

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

1. File Number: 17703	2. Status Change Date:	3. Change Num: C2	4. Field Office: 4	5. GMD: 3
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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: 6/26/2023
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8a. Applicant(s) / Landowner(s) / WUC Person ID **13054**
New to system Add Seq# _____

NUTT FAMILY FARMS LLC
Attn: CRAIG HAY
PO BOX 2707
LIBERAL, KS 67905-2707

8c. Landowner(s) Person ID **22526**
New to system Add Seq# _____

RAY E KENNEDY
Attn: %CRAIG HAY & STEPHEN RICE
PO BOX 2707
LIBERAL, KS 67905-2707

8b. Landowner(s) Person ID **22525**
New to system Add Seq# _____

FLORA F BOSWELL
Attn: CRAIG HAY & STEPHEN RICE
PO BOX 2707
LIBERAL, KS 67905-2707

8d. Landowner(s) Person ID **56958**
New to system Add Seq# _____

TERRY MUNRO
Attn: %CRAIG HAY & STEPHEN RICE
PO BOX 2707
LIBERAL, KS 67905-2707

9. Documents and Enclosure(s): DWR Meter(s) Date to Comply: **12/31/2023** N & P Date to Comply: **3/1/2024**

Anti-Reverse Meter Meter Seal Check Valve N & P Form Water Tube Driller Copy H & E Letter

Conservation Plan Date Required: _____ Date Approved: _____ Date to Comply: _____

10. Use Made of Water From: _____ To: _____

Date Prepared: **6/27/2023** By: **AM**
Date Entered: _____ By: _____

File No. **17703** 11. County: **ME** Basin: **CROOKED CREEK** Stream: Formation Code: **211/331** Special Use:

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

DEL	44633															
ENT		SE SE SW		18	30S	29W		67	2826			1440	741	1440	741	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	3365																									
CHK	27591																									
CHK	35623																									

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

June 27, 2023

NUTT FAMILY FARMS LLC
Attn: CRAIG HAY
PO BOX 2707
LIBERAL, KS 67905-2707

RE: Filed Office Application for Change
Water Right, File No. 17703

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, appearing to read "Austin J. McColloch".

Austin J. McColloch
Assistant Water Commissioner

AM:
enclosures

pc:

CERTIFICATE OF SERVICE

On this 27th day of June, 2023, I hereby certify that the foregoing Approval of Application for Change in Point of Diversion, Water Right, File No. 17,703 dated 27th day of June, 2023 was mailed postage prepaid, first class, US mail to the following:

NUTT FAMILY FARMS LLC
Attn: CRAIG HAY
PO BOX 2707
LIBERAL, KS 67905-2707

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://www.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. 17703

RECEIVED
 1:00 pm
 JUN 26 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: Nutt Family Farms LLC
PO Box 2707, Liberal, KS 67905
 Phone Number: () _____ Email address: _____
 Name and address of Water Use Correspondent: same as above
 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 6-26-23 Check # 2261

5. **Presently authorized point of diversion:**
 One in the NW Quarter of the NW Quarter of the NE Quarter of Section 19, Township 30 South, Range 29 West, in Meade County, Kansas, 5220 feet North 2425 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. 2 GPS 5248 feet North 2567 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 SE Quarter of the SE Quarter of the SW Quarter of Section 18, Township 30 South, Range 29 West, in Meade County, Kansas, 67 feet North 2826 feet West of Southeast corner of section.
 Proposed Rate no change Proposed Quantity no change Proposed well depth (feet) 640
 This point is: Additional Well Geo Center List other water rights that will use this point N/A

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) Loss of production

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

9. The change(s) (was)(will be) completed by?
As soon as possible

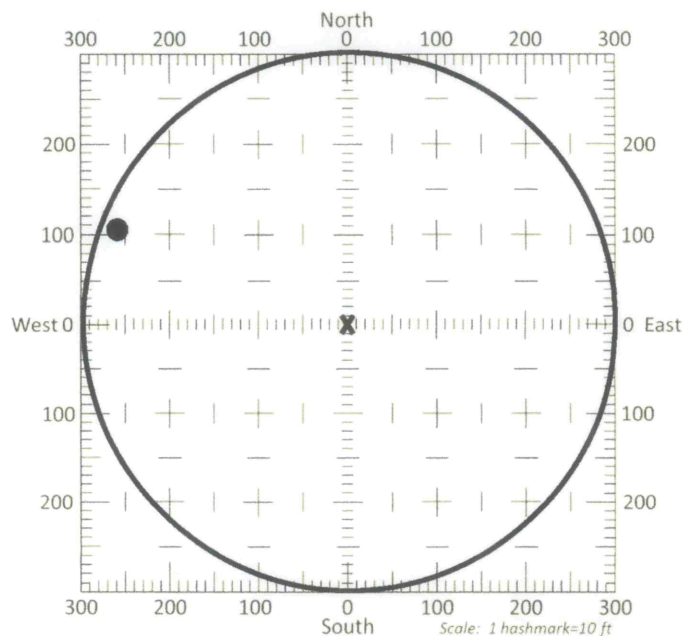
10. If the point of diversion is a well:
 (a) What are you going to do with the old well?
plug

(b) When will this be done? As soon as possible

11. Groundwater Management District recommendation attached?
 Yes No

12. Assisted by CI,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 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.)

X

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 Liberal, Kansas, this 23rd day of June, 2023.

<p><u>Craig Hay</u>, Manager (Owner)</p> <p><u>Craig Hay</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 Seward } SS



I hereby certify that the foregoing application was signed in my presence and sworn to before me this 23 day of June, 2023.

Teresa L. Blake
Notary Public

My Commission Expires 9-17-2024

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.

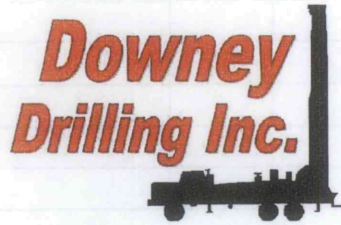
FEE SCHEDULE

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

WELL LOG

DATE: 5/24/2023



CUSTOMER NAME: CLARK JANTZ

TH#1

LEGAL: NE 19-30S-29W

COUNTY: MEADE CO, KS

GPS: 37.431268

-100.534896

SWL @ EXISTING WELL 309'

DRILLER: DIEGO

WO: 22-1031

TW	FROM	TO	TYPE	HARDNESS	COLOR	SPEED	PULL DOWN	OTHER / DRILLING ACTION
	0	2	TOP SOIL	SOFT	BLACK	FAST		SMOOTH
	2	11	BROWN SILTY CLAY	SOFT	BROWN	FAST		SMOOTH
	11	39	BROWN SILTY CLAY W/ WHITE CLAY	SOFT	BROWN & WHITE	FAST		SMOOTH
	39	59	SANDY CLAY	SOFT	TAN	FAST		SMOOTH
	59	60	CEMENTED SAND	STIFF	WHITE	SLOW		CHATTER
	60	66	SANDY CLAY	SOFT	TAN	FAST		SMOOTH
	66	79	FINE SAND W/ SANDY CLAY	SOFT	TAN	FAST		VIBRATION & SMOOTH
	79	89	FINE-MED SAND	SOFT		FAST		CHOPPY
	89	103	FINE-MED-COARSE SAND W/ FINE GRAVEL	FIRM		FAST		FAST CHATTER
	103	115	SANDY CLAY	SOFT	TAN	FAST		SMOOTH
	115	119	FINE-MED-COARSE SAND W/ FINE-MED GRAVEL	STIFF		FAST		FAST CHATTER
	119	120	HARD SPOT	HARD		SLOW		CHATTER
	120	130	FINE-MED-COARSE SAND	FIRM		FAST		FAST CHATTER
	130	143	BROWN CLAY	SOFT	BROWN	FAST		SMOOTH
	143	152	FINE-MED-COARSE SAND W/ CEMENTED SAND	FIRM				FAST CHATTER
	152	153	HARD SPOT	HARD		SLOW		CHATTER
	153	279	FINE-MED-COARSE SAND W/ FINE GRAVEL	FIRM		FAST		FAST CHATTER
	279	300	BLUE CLAY	STICKY	BLUE	FAST		SMOOTH
	300	316	FINE-MED-COARSE SAND	FIRM		FAST		FAST CHATTER
	316	330	BROWN & BLUE CLAY	SOFT	BROWN & BLUE	FAST		SMOOTH
	330	365	FINE-MED-COARSE SAND	FIRM		FAST		FAST CHATTER
	365	383	BLUE CLAY	SOFT	BLUE	FAST		SMOOTH
	383	395	BLUE FINE-MED-COARSE SAND W/ BLACK ROCK	STIFF	BLUE & BLACK	FAST		FAST CHATTER
	395	476	FINE-MED-COARSE SAND W/ LIME ROCK	FIRM	WHITE	FAST		FAST CHATTER
	476	502	SANDY CLAY	SOFT	TAN	FAST		SMOOTH
	502	510	LIME ROCK W/ SANDY CLAY	FIRM	WHITE & TAN	FAST		CHOPPY & SMOOTH
	510	544	SANDY CLAY	SOFT	TAN	FAST		SMOOTH
	544	557	SANDY CLAY W/ FINE SAND & LIME ROCK	FIRM	TAN & WHITE	FAST		SMOOTH & CHOPPY
	557	584	BROWN CLAY	STICKY	BROWN	FAST		SMOOTH
	584	610	BROWN & BLUE CLAY	STICKY	BROWN & BLUE	SLOW		SMOOTH
	610	621	GREEN CLAY	HARD	GREEN	SLOW		CHATTER
	621	640	RED BED	HARD	RED	SLOW		CHATTER
			QG - 4					
			WATER LOADS - 1 1/2					

CLARK JANTZ

SE/SW 18-30S-29W MEADE CO.

Legend

C JANTZ TH #1 ELEV=2802'

WR #17703 ELEV=2802'

D Rd

B Rd

B Rd

Google Earth

2000 ft





Century GEOPHYSICAL CORP.

