

File No.



NEW MEXICO OFFICE OF THE STATE ENGINEER



DECLARATION OF OWNERSHIP OF WATER RIGHTS FOR (check one):

Surface Water (Perfected Prior to March 19, 1907)

Groundwater

1. DECLARANT(S)

Name:	Name:
Contact or Agent: <input type="checkbox"/> check here if Agent	Contact or Agent: <input type="checkbox"/> check here if Agent
Mailing Address:	Mailing Address:
City:	City:
State: Zip Code:	State: Zip Code:
Phone: <input type="checkbox"/> Home <input type="checkbox"/> Cell Phone (Work):	Phone: <input type="checkbox"/> Home <input type="checkbox"/> Cell Phone (Work):
E-mail (optional):	E-mail (optional):

2. PURPOSE OF USE & AMOUNT OF WATER

<input type="checkbox"/> Domestic <input type="checkbox"/> Livestock <input type="checkbox"/> Irrigation <input type="checkbox"/> Municipal <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Other Use (specify): _____ Describe a specific use If applicable (i.e. sand & gravel washing, dairy etc): _____	Amount of Water (acre-feet per annum): If more details are needed, type "See Comments" in "Other" field below, and explain in Additional Statements Section. Diversion: _____ Consumptive Use: _____ Other (include units): _____
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3. BENEFICIAL USE

Water was first applied to beneficial use on: _____ (enter date), and since that time has been used fully and continuously for all of the above described purposes except as follows:

4. COUNTY WHERE WATER RIGHT IS USED

FOR OSE INTERNAL USE

Declaration, Form wr-03, Revised 8/25/11

File Number:

Trn Number:

Trans Description (optional):

Sub-Basin:

5. POINT(S) OF DIVERSION (POD)

Surface POD OR Ground Water POD (Well)

POD Location Required: Coordinate location must be reported in NM State Plane (NAD 83), UTM (NAD 83), or Latitude/Longitude (Lat/Long - WGS84)

NM State Plane (NAD83) (Feet) UTM (NAD83) (Meters) Lat/Long (WGS84) (to the nearest 1/10th of second)
 NM West Zone Zone 12N
 NM East Zone Zone 13N
 NM Central Zone

POD Number (if known):	X or Easting or Latitude:	Y or Northing or Longitude:	Optional: Complete below with PLSS (Public Land Survey System, i.e. Quarters, Section, Township, Range); Hydrographic Survey Map & Tract; Lot, Block & Subdivision; OR Land Grant Name if known.

NOTE: If more PODS need to be described, complete form WR-08 (Attachment 1 – POD Descriptions)
 Additional POD descriptions are attached: Yes No If yes, how many _____

Other description relating point(s) of diversion to common landmarks, streets, or other:

Point of Diversion is on Land Owned by:

Note: The following information is for wells only. If more than one (1) well needs to be described, provide attachment.

Date drilled:	Driller:
Depth (feet):	Outside diameter of casing (inches):
Original capacity (gallons per minute):	Present capacity (gallons per minute):
Pumping lift (feet):	Static water level (feet): <input type="checkbox"/> above/ <input type="checkbox"/> below land surface
Make of pump:	Type of pump:
Power plant make, type, horsepower, etc.:	
Fractional or percentage interest claimed in well:	

Note: The following information is for surface PODS only.

Name of ditch, acequia, or spring:	
Stream or water course:	Tributary of:
Constructed works consist of (e.g., enumerate diversion dams, main canals, head gates, pipelines, flumes, reservoirs, laterals, etc.):	

If application proposes a new point of diversion involving a diversion dam, storage dam, main canal, and/or pipeline, complete Attachment 2. Check here if Attachment 2 is included in this application packet.

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6. PLACE(S) OF USE (list each individually)

a. _____ Acres of Irrigated Land Described as Follows (if applicable):					
b. Legally Described By: <input type="checkbox"/> Public Land Survey System (PLSS) <input type="checkbox"/> Hydrographic Survey Report or Map <input type="checkbox"/> Irrigation or Conservation District Map <input type="checkbox"/> Subdivision	c. PLSS Section <u>and/or</u> Map No. <u>and/or</u> Lot No.	d. PLSS Township <u>and/or</u> Tract No. (Please list each tract individually) <u>and/or</u> Block No.	e. PLSS Range	f. Acres	g. Priority
PLSS Quarters or Halves, <u>and/or</u> Name of Hydrographic Survey or District, <u>and/or</u> Name and County of Subdivision					
h. Other description relating place of use to common landmarks, streets, or other:					
i. Place of use is on land owned by:					
j. Are there other sources of water for these lands? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, describe by OSE file number:					

Note: If on Federal or State Land, please provide copy of lease

7. ADDITIONAL STATEMENTS OR EXPLANATIONS

Note: A declaration may be accompanied by a map prepared pursuant to 19.26.2.26 NMAC and may be accompanied by deeds, survey plats, affidavits and other evidence tending to substantiate the claim.

FOR OSE INTERNAL USE

Declaration, Form wr-03

File Number:	Trn Number:
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