GREGORY & SHERRYL MORRIS
501 S WILDCAT CT
HUGOTON, KS 67951-3210

RE: Filed Office Application for Change
Water Right, File Nos. 11011 and 12699

Dear Sir or Madam:

Enclosed is the order executed by the designee of the Chief Engineer, Division of Water Resources, Kansas Department of Agriculture, approving the application for change under the above referenced file number.

Your attention is directed to the enclosures and to the terms, conditions, and limitations specified in this approval for change. A condition of this approval is that an acceptable water flow meter must be installed on the diversion works authorized under the referenced file number and meet current specifications. Please return the required notification of completion of the diversion works and installation of the required meter as soon as these actions are completed.

Since the order modifies the original document referred to above, it should be recorded with the Register of Deeds as other instruments affecting real estate.

The abandoned well must be plugged in accordance with the requirements of Article 30 of the Rules and Regulations as adopted by the Kansas Department of Health and Environment.

Should you have any questions, please feel free contact this office. If you would prefer, you could arrange an appointment for additional assistance.

Sincerely,

A handwritten signature in blue ink that reads "Austin J. McColloch".

Austin J. McColloch
Assistant Water Commissioner

AM:
enclosures

pc:

CERTIFICATE OF SERVICE

On this 24th day of October, 2023, I hereby certify that the foregoing Approval of Application for Change in Point of Diversion, Water Right, File Nos. 11,011 and 12,699 dated 24th day of October, 2023 was mailed postage prepaid, first class, US mail to the following:

GREGORY & SHERRYL MORRIS
501 S WILDCAT CT
HUGOTON, KS 67951-3210

Pc:



Division of Water Resources Staff

Submit completed application to:
 Kansas Department of Agriculture
 Division of Water Resources
 Field Office for your area.

Call for address:
 Topeka -- (785) 296-5733
 Stafford -- (620) 234-5311
 Stockton -- (785) 425-6787
 Garden City -- (620) 276-2901
<http://agriculture.ks.gov/dwr>

DWR FIELD OFFICE APPLICATION FOR APPROVAL TO CHANGE THE PLACE OF USE AND/OR THE POINT OF DIVERSION



STATE OF KANSAS

Filing Fee Must Accompany the Application, K.S.A. 82a-708b(b), as amended.
 Fee Schedule is on the third page of this application form.

Paragraph Nos. 1, 2, 3 & 5 must be completed. Complete all other applicable portions. If change in point of diversion is greater than 100 feet, or if place of use will be changed, include a topographic map or detailed plat showing the authorized and proposed point(s) of diversion and/or place of use.

RECEIVED
 8:00 AM
 OCT 23 2023
 Garden City Field Office
 Division of Water Resources

File No. 11011

1. Application is hereby made for approval of the Chief Engineer to change the (check one or both):

Place of Use Point of Diversion

under the water right which is the subject of this application in accordance with the conditions described below.

The source of supply is: Groundwater Surface water

2. Name and address of Applicant: Shannon Crawford

P.O. Box 400, Hugoton, KS 67951-0400

Phone Number: ()

Email address: crawfordfarms23@gmail.com

Name and address of Water Use Correspondent: GREGORY & SHERRYL MORRIS

501 S WILDCAT CT, HUGOTON, KS 67951-3210

Phone Number: ()

Email address: _____

3. The presently authorized place of use is:

Owner of Land ---- NAME: _____

ADDRESS: _____

(If there is more than one landowner, attach supplemental sheets as necessary.)

Sec.	Twp.	Range	NE¼				NW¼				SW¼				SE¼				TOTAL ACRES	
			NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼		

4. If this application is for a change in place of use, it is proposed that the place of use be changed to:

Owner of Land ---- NAME: _____

ADDRESS: _____

(If there is more than one landowner, attach supplemental sheets as necessary.)