CLARK JANTZ

COMPANY : DOWNEY DRILLING INC
WELL : CLARK JANTZ
LOCATION/FIELD : TH#1
COUNTY : MEADE
LOCATION : NE
SECTION : 19

OTHER SERVICES:

TOWNSHIP : 30S RANGE : 29W

DATE : 05/24/23
DEPTH DRILLER : 640
LOG BOTTOM : 642.20
LOG TOP : 0.90

PERMANENT DATUM : GL

LOG MEASURED FROM: GL
DRL MEASURED FROM: GL

KB :
DF :
GL :

CASING DIAMETER : 10.
CASING TYPE :
CASING THICKNESS:

LOGGING UNIT : 1903
FIELD OFFICE : DDI
RECORDED BY : DIEGO

BIT SIZE : 6.25 "
MAGNETIC DECL. : 0
MATRIX DENSITY : 2.71
NEUTRON MATRIX : LIMESTON

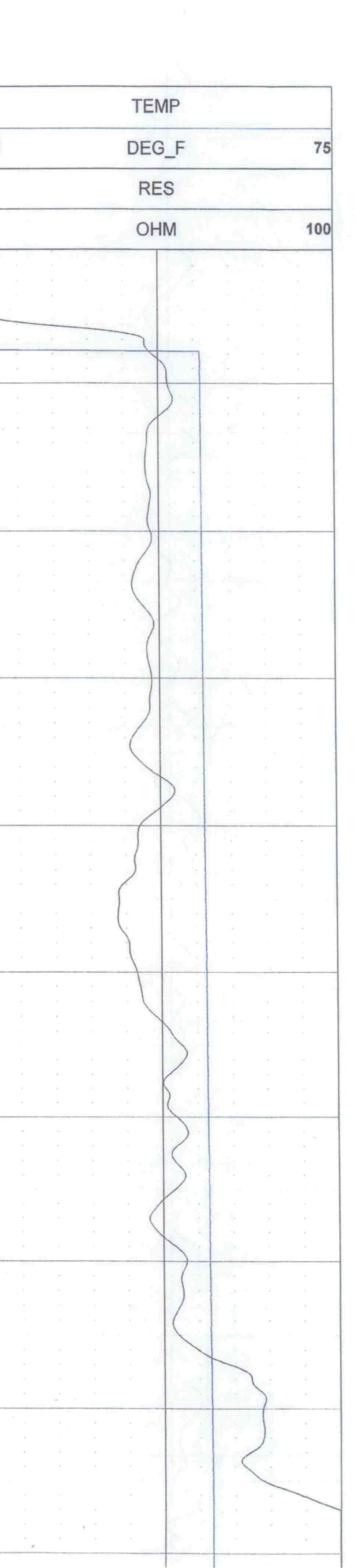
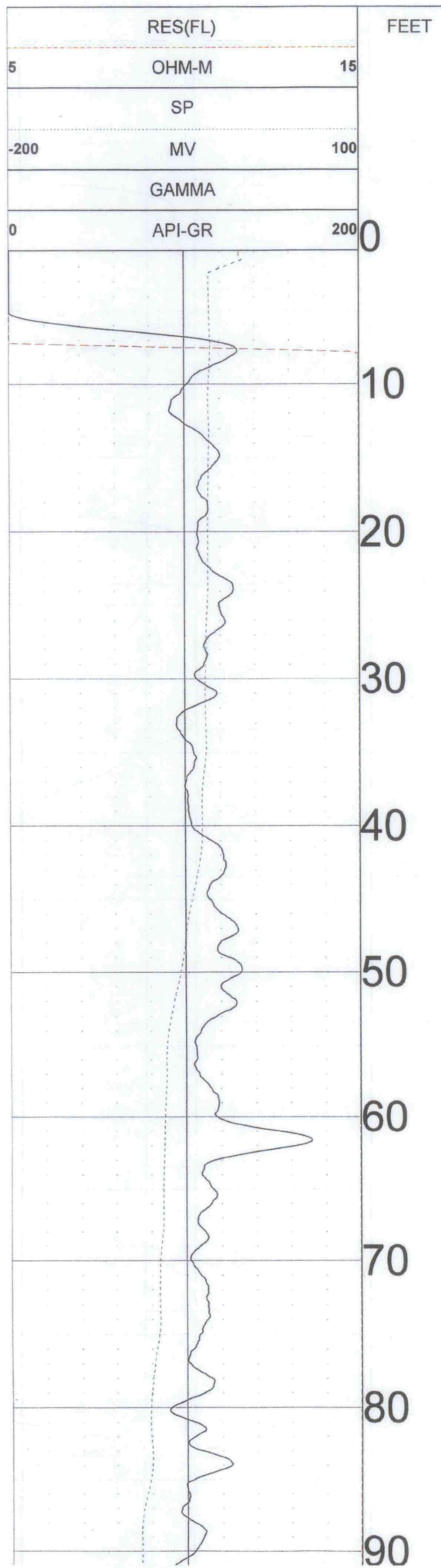
BOREHOLE FLUID : MUD
RM :
RM TEMPERATURE :
MATRIX DELTA T : 49

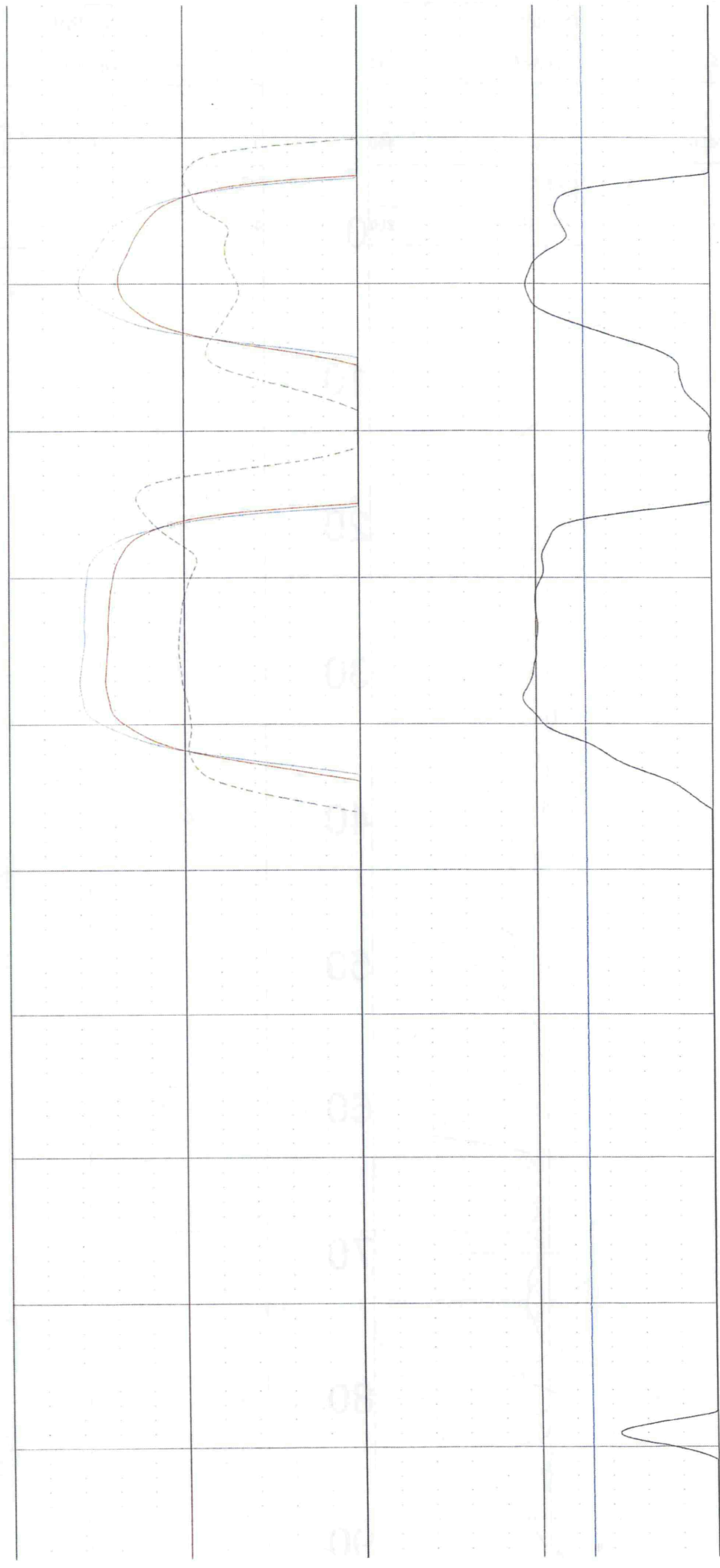
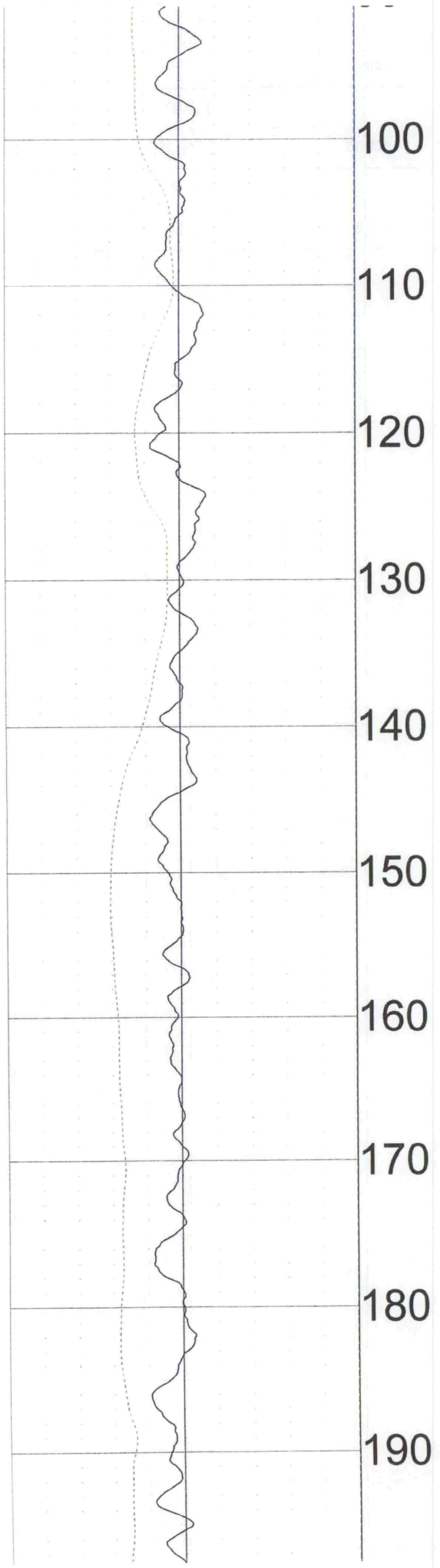
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LGTIME : 17:28:
THRESH: 99999

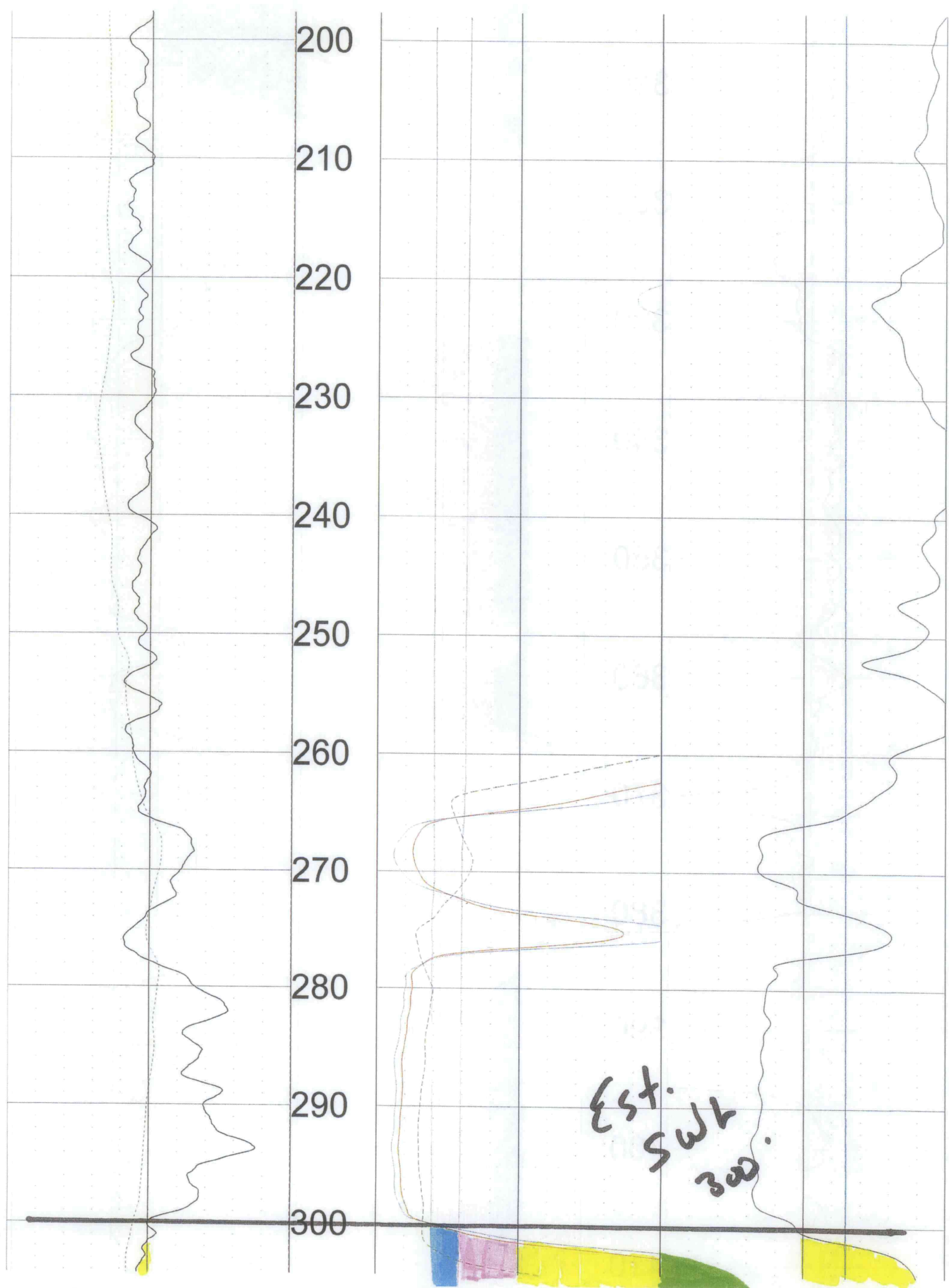
N 37.43126
W-100.53489

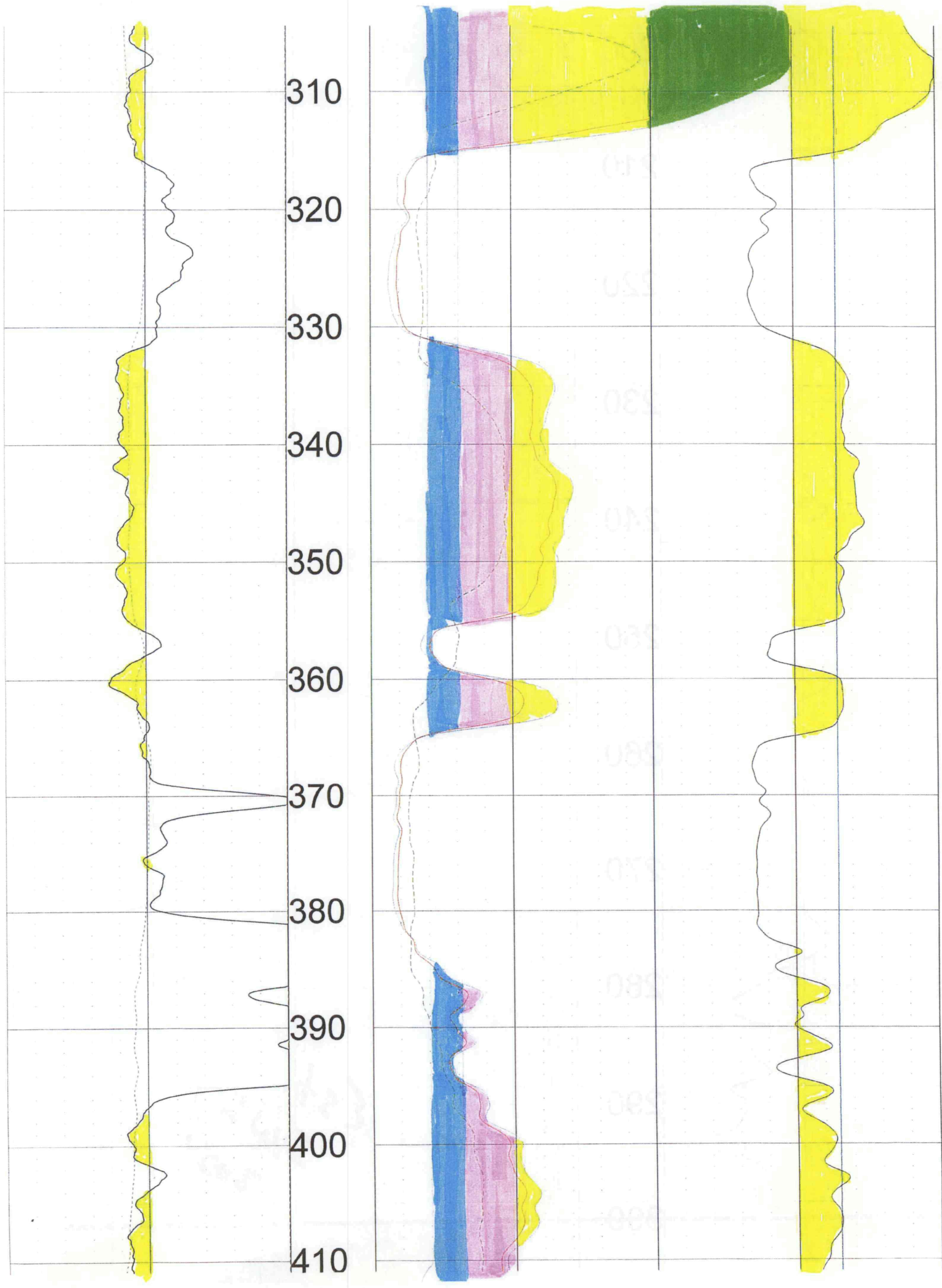
ALL SERVICES PROVIDED SUBJECT TO STANDARD TERMS AND CONDITIONS

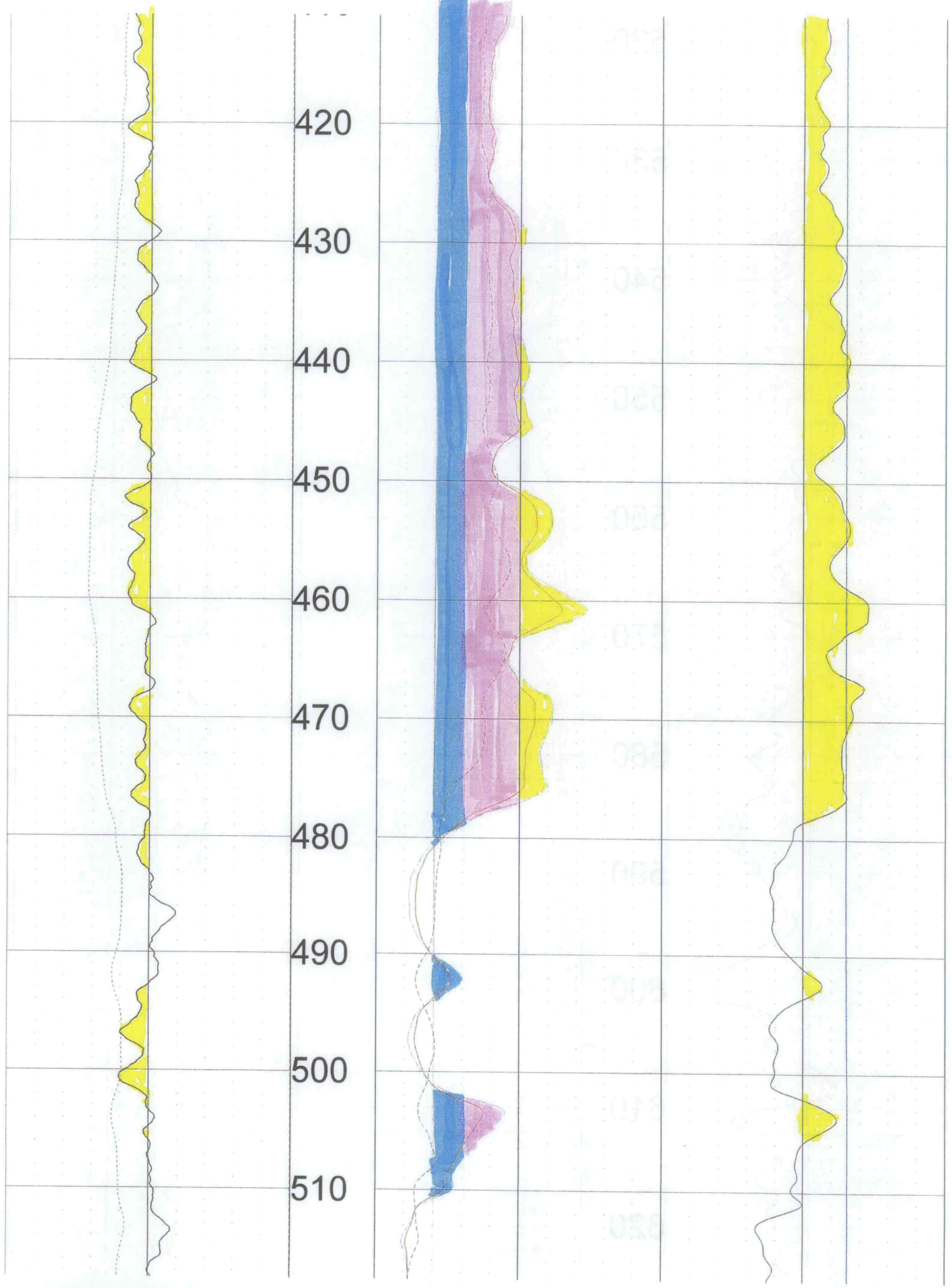
CLARK JANTZ

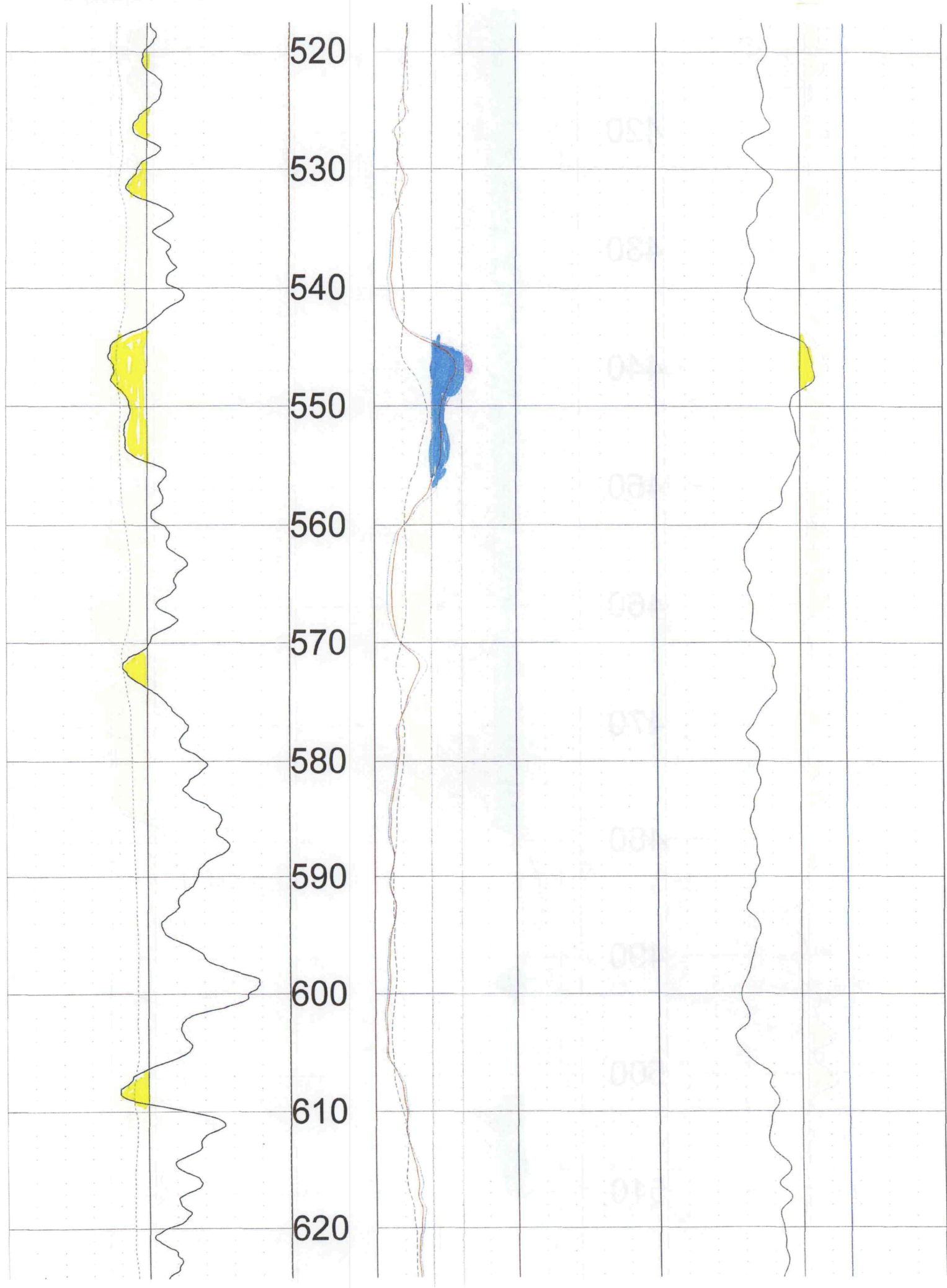


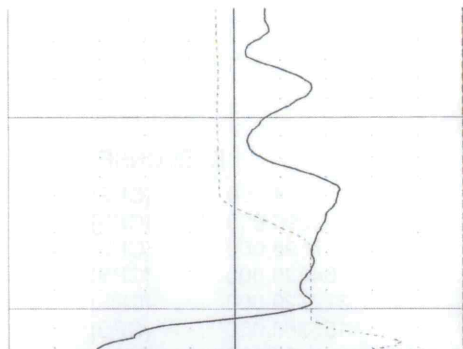












630

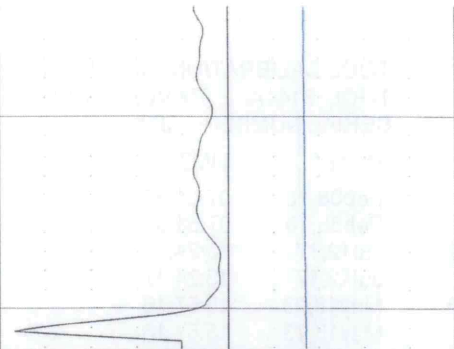
640

0	API-GR	200
	GAMMA	
-200	MV	100
	SP	
5	OHM-M	15
	RES(FL)	

FEET



0	OHM-M	1000
	RES(16N)	
0	OHM-M	10065
	RES(64N)	
0	OHM-M	100
	LATERAL	



	OHM	100
	RES	
0	DEG_F	75
	TEMP	

TOOL CALIBRATION CLARK JANTZ 05/24/23 17:28
TOOL 8144A TM VERSION 1
SERIAL NUMBER 365

	DATE	TIME	SENSOR		STANDARD		RESPONSE
1	Feb08,18	07:51:35	GAMMA	1.000	[API-GR]	4.000	[CPS]
	Feb08,18	07:51:35	GAMMA	340.000	[API-GR]	290.000	[CPS]
2	Jul12,17	13:24:17	RES(FL)	1.330	[OHM-M]	7595.000	[CPS]
	Jul12,17	13:24:17	RES(FL)	42.700	[OHM-M]	64820.000	[CPS]
3	May18,23	15:57:16	SP	0.000	[MV]	327729.000	[CPS]
	May18,23	15:57:16	SP	350.000	[MV]	155368.000	[CPS]
4	May18,23	15:54:50	RES(16N)	0.000	[OHM-M]	3400.000	[CPS]
	May18,23	15:54:50	RES(16N)	1956.000	[OHM-M]	448017.000	[CPS]
5	May18,23	15:56:27	RES(64N)	0.000	[OHM-M]	3000.000	[CPS]
	May18,23	15:56:27	RES(64N)	1991.800	[OHM-M]	446675.000	[CPS]
6	Jul12,17	13:17:49	TEMP	33.400	[DEG_F]	66910.000	[CPS]
	Jul12,17	13:17:49	TEMP	102.200	[DEG_F]	270930.000	[CPS]
7	May18,23	15:55:41	RES	0.000	[OHM]	21264.000	[CPS]
	May18,23	15:55:41	RES	945.000	[OHM]	190131.000	[CPS]