

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

1. File Number: 1349	2. Status Change Date:	3. Change Num: C1	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: 9/21/2023
8a. Applicant(s) New to system <input type="checkbox"/> DON & CONNIE SWINNEY Attn: CRAIG SWINNEY PO BOX 907 HUGOTON, KS 67951		Person ID <u>17685</u> 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: <u>12/31/2024</u> <input checked="" type="checkbox"/> N & P Date to Comply: <u>3/1/2025</u>				
<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 type="checkbox"/> Water Tube <input type="checkbox"/> Driller Copy <input 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: 10/12/2023 By: AM Date Entered: _____ By: _____				

File No. **1349** 11. County: **MT** 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

CHK	MOD	DEL	ENT	PDIV	Qualifier	S	T	R	ID	'N	'W	Comment (AKA Line)	Rate gpm	Quantity af	Rate gpm	Quantity af	Overlap PD Files
CHK					43194												

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	3335	10	32S	39W	4									40	40	40	40					160	8a	Y	MULTIPLE
CHK	32979	9	32S	39W	1	40	40	40	40									40	40	40	40	320	8a	Y	MULTIPLE
CHK	34338	15	32S	39W	1					40	40	40	40									160	8a	Y	MULTIPLE
CHK	34373	16	32S	39W	1	40	40			40	40	40	32.7									232.7	8a	Y	MULTIPLE
ENT	181	4	32S	39W	1									40	38	40	40	40	40	40	40	318	8a	Y	MULTIPLE

OVERLAP FILES ON PLACE OF USE: 434; 434-A; 1349; 3463; 8058; 21142-D1; 26842; 44357 & 44358
 Comments: **COMBINE PUSE IDs 181 (KEEP) & 1925 (DELETE) – SAME OWNERSHIP NOW IN S/2 4-32S-39W (REMOVE FARMSTEAD – 2 AC.)**

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 12, 2023

DON & CONNIE SWINNEY
Attn: CRAIG SWINNEY
PO BOX 907
HUGOTON, KS 67951

RE: Field Office Application for Change
Water Right,
File Nos. 434, 434-A, 1349, 3463, 8058, 21142-D1, 26842, 44357, 44358

Dear Sir or Madam:

Enclosed are orders executed by the designee of the Chief Engineer, Division of Water Resources, Kansas Department of Agriculture, approving the applications for change under the above referenced file numbers. **Note:** these approvals do not allow any single point of diversion to exceed its annual authorized quantity.

Your attention is directed to the enclosures and to the terms, conditions, and limitations specified in these approvals for change. A condition of these approvals 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 orders modify the original documents referred to above, they should be recorded with the Register of Deeds as other instruments affecting real estate.

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 "Michael A. Meyer".

Michael A. Meyer
Water Commissioner

MAM:
Enclosures
pc: GMD3

CERTIFICATE OF SERVICE

On this 12th day of October 2023, I hereby certify that the foregoing Approval of Application for Change in Point of Diversion, Water Right, File Nos. 434, 434-A, 1349, 3463, 8058, 21142-D1, 26842, 44357, 44358 dated 12th day of October 2023 was mailed postage prepaid, first class, US mail to the following:

DON & CONNIE SWINNEY
Attn: CRAIG SWINNEY
PO BOX 907
HUGOTON, KS 67951

pc:

GMD3

A handwritten signature in blue ink that reads "Julie Jones". The signature is written in a cursive style and is positioned above a horizontal line.

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

SEP 21 2023

3:32 pm
 Garden City Field Office
 Division of Water Resources

File No. 1349

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: CRAIG SWINNEY

PO BOX 907 HUGOTON KS 67951

Phone Number: () Email address: _____

Name and address of Water Use Correspondent: DON & CONNIE SWINNEY ATTN: CRAIG SWINNEY

PO BOX 907 HUGOTON KS 67951

Phone Number: () Email address: _____

3. The presently authorized place of use is:

Owner of Land ---- NAME: DONALD & CONNIE SWINNEY TRUST

ADDRESS: 1320 W C AVENUE ELK CITY, OK 73644

(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	
9	32S	39W	40	40	40	40									40	40	40	40	320
10	32S	39W													40	40	40	40	160
15	32S	39W					40	40	40	40									160

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: DONALD & CONNIE SWINNEY TRUST

ADDRESS: 1320 W C AVENUE ELK CITY, OK 73644

(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	
9	32S	39W	40	40	40	40									40	40	40	40	320
10	32S	39W													40	40	40	40	160
15	32S	39W					40	40	40	40									160

For Office Use Only: Code _____ Fee \$ 200.00 TR # _____ Receipt Date 9-21-23 Check # 109

5. **Presently authorized point of diversion:**
 One in the _____ Quarter of the _____ Quarter of the _____ Quarter
 of Section _____, Township _____ South, Range _____ (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 _____ (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 _____

6. **Presently authorized point of diversion:**
 One in the _____ Quarter of the _____ Quarter of the _____ Quarter
 of Section _____, Township _____ South, Range _____ (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 _____ (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) CREATE COMPLETE OVERLAP PU
FILE NOS. 434-A; 434; 1349; 3463; 8058; 21142-D1;
26842; 44357 & 44358

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

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

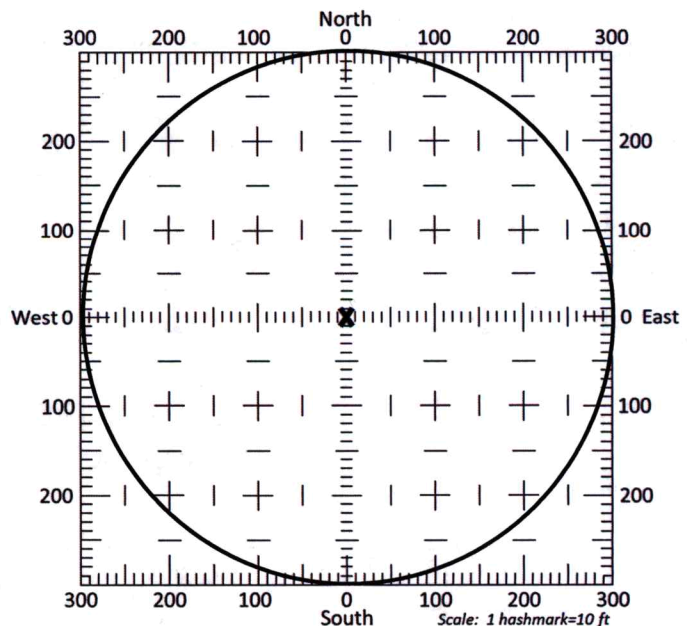
10. If the point of diversion is a well:
 (a) What are you going to do with the old well?

 (b) When will this be done? _____

11. Groundwater Management District recommendation attached?
 Yes No

12. Assisted by _____

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 a 300 foot radius of the existing point of diversion, indicate its location on the diagram shown above in relation to the existing point of diversion. The proposed point of diversion must be located within the circle shown above. **(PLEASE NOTE: The "X" in center of diagram above represents the presently authorized point of diversion.)**

APPLICATION FOR APPROVAL TO CHANGE
THE PLACE OF USE AND/OR POINT OF DIVERSION
SUPPLEMENTAL SHEET
FILE NOS. 434-A; 434; 1349; 8058; 21142-D1; 44357 & 44358
MAKE ADDITIONAL COPIES AS NECESSARY

3. *Continued:* The presently authorized place of use is:

Owner of Land ---- NAME: DONALD & CONNIE SWINNEY TRUST
ADDRESS: 1320 W C AVENUE ELK CITY, OK 73644

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	
16	32S	39W	40	40			40	40	40	32.7									232.7

Owner of Land ---- NAME: _____
ADDRESS: _____

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	

Owner of Land ---- NAME: _____
ADDRESS: _____

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. *Continued:* 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: DONALD & CONNIE SWINNEY TRUST
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			NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	
16	32S	39W	40	40			40	40	40	32.7									232.7
4	32S	39W									40	38	40	40	40	40	40	40	318

Owner of Land ---- NAME: _____
ADDRESS: _____

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	

Owner of Land ---- NAME: _____
ADDRESS: _____

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	

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 Hugoton, Kansas, this 21 day of September, 2023.

