

**NEW MEXICO OFFICE OF THE STATE ENGINEER
APPLICATION FOR PERMIT TO DRILL SUPPLEMENTAL WELL
TO SUPPLEMENT GROUND OR SURFACE WATERS**

1. WATER RIGHT OWNER

Name: _____ Work Phone: _____
Contact: _____ Home Phone: _____
Address: _____
City: _____ State: __ Zip: _____

2. QUANTITY

Consumptive Use: _____ acre-feet per annum
Diversion Amount: _____ acre-feet per annum

3. PURPOSE OF USE

Domestic: __ Livestock: __ Irrigation: __ Municipal: __ Industrial: __
Commercial: __ Other (specify): _____
Specific use: _____

4. PLACE OF USE

_____ acres of land described as follows:

Subdivision of Section (District or Hydrographic Survey)	Section (Map No.)	Township (Tract No.)	Range	Acres
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Who is the owner of the land? _____

If there are other sources of water for these lands, describe by file number:

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**5. LOCATION OF EXISTING POINT OF DIVERSION (A, B, C, or D required, E or F if known)
(IF Surface Water Source, J also Required)**

- A. ____1/4 ____1/4 ____1/4 Section:____ Township:____ Range:____ N.M.P.M.
in _____ County.
- B. X = _____ feet, Y = _____ feet, N.M. Coordinate System
_____ Zone in the _____ Grant.
U.S.G.S. Quad Map _____
- C. Latitude: _____d _____m _____s Longitude: _____d _____m _____s
- D. East _____ (m), North _____ (m), UTM Zone 13, NAD ____ (27 or 83)
- E. Tract No. _____, Map No. _____ of the _____ Hydrographic Survey
- F. Lot No. _____, Block No. _____ of Unit/Tract _____ of the
_____ Subdivision recorded in _____ County.
- G. Other: _____
- H. Give State Engineer File Number if existing diversion: _____
- I. On land owned by (required): _____
- J. Source of surface water supply:
a. Name of ditch, acequia, or spring: _____
b. Stream or water course: _____
c. Tributary of: _____

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6. LOCATION OF SUPPLEMENTAL WELL

A. LOCATION OF WELL (a, b, c, or d required, e or f if known)

- a. ____ 1/4 ____ 1/4 ____ 1/4 Section: ____ Township: ____ Range: ____ N.M.P.M.
in _____ County.
- b. X = _____ feet, Y = _____ feet, N.M. Coordinate System
_____ Zone in the _____ Grant.
U.S.G.S. Quad Map _____
- c. Latitude: ____ d ____ m ____ s Longitude: ____ d ____ m ____ s
- d. East _____ (m), North _____ (m), UTM Zone 13, NAD ____ (27 or 83)
- e. Tract No. _____, Map No. _____ of the _____ Hydrographic Survey
- f. Lot No. _____, Block No. _____ of Unit/Tract _____ of the
_____ Subdivision recorded in _____ County.
- g. Other: _____
- h. Give State Engineer File Number if existing well _____
- i. On land owned by (required): _____
- j. If new well, give approximate depth(if known) ____ feet; Outside
diameter of casing ____ inches. Name of driller and license number
(if known) _____.

7. REASON FOR CHANGE

Application is made to supplement for the following reasons:

8. ADDITIONAL STATEMENTS OR EXPLANATIONS:

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