

**ATTACHMENT B
CONSOLIDATED WELL UNIT FORM**

By signing this Consolidated Well Unit Form, I understand that all of the wells included in this Consolidated Well Unit must be physically tied together prior to the starting date of this LEMA (January 1, 2015) and that in order to be approved, water right changes may be required by the Kansas Department of Agriculture, Division of Water Resources.

Owner Name: _____
 Owner Address: _____
 City: _____ State _____ Zip _____ Phone _____

Water Right File No(s) in this Unit (Use Additional Sheets if Needed)	Well ID	Section	Township	Range	Annual Authorized Quantity	LEMA Allocated Quantity
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
Totals					=====	=====

Please check one:

_____ I am entering this Consolidated Well Unit into a 6 year LEMA Term Permit. The total LEMA Term Permit Allocated Quantity for the 6 year LEMA will be _____ acre feet. I understand that during the 6 year LEMA I must **not exceed** my 6 year LEMA Allocated Quantity.

_____ I will **NOT** be entering this Consolidated Well Unit into a LEMA Term Permit. The LEMA Allocated Quantity will be _____ acre feet during this 6 year LEMA. I understand that I must **not exceed** my Annual Authorized Quantity for **each** water right in this Consolidated Well Unit and that during the 6 year LEMA I must not exceed my LEMA Allocated Quantity.

A map is attached showing the locations of the pipeline for this Consolidated Well Unit.

ALL WATER RIGHT OWNERS AND THEIR SPOUSE MUST SIGN BEFORE A NOTARY IF THEIR WATER RIGHT AND / OR LAND IS INCLUDED IN THIS CONSOLIDATED WELL UNIT AS WELL AS FARM MANAGERS & TENANTS

I, _____ and _____, understand and agree with the terms of this Consolidated Well Unit.
 (Owner Name) (Spouse Name)

 Owner Signature Spouse Signature

State of Kansas)
) SS
 County of _____)

I hereby certify that the foregoing application was signed in my presence and sworn to before me this _____ day of _____, 20 _____.

 Notary Public

My Commission Expires _____

**CONSOLIDATED WELL UNIT
ADDITIONAL OWNER CERTIFICATION**

I, _____ and _____, understand and agree with the terms of this Consolidated Well Unit.
(Owner Name) (Spouse Name)

Owner Signature

Spouse Signature

State of Kansas)
) SS
County of _____)

I hereby certify that the foregoing application was signed in my presence and sworn to before me this _____ day of _____, 20 _____.

Notary Public

My Commission Expires _____

I, _____ and _____, understand and agree with the terms of this Consolidated Well Unit.
(Owner Name) (Spouse Name)

Owner Signature

Spouse Signature

State of Kansas)
) SS
County of _____)

I hereby certify that the foregoing application was signed in my presence and sworn to before me this _____ day of _____, 20 _____.

Notary Public

My Commission Expires _____

**CONSOLIDATED WELL UNIT
ADDITIONAL OWNER CERTIFICATION**

I, _____, understand and agree with the terms of this Consolidated Well Unit.
(Owner Name)

Owner Signature

State of Kansas)
) SS
County of _____)

I hereby certify that the foregoing application was signed in my presence and sworn to before me this _____ day of _____, 20 _____.

Notary Public

My Commission Expires _____

I, _____, understand and agree with the terms of this Consolidated Well Unit.
(Owner Name)

Owner Signature

State of Kansas)
) SS
County of _____)

I hereby certify that the foregoing application was signed in my presence and sworn to before me this _____ day of _____, 20 _____.

Notary Public

My Commission Expires _____

**CONSOLIDATED WELL UNIT
FARM MANAGER /TENANT CERTIFICATION**

I, _____, understand and agree with the terms of this Consolidated Well Unit.
(Farm Manager /Tenant)

Farm Manager / Tenant Signature

State of Kansas)
) SS
County of _____)

I hereby certify that the foregoing application was signed in my presence and sworn to before me this _____ day of _____, 20 _____.

Notary Public

My Commission Expires _____

I, _____, understand and agree with the terms of this Consolidated Well Unit.
(Farm Manager/Tenant)

Farm Manager / Tenant Signature

State of Kansas)
) SS
County of _____)

I hereby certify that the foregoing application was signed in my presence and sworn to before me this _____ day of _____, 20 _____.

Notary Public

My Commission Expires _____