<u>Steven J Shore</u> (Owner)	(Spouse)
<u>STEVEN J Shore</u> (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 21 day of September, 2023.

Brandy Littell
 Notary Public

My Commission Expires 12/31/24.

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

14. If the proposed groundwater point of diversion is 300 or fewer feet from 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?
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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 regard 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 Garden City, Kansas, this 21st day of September, 2023.

<p><u>[Signature]</u> _____ (Owner)</p> <p><u>Craig Sumner</u> _____ (Please Print)</p> <p>_____ (Owner)</p> <p>_____ (Please Print)</p> <p>_____ (Owner)</p> <p>_____ (Please Print)</p>	<p>_____ (Spouse)</p> <p>_____ (Please Print)</p> <p>_____ (Spouse)</p> <p>_____ (Please Print)</p> <p>_____ (Spouse)</p> <p>_____ (Please Print)</p>
---	---

State of Kansas }
 County of Finney } SS

I hereby certify that the foregoing application was signed in my presence and sworn to before me this 21st day of September, 2023.



My Commission Expires _____

[Signature]

Notary Public

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.

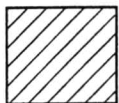
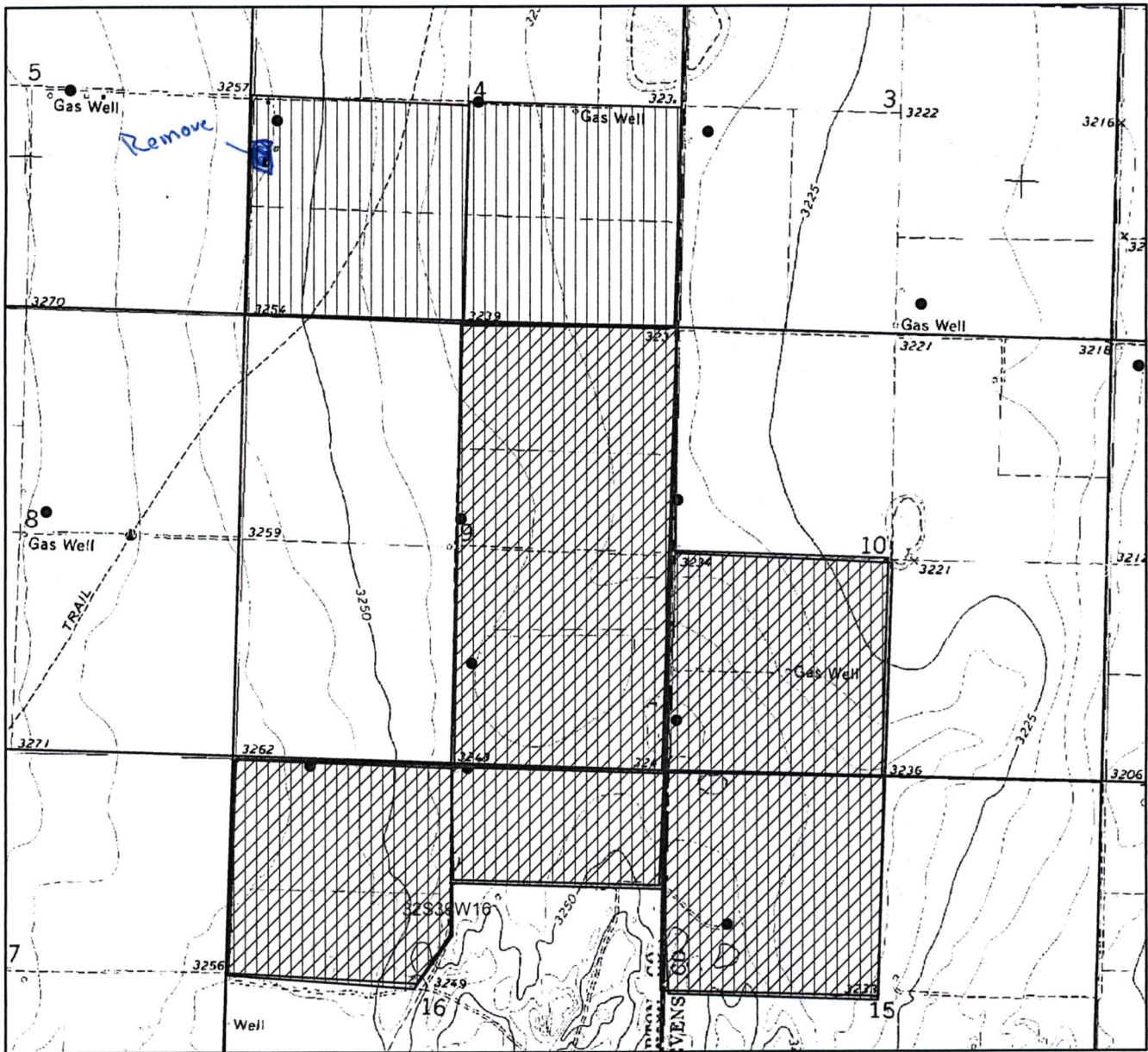
FEE SCHEDULE

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**

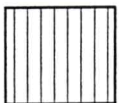
(1) Application to change a point of diversion 300 feet or less	\$100
(2) Application to change a point of diversion more than 300 feet	\$200
(3) Application to change the place of use	\$200

Change in Place of Use
Files Nos.434, 434-A, 1349, 3463, 8058, 21142-D1, 26842, 44357, 44358
Morton & Stevens County

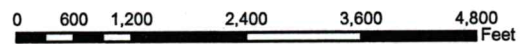
Township 32 S, Range39 W



Authorized place of use file # 1349

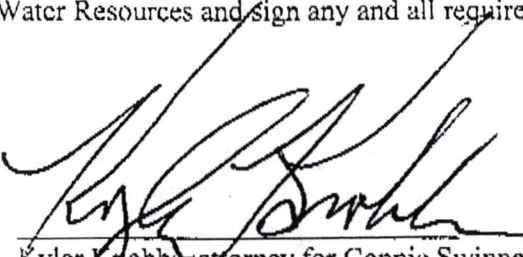


Requested place of use



STATEMENT OF AUTHORITY

CONNIE SWINNEY has today instructed me, Kyler Knobbe, her lawyer, to prepare the following Statement of Authority in which she, individually and on behalf of the Connie Swinney Trust and Don Swinney Trust, grant Power of Attorney authority to her son, **CRAIG SWINNEY**, to appear before the Board of Water Resources and sign any and all required documents on her behalf.


Kyler Knobbe, attorney for Connie Swinney

KYLER G. KNOBBE
P.O. BOX 987
CIMARRON, KANSAS 67815
(620) 855-3100
knobbe@kucom.net

RECEIVED

SEP 21 2023

Garden City Field Office
Division of Water Resources

FAX COVER SHEET

**KYLER G. KNOBBE
LAWYER**

109 WEST AVENUE A

POST OFFICE BOX 937

CIMARRON, KANSAS 67835-0937

DATE: 9-20-23

TO: Craig Swinney

FAX NO: 620-544-2013

FROM: Kyler Knobbe

PHONE: (620) 855-3100

RETURN FAX NO: (620) 855-7729

Total number of pages sent, including this page: 2

If you do not receive all pages satisfactorily, please call.

MESSAGE: _____

The information contained in this facsimile message is attorney privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any disclosure, copying, distribution, or the taking of any action in reliance on the contents of this telecopied information is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone to arrange for the return of the documents to us.

RECEIVED

SEP 21 2023

**Garden City Field Office
Division of Water Resources**