

File No. 44914	13. County: SV Basin: CIMARRON RIVER Stream:		
Structures File No:	Aquifer Code: 211	Special Use Area:	

14. Points of Diversion, Rates & Quantities										Qty AF		Rate gpm		Storage Qty		Storage Rate	
PDIV	Qualifier	S	T	R	ID	'N	'W	Comment (AKA Line)	Auth	Add	Auth	Add	Auth	Add	Auth/Add	Overlaps	
CHK	91403																

15. Limitations	Type:	Quantity:	Rate:	combined with file no(s):
	Type:	Quantity:	Rate:	combined with file no(s):

16. Metering Metering Required Anti-Reverse Required Seal Required Compliance Date: 12/31/2025

17. Place of Use						NE¼				NW¼				SW¼				SE¼				Total	Owner(s)	Chg?	Overlaps	
PUSE	S	T	R	ID		NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE					
CHK	8956	9	35	37W	01													40	32	32	40	144	8a	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
ENT	55619	10	35	37w	03					40	40	40	40									160	8a	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
																									<input type="checkbox"/>	
																									<input type="checkbox"/>	
																									<input type="checkbox"/>	
																									<input type="checkbox"/>	

18. Point of Diversion and Place of Use Overlaps * 45763, 45495 + # ^	** ++ ## ^^
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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

January 7, 2025

MICHAEL W WILLIS
1706 ROAD 14
HUGOTON, KS 67951-5279

RE: Field Office Application for Change
Water Right, File Nos. 44914, 45763, 45495

Dear Sir:

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.

Your attention is directed to the enclosures and to the terms, conditions, and limitations specified in these approvals 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 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:
SMGS LLC (w/encl)
GMD3

CERTIFICATE OF SERVICE

On this 7th day of January 2025, I hereby certify that the foregoing Approvals of Application for Change in Place of use, Water Right, File Nos. 44914, 45763, 45495 dated 7th day of January 2025 was mailed postage prepaid, first class, US mail to the following:

MICHAEL W WILLIS
1706 ROAD 14
HUGOTON, KS 67951-5279
pc:

SMGS LLC
250 SEELEY ST #7
BROOKLYNN, NY 11218

GMD3

A handwritten signature in blue ink that reads "Julie Jones". The signature is written in a cursive style and is positioned above a 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. 44914

RECEIVED
 1:00 pm
 DEC 26 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: MICHAEL W WILLIS 1706 ROAD 14 HUGOTON, KS 67951-5279

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: SMGS LLC

ADDRESS: 250 SEELEY ST BROOKLAND NY 11218

(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					
9	35S	37W																	40	32	32	40	144

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: SMGS LLC

ADDRESS: 250 SEELEY ST BROOKLAND NY 11218

(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					
10	35S	37W					40	40	40	40													160
9	35S	37W													40	32	32	40					144

For Office Use Only: Code CPU Fee \$ 200.00 TR # _____ Receipt Date 12-26-24 Check # 1052

5. **Presently authorized point of diversion:**
 One in the _____ Quarter of 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 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 _____

6. **Presently authorized point of diversion:**
 One in the _____ Quarter of 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 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) Creating a complete overlap
In place of use between file # 45763, 44914, 45495

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

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

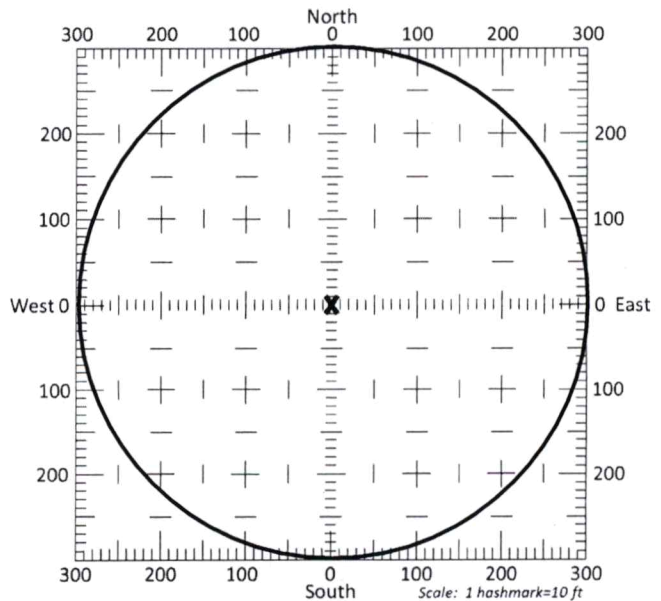
10. If the point of diversion is a well:
 (a) What are you going to do with the old well?