Sec.	Twp.	Range	NE¼				NW¼				SW¼				SE¼				TOTAL ACRES	
			NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼		

For Office Use Only: Code _____ Fee \$ 100.00 TR # _____ Receipt Date 10-23-23 Check # 14547

5. **Presently authorized point of diversion:**
 One in the SW Quarter of the NE Quarter of the SW Quarter of Section 2, Township 34 South, Range 38 W, in SV County, Kansas, _____ feet North _____ feet West of Southeast corner of section.
 Authorized Rate No change Authorized Quantity No change Depth of well _____ (feet)
 (DWR use only: Computer ID No. 1 GPS _____ feet North _____ feet West)
 This point will not be changed This point will be changed as follows: No change, point better described with GPS as follows:
Proposed point of diversion: (Complete only if change is requested or if existing point is better described by GPS)
 One in the SW NW Quarter of the NE SE Quarter of the SW Quarter of Section 2, Township 34 South, Range 38 W, in SV County, Kansas, 1286 feet North 3543 feet West of Southeast corner of section.
 Proposed Rate No change Proposed Quantity No change Proposed well depth (feet) 660.
 This point is: Additional Well Geo Center List other water rights that will use this point 12699.

6. **Presently authorized point of diversion:**
 One in the _____ Quarter of the _____ Quarter of the _____ Quarter of Section _____, Township _____ South, Range _____ (E/W), in _____ County, Kansas, _____ feet North _____ feet West of Southeast corner of section.
 Authorized Rate _____ Authorized Quantity _____ Depth of well _____ (feet)
 (DWR use only: Computer ID No. _____ GPS _____ feet North _____ feet West)
 This point will not be changed This point will be changed as follows: No change, point better described with GPS as follows:
Proposed point of diversion: (Complete only if change is requested or if existing point is better described by GPS)
 One in the _____ Quarter of the _____ Quarter of the _____ Quarter of Section _____, Township _____ South, Range _____ (E/W), in _____ County, Kansas, _____ feet North _____ feet West of Southeast corner of section.
 Proposed Rate _____ Proposed Quantity _____ Proposed well depth (feet) _____.
 This point is: Additional Well Geo Center List other water rights that will use this point _____.

7. The changes herein are desired for the following reasons?
 (please be specific) Casing colapsed

8. If a well, is the test hole log attached? Yes No

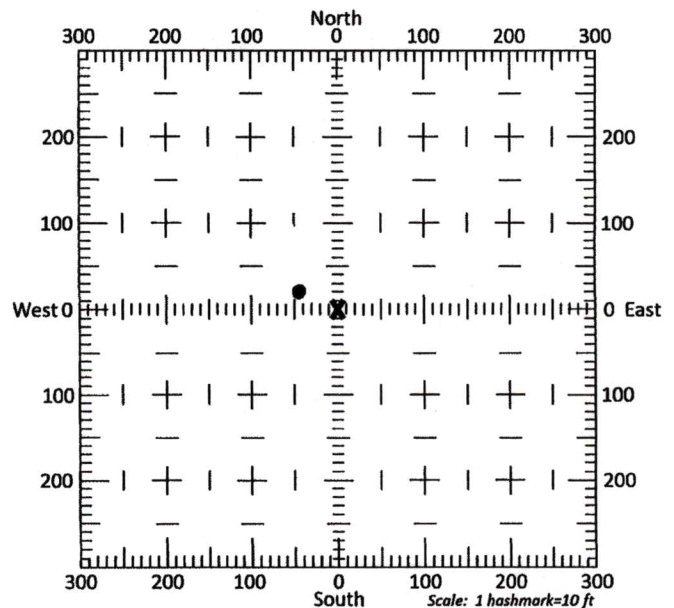
9. The change(s) (was)(will be) completed by?
ASAP

10. If the point of diversion is a well:
 (a) What are you going to do with the old well?
Cap
 (b) When will this be done? As soon as approved

11. Groundwater Management District recommendation attached?
 Yes No

12. Assisted by mdf/GCFO _____

13a. If the proposed point of diversion will be relocated more than 300 feet but within 2,640 feet of the existing point of diversion, attach a topographic map or aerial photograph. For groundwater sources, show all wells (including domestic) within one-half mile of the proposed point of diversion and the names and mailing addresses of the owners. For surface water sources, show the names and addresses of the landowner(s) one-half mile downstream and one-half mile upstream from your property lines



13b. If the proposed point of diversion will be relocated within 300 feet of the existing point of diversion, indicate its location on the diagram shown above in relation to the existing point of diversion. (PLEASE NOTE: The "X" in center of diagram above represents the presently authorized point of diversion.)

14. If the proposed groundwater point of diversion is 300 or fewer feet from the existing point of diversion, complete the following:
- (a) Does the undersigned represent all owners of the currently authorized place(s) of use identified in this application?
 Yes No (If no, all owners must sign this application.)
 - (b) Will the ownership interest of any owner of the currently authorized place(s) of use identified in this application be adversely affected if this application is approved as requested?
 Yes No (If yes, all owners must sign this application.)
 - (c) If this application is not approved expeditiously, will there be substantial damage to property, public health or safety?
 Yes No (If no, all owners must sign this application.)

If the application proposes a surface water change in point of diversion, a groundwater change in point of diversion greater than 300 feet, or a change in place of use, the application must be signed by all owners of the currently authorized place of use, or their duly authorized agent (attach notarized statement authorizing representation).

I hereby verify, being first duly sworn upon my oath or affirmation and under penalty of perjury, that I am of lawful age and the owner, the spouse of the owner, or a duly authorized agent of the owner(s) to make this application on their behalf, in regards to the water right(s) to which this application pertains. I further verify that the statements contained in this application are true, correct and complete.

Dated at _____, Kansas, this _____ day of _____, 20_____.

Sherryl Morris

 (Owner)

 (Spouse)

SHERRYL MORRIS

 (Please Print)

 (Please Print)

 (Owner)

 (Spouse)

 (Please Print)

 (Please Print)

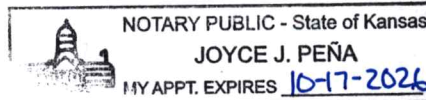
 (Owner)

 (Spouse)

 (Please Print)

 (Please Print)

State of Kansas }
 County of Stevens } SS



I hereby certify that the foregoing application was signed in my presence and sworn to before me this 18th day of October, 2023.

Joyce J. Peña

 Notary Public

My Commission Expires 10-17-2026.

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. To be complete, all of the applicable portions of the application form must be completed with accurate information; maps, if necessary, must be included; signatures of all the appropriate owners' must be affixed to the application and notarized; and the appropriate fee must be paid.

FEE SCHEDULE

Each application to change the place of use or the point of diversion under this section shall be accompanied by the application fee set forth in the schedule below: Make checks payable to: **Kansas Department of Agriculture**

- (1) Application to change a point of diversion 300 feet or less **\$100**
- (2) Application to change a point of diversion more than 300 feet **\$200**
- (3) Application to change the place of use **\$200**

Customer: Shannon Crawford

(806) 249-4585

Crew: Justin
Toro
Celco

RECEIVED
OCT 18 2023
Garden City Field Office
Division of Water Resources

Survey: _____
Block: _____
Section: _____

County: Hugoton

GPS N 37.115528
31°06'55.9"
W 101°25'23.8"
-101.423278

Super Gel: 3
Bit: 6 1/2 PVC
Concrete: 2
Bran: 0
Other: 0

Test No. 1

From	To	Description	Sand
0	100	Top soil Fine sand Brown clay	
	120	Fine Sand Brown clay	14
	140	Fine sand caliche Brown clay	13
	160	Brown clay	
	180	Course sand	20
	200	Brown/green clay Fine sand	10
	220	Brown clay course sand	10
	240	Course sand brown clay	10
	260	Course sand Pee Gravel	15
	280	Brown clay	
	300	Course sand Pee Gravel	10
	320	Brown clay	
	340	Fine/course sand Pee Gravel	15
	360	Gravel course sand	10
	380	Gravel Brown clay	
	400	Brown clay Pee Gravel	14
	420	Course sand Pee Gravel	10
	440	Course sand Gravel	10
	460	Gravel Course sand	8
	480	Brown clay Fine sand Gravel	
	500	Brown clay	6
	520	Gravel course sand	
	540	Gravel	
	560	Gravel	10
	580	Gravel Black clay course sand	
	600	Pee Gravel Gravel	15
	620	Fine sand brown Red black clay	
	640	Red bed Brown shale	
	660	Red bed	

SPC37957