

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

1. File Number: <b>18708</b>	2. Status Change Date: <b>9-25-2023</b>	3. Change Num: <b>C1</b>	4. Field Office: <b>4</b>	5. GMD: <b>3</b>
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: <b>9/25/2023</b>
8a. Landowner, applicant, WUC New to system <input type="checkbox"/>  <b>COLLINGWOOD FARMS LLC PO BOX 903 JOHNSON, KS 67855</b>		Person ID <u>53013</u> Add Seq# _____	8c. Landowner(s) New to system <input type="checkbox"/>  Person Add Seq# _____	
8b. Landowner(s), New to system <input type="checkbox"/>		Person ID _____ Add Seq# _____	8d. WUC New to system <input type="checkbox"/>  <b>8a</b>  Person ID _____ Add Seq# _____	
9. Documents and Enclosure(s): <input checked="" type="checkbox"/> DWR Meter(s) Date to Comply: <u>12/31/2023</u> <input type="checkbox"/> N & P Date to Comply: <u>12/31/2024</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 checked="" type="checkbox"/> Water Tube <input checked="" 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: <b>9/25/2023</b> By: <b>MAM</b> Date Entered: _____    By: _____				

File No. 18708      11. County: ST      Basin: NF CIMARRON      Stream:      Formation Code: 211/331      Special Use:

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

**DEL 30073**  
**ENT      SWSWSE      13      29      40W      114      2454      1005      520      1005      520      NONE**

13. Storage: Rate \_\_\_\_\_ NF      Quantity \_\_\_\_\_ ac/ft      Additional Rate \_\_\_\_\_ NF      Additional Quantity \_\_\_\_\_ ac/ft

14. Limitation: \_\_\_\_\_ af/ 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				
<b>CHK 30110</b>																				

Base Acres: 272 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

September 25, 2023

COLLINGWOOD FARMS LLC  
PO BOX 903  
JOHNSON, KS 67855

RE: Field Office Application for Change  
Water Right, File No. 18708

Dear Sir:

Enclosed is an 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 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 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 "Michael A. Meyer".

Michael A. Meyer  
Water Commissioner

MAM:  
Enclosures

**CERTIFICATE OF SERVICE**

On this 25<sup>th</sup> day of September 2023, I hereby certify that the foregoing Approval of Application for Change in Point of Diversion, Water Right, File No. 18,708 dated 25<sup>th</sup> day of September 2023 was mailed postage prepaid, first class, US mail to the following:

COLLINGWOOD FARMS LLC  
PO BOX 903  
JOHNSON, KS 67855



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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**  
 8:39 am  
 SEP 25 2023

File No. 18708

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: Collingwood Farms LLC

PO Box 903, Johnson, KS 67855

Phone Number: (620) 353-3236                      Email address: ALCOLLINGWOOD58@GMAIL.COM

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 9-25-23 Check # 4863

5. **Presently authorized point of diversion:**

One in the \_\_\_\_\_ Quarter of the \_\_\_\_\_ Quarter of the \_\_\_\_\_ CS \_\_\_\_\_ Quarter of Section \_\_\_\_\_ 13 \_\_\_\_\_, Township \_\_\_\_\_ 29 \_\_\_\_\_ South, Range \_\_\_\_\_ 40 \_\_\_\_\_ West, in Stanton County, Kansas, \_\_\_\_\_ 78 \_\_\_\_\_ feet North \_\_\_\_\_ 2655 \_\_\_\_\_ feet West of Southeast corner of section. Authorized Rate 1005 gpm Authorized Quantity 520 AF Depth of well \_\_\_\_\_ (feet)

**(DWR use only: Computer ID No. 1 GPS 103 feet North 2688 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 \_\_\_\_\_ Quarter of the \_\_\_\_\_ SW \_\_\_\_\_ Quarter of the \_\_\_\_\_ SE \_\_\_\_\_ Quarter of Section \_\_\_\_\_ 13 \_\_\_\_\_, Township \_\_\_\_\_ 29 \_\_\_\_\_ South, Range \_\_\_\_\_ 40 \_\_\_\_\_ West, in Stanton County, Kansas, \_\_\_\_\_ 114 \_\_\_\_\_ feet North \_\_\_\_\_ 2454 \_\_\_\_\_ feet West of Southeast corner of section. Proposed Rate no change Proposed Quantity no change Proposed well depth (feet) 616

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) \_\_\_\_\_

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

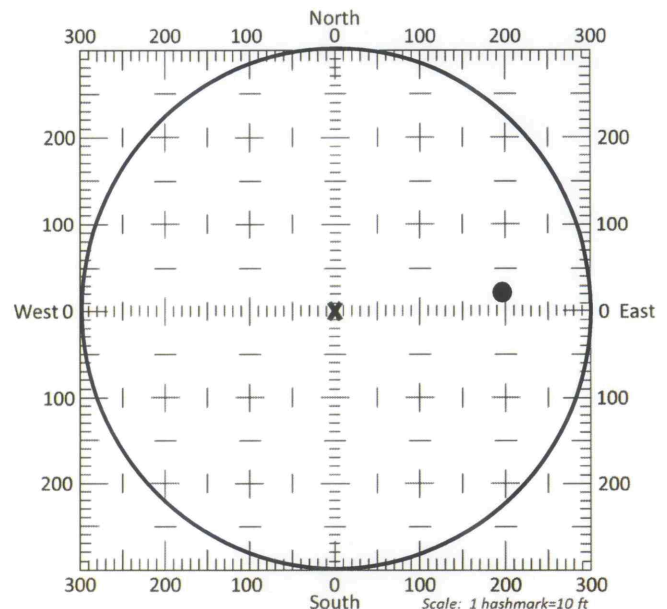
10. If the point of diversion is a well:  
(a) What are you going to do with the old well? Plug it

(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.)**

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\_\_\_\_\_.

*[Signature]*  
\_\_\_\_\_  
(Owner)

\_\_\_\_\_  
(Spouse)

*A. J. Collingwood*  
\_\_\_\_\_  
(Please Print)

\_\_\_\_\_  
(Please Print)

\_\_\_\_\_  
(Owner)

\_\_\_\_\_  
(Spouse)

\_\_\_\_\_  
(Please Print)

\_\_\_\_\_  
(Please Print)

\_\_\_\_\_  
(Owner)

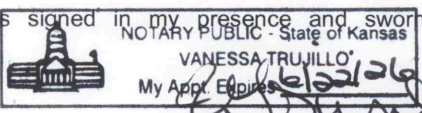
\_\_\_\_\_  
(Spouse)

\_\_\_\_\_  
(Please Print)

\_\_\_\_\_  
(Please Print)

State of Kansas }  
County of Stanton } SS

I hereby certify that the foregoing application was signed in my presence and sworn to before me this 22 day of September, 2023.



*[Signature]*  
\_\_\_\_\_  
Notary Public

My Commission Expires June 22, 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





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



PO Box 631  
 Garden City, KS 67841  
 Fax: 620-277-0220

Dr. AL COLLINGWOOD 620-353-3236

JUN 19 2023

Customer Name: Do All Collingwood WO#: 25415 Date: 6/27/2  
 Street Address: P.O. Box 903 Test #: 5 E LOG: \_\_\_\_\_  
 City, State: Junction, KS 67855 Driller: Dawn Reizer  
 County: Stark Quarter: SE Section: 13 Township: 29 Range: 40  
 Location: from old well - 227'E+15'N GPS: 37.519339N 101.648469W  
 Rig #: 10003 Elevation: 3238 Static WL: 392 Estimated? old well  
 Proposed Well Depth 616  
 POSSIBLE REDRILL LOCATION

%	Footage			Description of Strata
	From	Pay	To	
	0		2	Surface
	2		5	Brown Sandy Clay
	5		47	Consolidated Sand, thin clays
	47		59	Brown Clay, limestone
	59		-	Sand, fine to med. coarse, small to med gravel
	-		82	(loose used water 70% LC over middle flow)
	82		95	Brown Clay, limestone
	95		184	Sand, fine to med. coarse, small gravel, few pebbles & shells
	184		207	Brown Clay, limestone
	207		399	Sand, fine to med. coarse, small to large gravel
	399		419	Brown Clay, limestone (stiff, no sand)
10%	419	17	436	Sand, fine, some clay
25%	436	11	447	Sand, fine to med. coarse, some small gravel
20%	447	9	456	Sand, fine to med. coarse (consolidated in places)
10%	456	38	494	Sandstone, sandstone (slightly cemented in cement)
10%	494	31	525	Sandstone, sandstone (few pebbles)
10%	525	41	566	Sandstone, sandstone (tight)
15%	566	22	584	Sandstone (slightly cemented)
10%	584	12	596	Red Sandstone & Sandstone
	596		1020	Red Bed

- Test Rig -
- Set up 100ft
- Pit to Abath -
- 11 - Super Gel X
- 5 - Grout
- 6 - Bentonite Plug
- 1 - Perma Plug
- 4 - Brown
- 240 - Gravel

= Gas Line 35' West =

# Dr. Al Collingwood

Test Hole # 5 of 6-27-23

SE 13-29-40 ST

FILE # 18708

## Legend

 37.51933 N 101.64346 W

 37.51933 N 101.64346 W

Google Earth

3000 ft