 (b) When will this be done? _____

11. Groundwater Management District recommendation attached?
 Yes No

12. Assisted by PE/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.

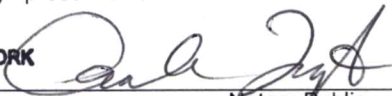
Dated at Brooklyn, NY, Kansas, this 16 day of December, 2024.

 _____ (Owner)	_____ (Spouse)
_____ (Please Print)	_____ (Please Print)
_____ (Owner)	_____ (Spouse)
_____ (Please Print)	_____ (Please Print)
_____ (Owner)	_____ (Spouse)
_____ (Please Print)	_____ (Please Print)

State of ~~Kansas~~ New York }
 County of Kings } SS

I hereby certify that the foregoing application was signed in my presence and sworn to before me this 16 day of December, 2024.

CAMILE TAYLOR
 NOTARY PUBLIC STATE OF NEW YORK
 Registration No. 01TA6137717
 Qualified in Nassau County
 Commission Expires 1-8-2026



 Notary Public

My Commission Expires 1-8-2026

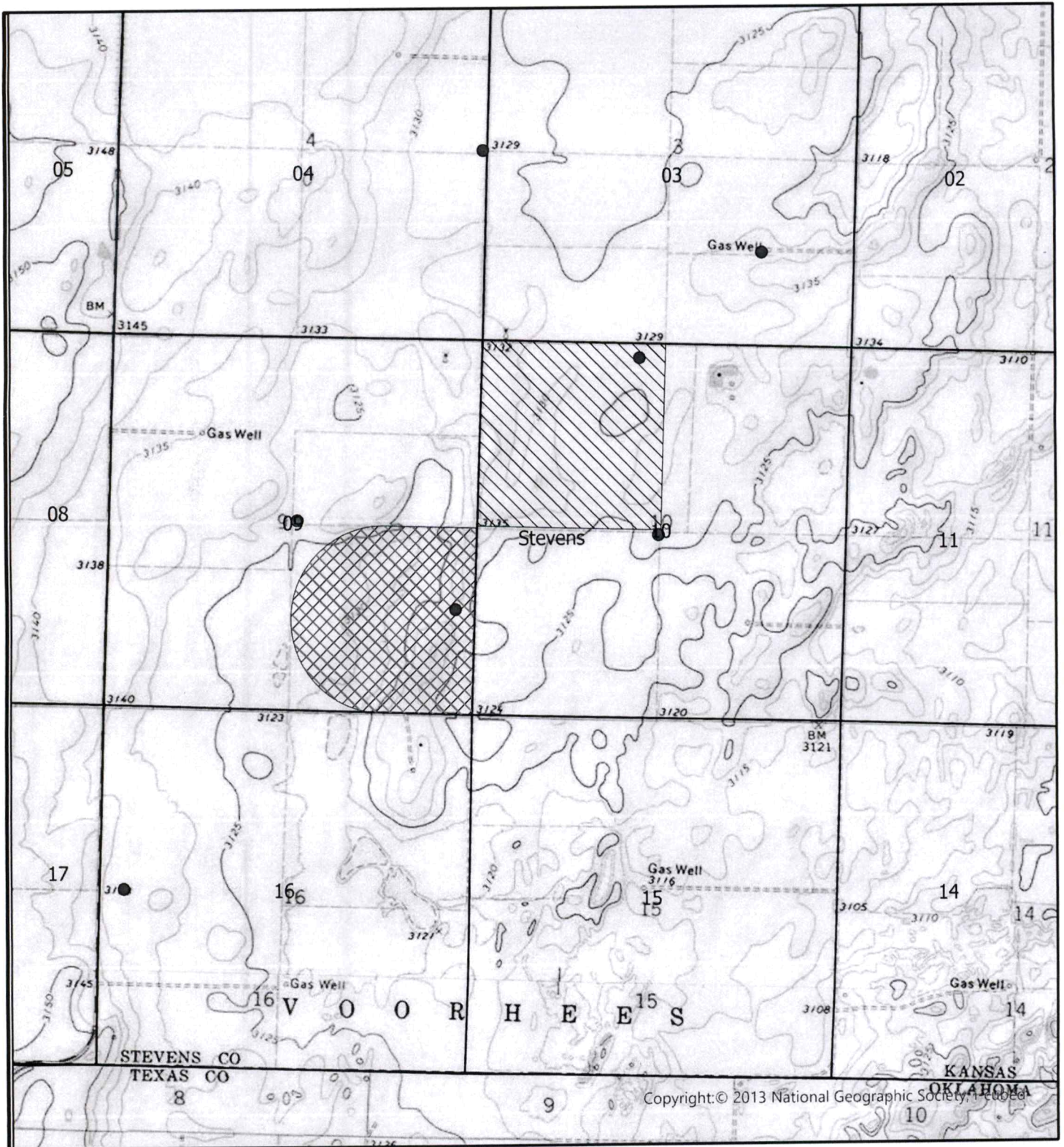
ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. To be complete, all of the applicable portions of the application form must be completed with accurate information; maps, if necessary, must be included; signatures of all the appropriate owners' must be affixed to the application and notarized; and the appropriate 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

WR #44914
Change in Place of Use



Authorized Place of Use

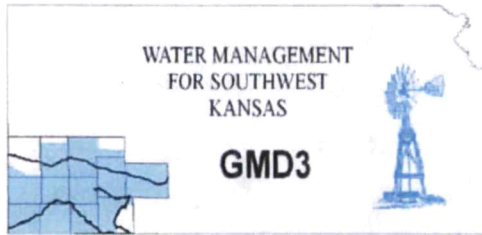


Proposed Place of Use



Existing Well





Southwest Kansas
Groundwater Management District No. 3
2009 E. Spruce Street
Garden City, Kansas 67846
(620) 275-7147 phone
www.gmd3.org

January 7, 2025

Michael A. Meyer
Division of Water Resources
4532 W Jones Ave., Suite B
Garden City, Kansas 67846

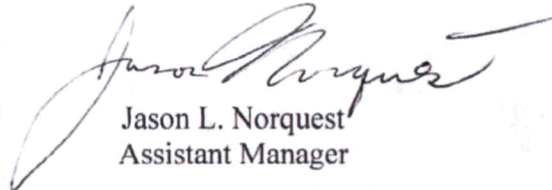
RE: Applications for Change in Place of Use
Water Right, File Nos. 44914, 45495 & 45763

Dear Mike:

We have completed a review of the applications for the above referenced water rights. The proposals are not in conflict with the Management Program of the Southwest Kansas Groundwater Management District No. 3 (GMD3). The proposed change in place of use will make a complete overlap in authorized place of use in accordance with K.A.R. 5-5-11(b). At the same time, it will correct an incomplete overlap of several of the water rights. It is therefore recommended that the applications be approved at this time.

Thank you for the opportunity to review the applications and to provide a recommendation. If you have any questions, please don't hesitate to contact us.

Sincerely,



Jason L. Norquest
Assistant Manager

RECEIVED

JAN 07 2025

Garden City Field Office
Division of Water Resources

GMD3 Change Review

File No(s): 44914, 45495, 45763.

DWR office: GC.

App filed to change: PU.

Is Landowner(s) correct in WRIS: Michael Willis.

If NO, is documentation included?

Is Water Use Correspondent correct in WRIS? ___.

If NO, is documentation included?

Regulation(s) Reviewed: KAR 5-5-11

Point of diversion ID No(s) ___ being changed.

	ft. North	ft. West	
Authorized PD			
Proposed PD			
Difference	0	0	
$a^2 + b^2 = c^2$	0	0	0

GPS for proposed PD: Lat: ___ Long: ___.

Is proposed PD stacking on existing WRs? No Change.

Is Proposed PU overlapping existing WRs? Making a complete overlap in current acres.

Neighboring certified well(s) notified: ___.

Name ___.

Address ___.

Zip ___.

Email: ___. Phone: ___.

Domestic well(s) notified: ___.

Name ___.

Address ___.

Zip ___.

Base Acres: ___.

Perfected Acres: ___.

Irr. Return-Flow ___%

Stevens County

44914: 288AF @ 1000gpm

144acres SE of 935-37

45495: 187AF @ 1000gpm, Limited to 1705gpm w/44914, overlapping PD w/44914

160acres NW of 10-35-37

45763: 320AF @ 1000gpm, 320AF/year w/45495

Same acres as 45495

Proposed making a complete overlap in current acres, no new acres proposed.

Is a waiver needed: Current acres making complete overlap.

Recommendation: After review of available information, it appears current area rules are met. Staff therefore recommends approval of the applications.



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

January 3, 2025

SOUTHWEST KANSAS GROUNDWATER
MANAGEMENT DISTRICT NO. 3
2009 E SPRUCE ST
GARDEN CITY KS 67846

Re: Request for Recommendation
Water Right, File Nos. 44914, 45495, 45763

Dear Mr. Norquest:

This is to advise you that Michael Willis has filed applications for approval of the Chief Engineer, Division of Water Resources, Kansas Department of Agriculture, to change the place of use.

We are delaying action on the change applications to allow you time to review and provide a recommendation. Please submit a recommendation within 15 days from the date of this letter.

Thank you and as always feel free to contact this office at any time.

Sincerely,

A handwritten signature in blue ink, appearing to read "Michael A. Meyer".

Michael A. Meyer
Water Commissioner

MAM
Enclosures