

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

1. File Number: SW 006	2. Status Change Date: <i>6-7-2024</i>	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: 05/23/2024
8a. landowner, Applicant New to system <input type="checkbox"/>		Person ID 20530 Add Seq# _____		8c. Landowner(s) New to system <input type="checkbox"/>
NORTHERN NAT GAS CO (SUBLETTE/HOLCOMB) Attn: ENVIRONMENTAL SPECIALIST 1420 17TH RD LYONS, KS 67554				
8b. Landowner(s) New to system <input type="checkbox"/>		Person ID _____ Add Seq# _____		8d. WUC New to system <input type="checkbox"/>
		NORTHERN NATURAL GAS CO Attn: MICHELLE BROWN 1111 S 103RD ST OMAHA, NE 68124		
9. Documents and Enclosure(s): <input checked="" type="checkbox"/> DWR Meter(s) Date to Comply: 12/31/2024 <input checked="" type="checkbox"/> N & P Date to Comply: 3/1/2025				
<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: 6/06/2024 By: MAM Date Entered: _____ By: _____				

File No. **SW 006** 11. County: **SW** Basin: **ARKANSAS RIVER** Stream: Formation Code: **211** Special Use:

12. Points of Diversion
 Rate and Quantity
 Authorized Additional
 Rate Quantity Rate Quantity
 gpm af/mgy gpm af/mgy Overlap PD Files

DEL 6236
ENT **NWSWNW** **1** **32S 33W** **3500** **4917** **48.6** **15.6** **48.6** **15.6** **1305, 9202**

CHK 39305
CHK 46436

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 17403																										

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 7, 2024

NORTHERN NAT GAS CO (SUBLETTE/HOLCOMB)
Attn: ENVIRONMENTAL SPECIALIST
1420 17TH RD
LYONS, KS 67554

RE: Field Office Application for Change
Vested Right, File No. SW 006
Water Right, File Nos. 1305 & 9202

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 documents referred to above, they 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,


Michael A. Meyer
Water Commissioner

MAM:
Enclosures

Pc: NORTHERN NATURAL GAS CO

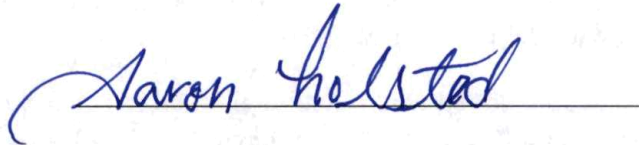
CERTIFICATE OF SERVICE

On this 7th day of June 2024, I hereby certify that the foregoing Approval of Application for Change in Point of Diversion, Vested Right, File No. SW 006, Water Right, File Nos. 1,305 and 9,202 dated 7th day of June 2024 was mailed postage prepaid, first class, US mail to the following:

NORTHERN NAT GAS CO (SUBLETTE/HOLCOMB)
Attn: ENVIRONMENTAL SPECIALIST
1420 17TH RD
LYONS, KS 67554

pc:

NORTHERN NATURAL GAS CO
Attn: MICHELLE BROWN
1111 S 103RD ST
OMAHA, NE 68124

A handwritten signature in blue ink that reads "Saron Holstad". The signature is written in a cursive style and is positioned above a solid 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.

File No. SW-006

RECEIVED
 2:00 pm
 MAY 23 2024

Garden City Field Office
 Division of Water Resources

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: NORTHERN NAT GAS CO (SUBLETTE/HOLCOMB) ATTN: ENVIRONMENTAL SPECIALIST
1420 17TH RD LYONS KS 67554

Phone Number: () Email address: _____

Name and address of Water Use Correspondent: NORTHERN NATURAL GAS CO ATTN: MICHELLE BROWN
1111 S 103RD ST OMAHA NE 68124

Phone Number: () Email address: _____

3. The presently authorized place of use is:

Owner of Land ---- NAME: NO CHANGE

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 CLT Fee \$ 100.00 TR # _____ Receipt Date 5-23-24 Check # 5000001662

5. **Presently authorized point of diversion: SEE SUPPLEMENTAL SHEET**

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) LOSS OF PRODUCTION
OVERLAP IN POINT OF DIVERSION WITH
VR# SW-006; WR#s 1305 & 9202

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

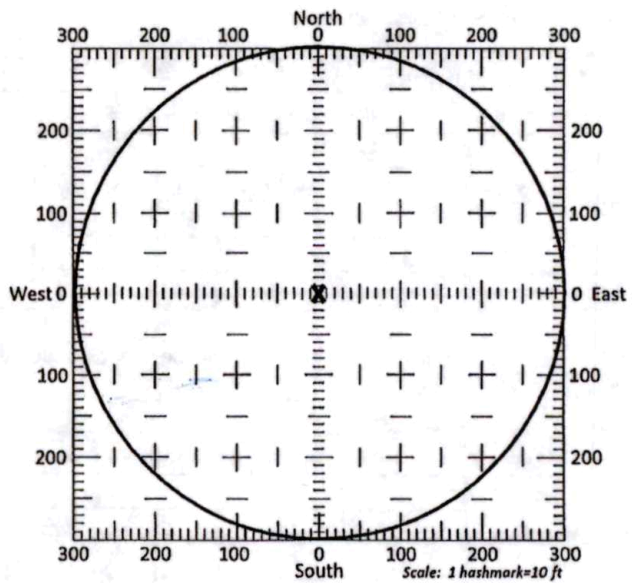
9. The change(s) (was)(will be) completed by?
SEPTEMBER 27, 2023

10. If the point of diversion is a well:
(a) What are you going to do with the old well?
PLUG / CAP
(b) When will this be done? UPON COMPLETION

11. Groundwater Management District recommendation attached?
 Yes No

12. Assisted by AM / 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.)

APPLICATION FOR APPROVAL TO CHANGE
THE POINT OF DIVERSION
SUPPLEMENTAL SHEET
FILE NOS. SW-006; 1305 & 9202

Presently authorized point of diversion: WELL #5 SUBLETTE
One in the NW Quarter of the SW Quarter of the NW Quarter
of Section 1, Township 32 South, Range 33 (W),
in SEWARD County, Kansas, 3500 feet North 4930 feet West of Southeast corner of section.
Authorized Rate _____ Authorized Quantity _____ Depth of well _____ (feet)
(DWR use only: Computer ID No. 05 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) WELL #6 SUBLETTE
One in the NW Quarter of the SW Quarter of the NW Quarter
of Section 1, Township 32 South, Range 33 (W),
in SEWARD County, Kansas, 3500 feet North 4917 feet West of Southeast corner of section.
Proposed Rate _____ Proposed Quantity _____ Proposed well depth (feet) 455'
This point is: Additional Well Geo Center List other water rights that will use this point SW-006; 1305 & 9202

Presently authorized point of diversion: WELL #3 SUBLETTE
One in the NE Quarter of the SW Quarter of the NW Quarter
of Section 1, Township 32 South, Range 33 (W),
in SEWARD County, Kansas, 3500 feet North 4505 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)
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 _____

Presently authorized point of diversion: WELL #4 SUBLETTE
One in the NW Quarter of the SW Quarter of the NW Quarter
of Section 1, Township 32 South, Range 33 (W),
in SEWARD County, Kansas, 3760 feet North 4665 feet West of Southeast corner of section.
Authorized Rate _____ Authorized Quantity _____ Depth of well _____ (feet)
(DWR use only: Computer ID No. 04 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)
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 _____

~~**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)
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 _____~~

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 Garden City, Kansas, this 7th day of May, 2024.

[Signature]

 (Owner)

 (Spouse)

Shane Stoves

 (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 7th day of May, 2024.

Michelle Solorzano

 Notary Public

MICHELLE SOLORZANO
 Notary Public - State of Kansas
 My Appt. Expires 07/14/26

My Commission Expires 07/14/2026

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

WATER WELL RECORD (WWC-5)

Constructed

KOLAR DOC ID 1732200 WELL ID _____

Original Record Correction Change in Well Use

LOCATION OF WATER WELL

Latitude	37.295857	Longitude	-100.86759	Section	1	Township	32	Range	33	<input type="checkbox"/> E <input checked="" type="checkbox"/> W	Fraction	NW ¼ SW ¼ NW ¼
Datum	WGS84	Elevation	2873	County	Seward							

WATER WELL OWNER

Name	
Business	NORTHERN NATURAL GAS
Address	21947 HWY 83 KISMET KS 67859
Well location	HWY 83 & RD 22
<input type="checkbox"/> at owner's address	

WELL WATER USE

Domestic Household

COMPLETION

Depth of completed well: 455 ft.
 Depth(s) groundwater encountered:
 (1) _____ ft.; (2) _____ ft.;
 (3) _____ ft.; (4) dry well

Static water level in well: 233 ft.
 measured below land surface on (mm/dd/yy): 09/28/2023
 measured above land surface on (mm/dd/yy): _____

NEAREST SOURCE OF POTENTIAL CONTAMINATION

Source: _____
 Distance from well: _____ Direction from well: _____
 Source description: _____

Source: _____
 Distance from well: _____ Direction from well: _____
 Source description: _____

No potential source of contamination within 100 feet.

CONSTRUCTION

Borehole interval: from 0 to 455 ft. Borehole diameter: 10 in.
 from _____ to _____ ft. _____ in.

Casing height above land surface: 30 in.
 If casing height is less than 12 in. has a variance been approved?* Yes No
 *variance not required for monitoring or environmental remediation wells

Casing type: ThermalPlastic

Blank casing interval: 0 ft. to 395 ft.
 Blank casing diameter: 5 in.
 Casing joints: Glued
 Weight: 200 lbs/ft.
 Wall thickness or gauge no.: SDR21

Blank casing interval: _____ ft. to _____ ft.
 Blank casing diameter: _____ in.
 Casing joints: _____
 Weight: _____ lbs/ft.
 Wall thickness or gauge no.: _____

Grout interval: 5 ft. to 25 ft.
 Grout material: Bentonite

Grout interval: _____ ft. to _____ ft.
 Grout material: _____

Estimated yield: 50 gpm
 Water level was: _____ ft. after _____ hours pumping _____ gpm

Pump installed? Yes No

Water well disinfected? Yes No
 Date disinfected (mm/dd/yy): 09/27/2023

Aquifer, if known: _____

PERMIT & ID NUMBERS (AS REQUIRED)

DWR Application No.: _____
 KDHE / EPA Project Code: _____
 Site Name: _____
 KDHE UIC Class V Form Completed: Yes No
 County Permit: Yes No Permit ID: _____
 Lease Name & Well #: _____
 # of boreholes: _____ # of dewatering wells: _____

LITHOLOGIC LOG

FROM	TO	LITHOLOGY INTERVALS
Attach	Attach	Attached

COMMENTS

CONTRACTOR'S OR LANDOWNERS CERTIFICATION

This water well was constructed reconstructed pursuant to the stated water well contractor's license and was completed on 09/27/2023. I certify that this record is true to the best of my knowledge and belief. This water well record was completed on _____ under the business name of Southwest Windmill & Water Well Service, Inc., Kansas Water Well Contractor's License No. 805 under the authority of the designated person as defined in K.A.R. 28-30-2(j) and signed and certified by the electronic signature of the designated person at its submittal: David Enns.

Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.

Form	WWC5.2 - Water Well Record
Doc ID	1732200
Well Owner	NORTHERN NATURAL GAS
Contractor	Southwest Windmill & Water Well Service, Inc.

Lithology

From	To	Lithology Intervals
0	3	topsoil
3	83	clay,tan
83	165	sand,medium,clayey
165	260	sand & gravel,medium to coarse
260	271	clay,sandy
271	375	sand & gravel,medium to coarse
375	390	clay,tan
390	420	sand,medium
420	450	sand,medium
450	455	clay