

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

1. File Number: <b>21142-D1</b>	2. Status Change Date:	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>9/21/2023</b>
8a. Applicant(s) New to system <input type="checkbox"/>  <b>DON &amp; CONNIE SWINNEY Attn: CRAIG SWINNEY PO BOX 907 HUGOTON, KS 67951</b>		Person ID <u><b>17685</b></u> Add Seq# _____		
8b. Landowner(s) New to system <input type="checkbox"/>  <b>8a</b>		Person ID _____ Add Seq# _____		
8c. 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><b>12/31/2024</b></u> <input checked="" type="checkbox"/> N & P Date to Comply: <u><b>3/1/2025</b></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: <b>10/12/2023</b> By: <b>AM</b> Date Entered: _____ By: _____				

File No. **21142-D1**      11. County: **SV**      Basin: **CIMARRON RIVER**      Stream:      Formation Code: **100/211**      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

**CHK 18361**

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				
<b>CHK 3335      10      32S39W      4</b>									40	40	40	40					160	<b>8a</b>	<b>Y</b>	<b>MULTIPLE</b>
<b>CHK 32979      9      32S39W      1</b>	40	40	40	40									40	40	40	40	320	<b>8a</b>	<b>Y</b>	<b>MULTIPLE</b>
<b>CHK 34338      15      32S39W      1</b>					40	40	40	40									160	<b>8a</b>	<b>Y</b>	<b>MULTIPLE</b>
<b>MOD 34373      16      32S39W      1</b>	40	40			40	40	40	32.7									232.7	<b>8a</b>	<b>Y</b>	<b>MULTIPLE</b>
<b>ENT 181      4      32S39W      1</b>									40	38	40	40	40	40	40	40	318	<b>8a</b>	<b>Y</b>	<b>MULTIPLE</b>

**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 12<sup>th</sup> 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 12<sup>th</sup> 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, reading "Julie Jones", is written over a horizontal line.

Division of Water Resources Staff





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

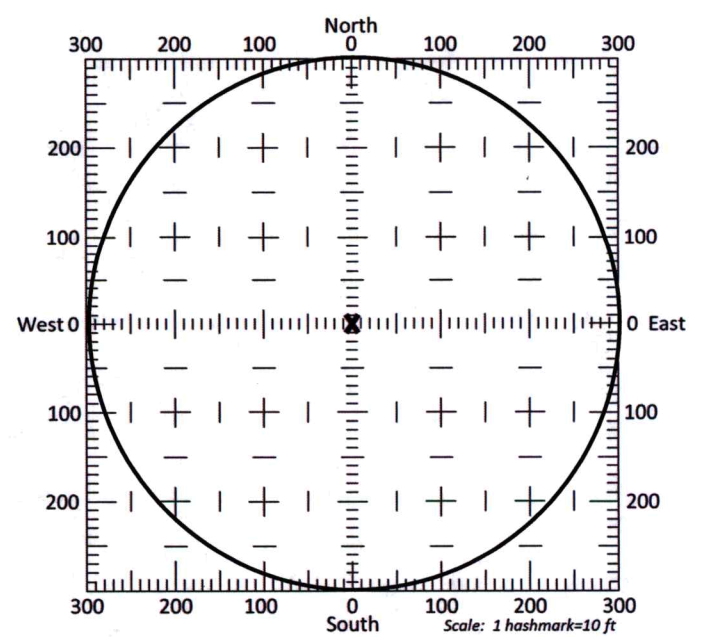
9. The change(s) (was)(will be) completed by?  
 \_\_\_\_\_

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	<del>32.7</del>									<del>232.7</del>
										40									240

Owner of Land ---- NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ *\* 21142-D1 only*

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  
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
4	32S	39W										40	38	40	40	40	40	40	318

Owner of Land ---- NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ *\* Correct to overlap other files per phone call w/ Craig on 9/26/23 - AM/GCFO*

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.)

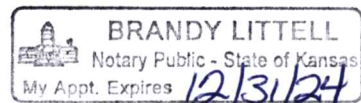
If the application proposes a surface water change in point of diversion, a groundwater change in point of diversion greater than 300 feet, or a change in place of use, the application must be signed by all owners of the currently authorized place of use, or their duly authorized agent (attach notarized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

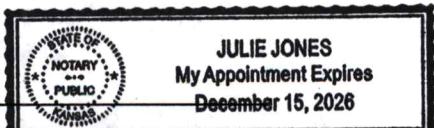
I hereby verify, being first duly sworn upon my oath or affirmation and under penalty of perjury, that I am of lawful age and the owner, the spouse of the owner, or a duly authorized agent of the owner(s) to make this application on their behalf, in regard to the water right(s) to which this application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

Dated at Garden City, Kansas, this 21<sup>st</sup> day of September, 20 23.

<u>[Signature]</u> (Owner)	_____ (Spouse)
<u>Craig Swamy</u> (Please Print)	_____ (Please Print)
_____ (Owner)	_____ (Spouse)
_____ (Please Print)	_____ (Please Print)
_____ (Owner)	_____ (Spouse)
_____ (Please Print)	_____ (Please Print)

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 21<sup>st</sup> day of September, 20 23.



My Commission Expires \_\_\_\_\_  
Julie Jones  
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**

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- (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

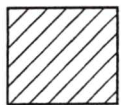
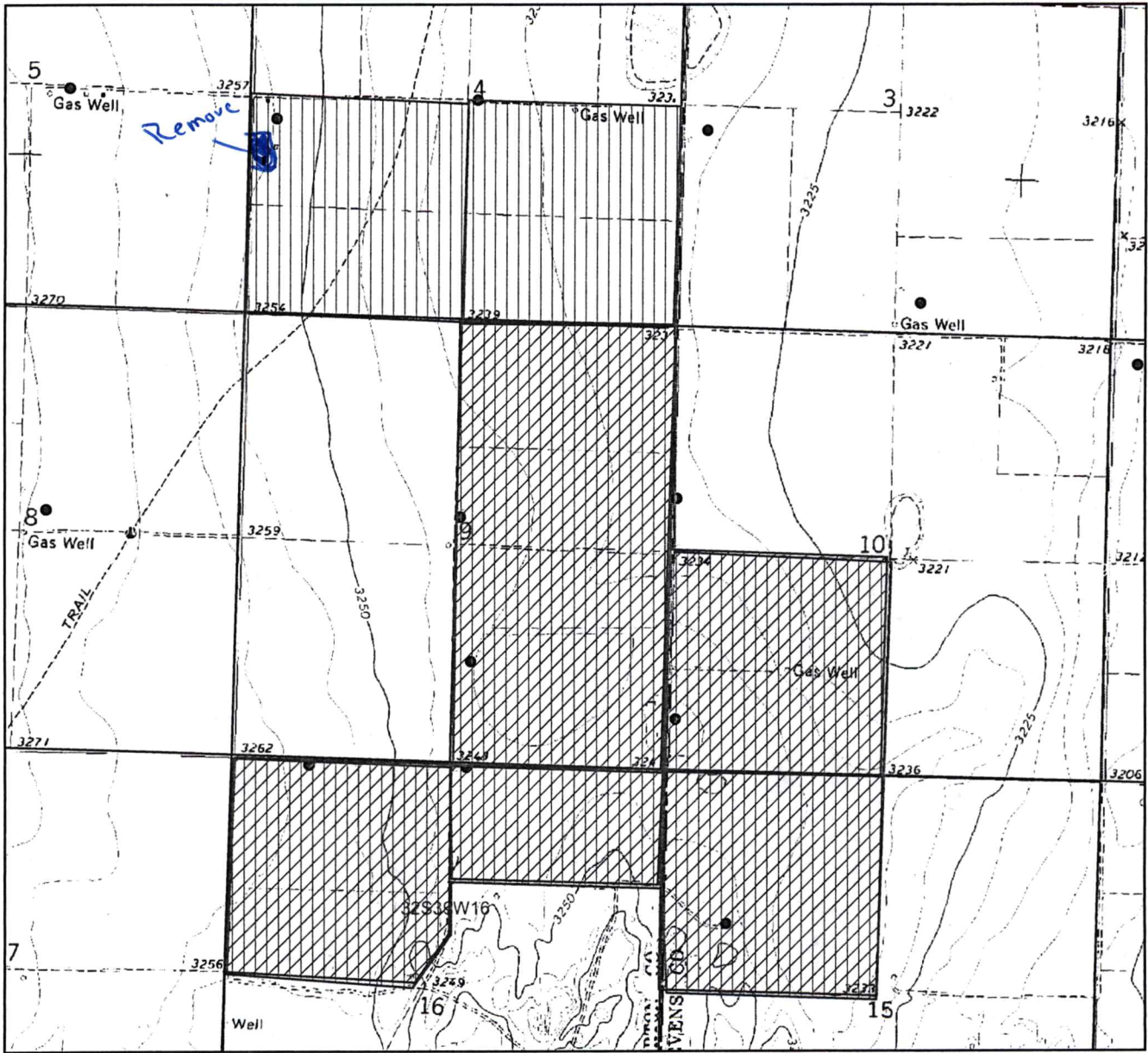




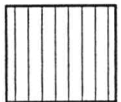


Change in Place of Use  
Files Nos.434, 434-A, 1349, 3463, 8058, 21142-D1, 26842, 44357, 44358  
Morton & Stevens County

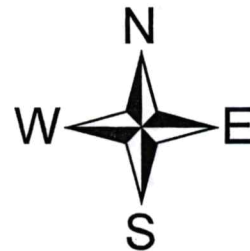
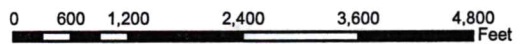
Township 32 S, Range39 W



Authorized place of use file # 21142-D1



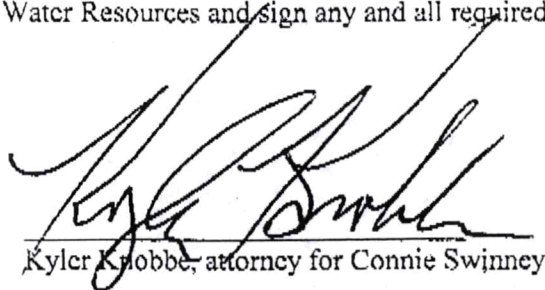
Requested place of use





**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

KYLE G. KNOBBE  
P.O. BOX 997  
CIMARRON, KANSAS 67835  
(620) 855-3100  
knobbe@com.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 Resource