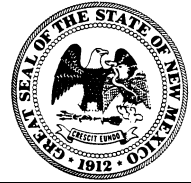


File No. _____



NEW MEXICO OFFICE OF THE STATE ENGINEER



APPLICATION FOR PERMIT TO CHANGE AN EXISTING WATER RIGHT

(Non 72-12-1) For fees, see State Engineer website: <http://www.ose.state.nm.us/>

(check applicable boxes):

Check here if regionalizing pursuant to NMSA 1978, §§ 62-20-1 through 62-20-7 (Attach Articles of Incorporation and plats)		
<input type="checkbox"/> Change Purpose of Use <input type="checkbox"/> Ground water <input type="checkbox"/> Surface Water	<input type="checkbox"/> Change Point of Diversion (POD): From: <input type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water To: <input type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water	<input type="checkbox"/> Additional Groundwater Point of Diversion (POD) <input type="checkbox"/> Additional Surface Water Point of Diversion (POD)
<input type="checkbox"/> Change Place of Use <input type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water		
<input type="checkbox"/> Temporary Change, NMSA 1978, § 72-12-7(B) Requested Start Date: (Not to Exceed 3 ac-ft in One Year)		Requested End Date:
<input type="checkbox"/> Water Use Lease, NMSA 1978, §§ 72-6-1 to-7 Requested Start Date:		Requested End Date:
<input type="checkbox"/> Temporary Change (other) Requested Start Date:		Requested End Date:
<input type="checkbox"/> Accounting Period Start Date:		

1. APPLICANT(S) (Required) Note: water-right owner must be listed as an applicant.

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 (Required)

OSE File No(s):	Priority Date (if known):	Subfile/Cause No. (if applicable):
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3. CURRENT PURPOSE OF USE AND AMOUNT OF WATER (Required)

<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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FOR OSE INTERNAL USE

Application for Permit, Form wr-06, Rev 01/27/25

File No.:	Trn. No.:	Receipt No.:
Trans Description (optional):		Sub-Basin:
Well Tag ID No. (if applicable):	PCW/LOG Due Date:	PBU Due Date:

4. COUNTY WHERE WATER RIGHT IS CURRENTLY USED (Required)

COUNTY WHERE WATER RIGHT WILL BE MOVED (IF APPLICABLE)

5. ADDITIONAL STATEMENTS CONCERNING THE CURRENT WATER RIGHT

6. CURRENT or MOVE-FROM POINT(S) OF DIVERSION (POD) (Required)

"Present producing Aquifer":

Surface POD OR **Ground Water POD (Well)** **Roswell Artesian Basin (check all that apply): Artesian Shallow "PPA"

Name of ditch, acequia, or spring:

Stream or water course: Tributary of:

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.

POD Location Required: Coordinate location must be reported in NM State Plane (NAD 83), UTM (NAD 83), or Latitude/Longitude (Lat/Long - WGS84). District II (Roswell) & District VII (Cimarron) customers, provide a PLSS location in addition to above.

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 Longitude:	Y or Northing or Latitude:	Provide if known: -Public Land Survey System (PLSS) (Quarters or Halves , Section, Township, Range) OR - Hydrographic Survey Map & Tract; OR - Lot, Block & Subdivision; OR - Land Grant Name

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

Point of Diversion is on Land Owned by:

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

FOR OSE INTERNAL USE

Application for Permit, Form wr-06, Rev 01/27/25

File Number:	Trn Number:
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11. ACEQUIA OR COMMUNITY DITCH REQUIREMENTS

A. The water right is not within a Community Ditch or Acequia

B. The water right is within a Community Ditch or Acequia. **If you checked box B you must:**

- 1) Attach documentary evidence provided by commissioners of the Community Ditch or Acequia confirming applicant's compliance with any applicable requirement for the change adopted by the Community Ditch or Acequia **or**
- 2) Attach an affidavit from the commissioners of the Community Ditch or Acequia stating that no such requirement has been adopted by the relevant association bylaws.

This documentation is required pursuant to NMSA 1978 § 72-5-24.1.

12. ADDITIONAL STATEMENTS OR EXPLANATIONS

FOR OSE INTERNAL USE

Application for Permit, Form wr-06, Rev 01/27/25

File Number:

Trn Number:

