| Fi   | l e         | Number: | G-732 |
|------|-------------|---------|-------|
| Ι Т. | $T \subset$ | numer.  | G 132 |

## NEW MEXICO OFFICE OF THE STATE ENGINEER DECLARATION OF OWNER OF UNDERGROUND WATER RIGHT **AMENDED**

| 1                      | 1. DECLARANT                                                       |                                         |  |
|------------------------|--------------------------------------------------------------------|-----------------------------------------|--|
|                        | Name: Yates Petroleum Corporation*                                 | Work Phone: <u>(505)982-3566</u>        |  |
|                        | Contact: Peter B. Shoenfeld                                        |                                         |  |
|                        | Address: 100 LaSalle Circle Suite A                                | <del></del>                             |  |
|                        | P.O. Box 2421                                                      |                                         |  |
|                        | City: <u>Santa Fe</u>                                              | State: <u>NM</u> Zip: <u>87504-2421</u> |  |
| 2                      | 2. LOCATION OF WELL (A, B, C, or D required, E or F if know)       | 04 J                                    |  |
|                        | A. <u>SE</u> 1/4 <u>SE</u> 1/4 <u>SW</u> 1/4 Section: <u>2</u> Tow | wnship:7 N., Range:19W., N.M.P.M.       |  |
|                        | in <u>Cibola</u>                                                   | County.                                 |  |
| _                      | B. X = feet, Y =<br>Zone in the                                    | feet, N.M. Coordinate System Grant.     |  |
| 4                      | U.S.G.S. Quad Map                                                  | - G                                     |  |
| DER NEW!               | C. Latitude:dms Lor                                                |                                         |  |
|                        | D. East (m), North (m), U                                          | JTM Zone 13, NAD (27 or 83)             |  |
| ENIC                   | E. Tract No, Map No of the _                                       | Hydrographic Survey                     |  |
| CO LAW. A D            | F. Lot No, Block No of U                                           | d in County.                            |  |
|                        | G. Other:                                                          | OG DE                                   |  |
| CLA                    | H. On land owned by (required): Declarant                          |                                         |  |
| 3. DESCRIPTION OF WELL |                                                                    |                                         |  |
| SIN                    | Date drilled: <u>Before 1954</u> Driller: <u>D</u>                 | Jnknown 55 OFF                          |  |
| ONLY<br>V              | Depth: 412 feet. Outside diameter of ca                            | asing 5½" inches;                       |  |
| >                      | Original capacity unk gal. per min.; Pres                          | sent capacity 3.5 gal. per min.;        |  |
|                        | Pumping lift: feet; Static water lev                               | vel: unk feet(above)(below) land        |  |
|                        | surface; Make of pump:                                             | ; Type of pump: windmill                |  |
|                        | Make, type, horsepower, etc., of power pl                          | lant: AerMotor                          |  |
|                        | Fractional or percentage interest claimed                          | d in well: 100%                         |  |
| 1                      | File Number: <u>G-732</u> Form: wr-03 page 1 of 3                  | Trn Number: <u>797510</u>               |  |

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| NOT CONSTITUTE APPROVAL OR REJECTION OF CLAIM. | LARANT'S CLAIM AND FILING DOES | UNDER NEW MEXICO LAW, A DECLARATION IS OVEY A |
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| File | Number: | G-732 |  |
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| File | Number: | G-732 |  |

## NEW MEXICO OFFICE OF THE STATE ENGINEER DECLARATION OF OWNER OF UNDERGROUND WATER RIGHT

| 4. QUANTITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                           |                                                                                                                                            |                                                                                                                    |                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| Consumptive Use: 3.314 ac Diversion Amount: a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | re-feet per an<br>cre-feet per a                                                                                                                          | nnum<br>annum                                                                                                                              |                                                                                                                    |                                                                            |
| 5. PURPOSE OF USE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                           |                                                                                                                                            |                                                                                                                    |                                                                            |
| Domestic: Livestock: X Ir Commercial: Other (specify Specific use:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ·):                                                                                                                                                       | Municipal: _                                                                                                                               | Industri                                                                                                           | 2 =                                                                        |
| 6. PLACE OF USE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                           |                                                                                                                                            |                                                                                                                    | A TO                                                                       |
| N/A acres of land descr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ibed as follow                                                                                                                                            | vs: stock tan                                                                                                                              | k and overf                                                                                                        |                                                                            |
| Subdivision of Section<br>(District or<br>Hydrographic Survey)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (Map No.)                                                                                                                                                 | Township (Tract No.)                                                                                                                       |                                                                                                                    |                                                                            |
| SE4SE4SW4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 2                                                                                                                                                         | _7N                                                                                                                                        | <u>19W</u>                                                                                                         | a <del></del>                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                           |                                                                                                                                            |                                                                                                                    |                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                           | -                                                                                                                                          |                                                                                                                    | -                                                                          |
| Who is the owner of the land?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Declarants                                                                                                                                                |                                                                                                                                            |                                                                                                                    |                                                                            |
| 7. WATER WAS FIRST APPLIED TO BEN and since that time has been us described purposes except as fo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ed fully and o                                                                                                                                            | : <u>Before 1954</u><br>continuously                                                                                                       | for all of                                                                                                         | the above                                                                  |
| -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                           |                                                                                                                                            |                                                                                                                    |                                                                            |
| **Paragraph 1: Additional owners Will and Testament of Peggy A. Y amended declaration are and at a right. The original declaration McCaw, who was never the owner o Yates Petroleum Corporation. the error of ownership reflected is filed for the purpose of show priority date, all of which were which was filed by Mr. McCaw with known as the "Chalk Well". *¶ 4 tank, three acre feet consumed for the purpose of the consumed for the consumed for the purpose of the consumed for the consumed for the purpose of the consumed for the consumer for the consume | are John A. Ya ates, Deceased ll times were erroneously f the water n This amended in the origin ing corrected erroneously s hout an adequa : 0.314 a/f/a | the true owners the true owners showed owners cight, but was declaration al declaratio amount of was shown in the ate basis in evaporation | reflected ers of the ship in Jac s an employ is filed to on. In add ter, and co original de fact. This from the ov | in this water k W. ee of correct ition it rrected claration well is erflow |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                           |                                                                                                                                            |                                                                                                                    |                                                                            |

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## NEW MEXICO OFFICE OF THE STATE ENGINEER DECLARATION OF OWNER OF UNDERGROUND WATER RIGHT

| ACKNOWLEDGEMENT FOR NATURAL PERSONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |  |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--|--|--|--|--|
| PETER B. SHOENFELD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |  |  |  |  |  |
| (I, We) ATTORNEY AT LAW FOR DECLARANTS 11 affirm that the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |     |  |  |  |  |  |
| (Please Print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     |  |  |  |  |  |
| foregoing statements are true to the best of my howledge and belief.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     |  |  |  |  |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |  |  |  |  |  |
| Declarant Signature Declarant Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |  |  |  |  |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |  |  |  |  |  |
| NOTARY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |  |  |  |  |  |
| This instrument was acknowledged before me this 3/ day of DEC,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ,   |  |  |  |  |  |
| PETER B. SHOENFELD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |  |  |  |  |  |
| A.D., Zezz, By ATTORNEY AT LAW.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |  |  |  |  |  |
| Name of Applicant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |  |  |  |  |  |
| and the state of t |     |  |  |  |  |  |
| My commission expires 8/16/04 Walle E. Wife                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 7>  |  |  |  |  |  |
| Notary Public                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 9   |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 5   |  |  |  |  |  |
| OFFICIAL SEAL &                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |  |  |  |  |  |
| \ (i) 医語がはで                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |  |  |  |  |  |
| NOTABY PUBLIC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |  |  |  |  |  |
| NOTARY PUBLIC STATE OF VEW MEXICO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | = ; |  |  |  |  |  |
| My Commission Expires: 8/6/04                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Fi. |  |  |  |  |  |
| $\omega$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 5ì  |  |  |  |  |  |
| ACCEPTANCE OF STATE ENGINEER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |  |  |  |  |  |
| This Declaration form is hereby accepted for filing in accordance with NMSA-1978 (1985), as amended.  The acceptance by the State Engineer Office does not constitute                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |  |  |  |  |  |
| validation of the right claimed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |  |  |  |  |  |
| <b>,</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |  |  |  |  |  |

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