

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

1. File Number: 14487	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: 7/21/2023
8a. Applicant(s) New to system <input type="checkbox"/> KENNETH COX 1111 ROAD 90 SUBLETTE, KS 67877-8033		Person ID 3398 Add Seq# _____	8c. Landowner(s) New to system <input type="checkbox"/> Person ID _____ Add Seq# _____	
8b. Landowner(s) New to system <input type="checkbox"/> COX LAND 1111 RD 90 SUBLETTE, KS 67877		Person ID 60323 Add Seq# _____	8d. WUC New to system <input type="checkbox"/> 8a Person ID _____ Add Seq# _____	
9. Documents and Enclosure(s): <input checked="" type="checkbox"/> DWR Meter(s) Date to Comply: 12/31/2023 <input checked="" type="checkbox"/> N & P Date to Comply: 3/1/2024				
<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: 7/24/2023 By: AM Date Entered: _____ By: _____				

File No. **14487** 11. County: **HS** Basin: **CIMARRON RIVER** Stream: Formation Code: **211/331** Special Use:

12. Points of Diversion Rate and Quantity
 CHK MOD PDIV Qualifier S T R ID 'N 'W Comment (AKA Line) Authorized Additional
 DEL ENT Rate gpm Quantity af Rate gpm Quantity af Overlap PD Files

DEL 2216

ENT NW NW SW 23 28S 33W 2613 5249 1240 640 1240 640 NONE

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 14695																									
CHK 53033																									

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

July 24, 2023

COX LAND
1111 RD 90
SUBLETTE, KS 67877

RE: Filed Office Application for Change
Water Right, File No. 14487

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,


Austin J. McColloch
Assistant Water Commissioner

AM:
enclosures


pc:

CERTIFICATE OF SERVICE

On this 24th day of July, 2023, I hereby certify that the foregoing Approval of Application for Change in Point of Diversion, Water Right, File No. 14,487 dated 24th day of July, 2023 was mailed postage prepaid, first class, US mail to the following:

COX LAND
1111 RD 90
SUBLETTE, KS 67877

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.

File No. 14487

RECEIVED
 4:00 pm
 JUL 21 2023

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

Garden City Field Office
 Division of Water Resources

2. Name and address of Applicant: KENNETH COX

~~1111 ROAD 00~~, SUBLETTE KS 67877-8033 450 US HIGHWAY 83

Phone Number: ()

Email address: _____

Name and address of Water Use Correspondent: NO CHANGE SAME

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 7-21-23 Check # 7289

5. **Presently authorized point of diversion:**
 One in the SW Quarter of the SW Quarter of the NW Quarter of Section 23, Township 28 South, Range 33 W, in HS _____ County, Kansas, 2755 feet North 5195 feet West of Southeast corner of section.
 Authorized Rate --- Authorized Quantity --- Depth of well _____ (feet)
(DWR use only: Computer ID No. 02 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 NW Quarter of the NW Quarter of the SW Quarter of Section 23, Township 28 South, Range 33 W, in HS _____ County, Kansas, 2613 feet North 5249 feet West of Southeast corner of section.
 Proposed Rate --- Proposed Quantity --- Proposed well depth (feet) 710
 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 _____ (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) IMPROVE PRODUCTION

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

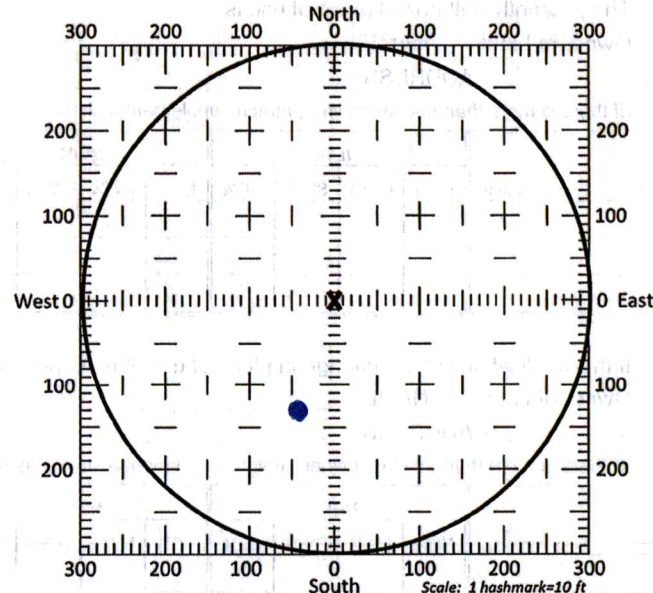
9. The change(s) (was)(will be) completed by?
ASAP

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? _____

11. Groundwater Management District recommendation attached?
 Yes No

12. Assisted by MMGCFO

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.)**

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 SUBLETT, Kansas, this 21st day of JULY, 2023.

<p><u>Kenneth Cox</u> (Owner)</p> <p><u>KENNETH COX</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>
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State of Kansas }
 County of Waskell } SS

KAROLA COLANTONIO
 Notary Public - State of Kansas
 My Appt. Expires 6-15-2025

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

Karla Colantonio
Notary Public

My Commission Expires 6-15-2025

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

3795 W. Jones Ave.
 Garden City, KS 67846
 PH: 620-277-2389



PO Box 639
 Garden City, KS 67846
 Fax: 620-277-0224

Kenny Cox CELL: 620-272-1671

Customer Name: Kenny Cox Farms WO#: 25516 Date: 6-15-23
 Street Address: 450 US HWY 83 Test #: 1 E LOG: _____
 City, State: SUBLETTE, KS. 67877 Driller: Dale Guinn
 County: Haskell Quarter: SW Section: 23 Township: 28 Range: 33
 Location: 174ft South & 5ft East of Existing Well GPS: N37.59851 W100.90717
 Rig #: 10002 Elevation: 2963' Static WL: 420ft. Estimated? Yes
 Proposed Well Depth 710
 REPLACEMENT WELL LOCATION 10' Sump

%	Footage			Description of Strata
	From	Pay	To	
	0		2	Top Soil
	2		16	Brown Sandy Clay
	16		55	Brown Sandy Clay w/ some Caliche & some Sand Mixed
	55		58	Sand Fine Med
	58		66	Brown Sandy Clay & Caliche
	66		128	Sand Fine Med Course Small Gravel
	128		224	Sand Fine Med Course Small Med Some Large Gravel
	224		229	Brown Sandy Clay
	229		238	Sand Fine Med Course
	238		325	Blue Clay
	325		360	Sand Fine Med Course Few Small Gravel w/ few Tan Clay Strainers
	360		404	Sand Fine Med Course Small Gravel
	404		415	Brown Sandy Clay
25	415	38'	458	Sand Fine Med Course
5	458	16	474	Brown Sandy Clay & Fine Sand
10	474	23	497	Sand Fine w/ some clay strips
15	497	23	520	Sand Fine
30	520	28	548	Sand Fine Med Course w/ Brown & some Tan Rock
10	548	33	581	Sand Fine w/ few clay strainers
	581		597	Soapstone
	597		640	Shale
	640		665	Shale w/ couple Sandstone Strips
10	665	35	700	Sandstone
				Super Gel X -5
				Soda Ash -1
				Hole Plug 3/4 -6
				Grout -5
				Perma Plug -1
				4 3/4 Drag Blade -1