



NEW MEXICO OFFICE OF THE STATE ENGINEER

APPLICATION FOR PERMIT TO REPAIR AND/OR DEEPEN WELL (Non 72-12-1)



For fees, see State Engineer website: <http://www.ose.state.nm.us/>

1. APPLICANT(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. CURRENT OSE FILE INFORMATION

OSE File No(s):

3. WELL INFORMATION

Well Location Required: Coordinate location must be reported in NM State Plane (NAD 83), UTM (NAD 83), or Lat/Long (WGS84)			
<input type="checkbox"/> NM State Plane (NAD83) (Feet)		<input type="checkbox"/> UTM (NAD83) (Meters)	
<input type="checkbox"/> NM West Zone		<input type="checkbox"/> Zone 12N	
<input type="checkbox"/> NM East Zone		<input type="checkbox"/> Zone 13N	
<input type="checkbox"/> NM Central Zone		<input type="checkbox"/> Latitude/Longitude (Lat/Long - WGS84 to the nearest 1/10 th of second)	
Well Number:	X or Easting or Latitude:	Y or Northing or Longitude:	Optional: Complete boxes labeled "Other" 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.
Well is on Land Owned by:			
Other description relating well to common landmarks, streets, or other:			
Driller Information: Driller Name:			Driller License Number:

FOR OSE INTERNAL USE

Application for Permit, Form wr-04, Rev 8/25/11

File Number:	Trn Number:
Log Due Date:	Sub-Basin:

