

Run Date: 02/03/2017

# AZ DEPARTMENT OF WATER RESOURCES

## WELL REGISTRY REPORT - WELLS55

Location D 21.0 25.0 12 B B B Well Reg.No 55 - 619091 AMA DOUGLAS INA

**Registered Name** LUZ DIVINA ANDRAUX,  
AS TRUSTEE OF THE SHALOM TRUST  
1440 WEST AJO WAY  
TUCSON AZ 85713

**File Type** REGISTERED WELL  
**Application/Issue Date** 06/10/1982

**Owner** OWNER  
**Driller No.** 0  
**Driller Name**  
**Driller Phone**  
**County** COCHISE  
**Parcel No.** 111-45-003G  
**Intended Capacity GPM** 0.00

**Well Type** NON-EXEMPT  
**SubBasin** DOUGLAS  
**Watershed** WHITE WATER DRAW  
**Registered Water Uses** IRRIGATION  
**Registered Well Uses** WATER PRODUCTION  
**Discharge Method** NONE  
**Power** NO POWER CODE LISTED

**Well Depth** 638.00  
**Pump Cap.** 1,751.00  
**Draw Down** 0.00

**Case Diam** 16.00  
**Case Depth** 638.00  
**Water Level** 84.00  
**Acres Irrig** 160.00

**Tested Cap** 1,751.00  
**CRT**  
**Log**  
**Finish** STEEL - PERFORATED OR SLOTTED CASING

**Contamination Site:** NO - NOT IN ANY REMEDIAL ACTION SITE

**Tribe:** Not in a tribal zone

**Comments**

### Places Of Use

D 21 0 25 0 12 B

### Current Action

2/3/2017 856 CHANGE OF BOOK/MAP/PARCEL DATA  
Action Comment: af

### Action History

2/3/2017 856 CHANGE OF BOOK/MAP/PARCEL DATA  
Action Comment: OLD BOOK/MAP/PARCEL: 111 45 018B by user WRAMF  
3/24/2016 860 CHANGE OF WELL OWNERSHIP  
Action Comment: sym  
11/3/2015 880 CHANGE IN REMEDIAL ACTION SITE CODE  
Action Comment: OLD WQARF code: null  
11/3/2015 860 CHANGE OF WELL OWNERSHIP  
Action Comment: JRN  
3/12/2014 860 CHANGE OF WELL OWNERSHIP  
Action Comment: Online  
4/1/1966 755 WELL CONSTRUCTION COMPLETED  
Action Comment:



Arizona Department of Water Resources  
Water Management Support Section  
P.O. Box 36020 Phoenix, Arizona 85067-6020  
(602) 771-8527 • www.azwater.gov

## Request to Change Well Information

- ❖ Review instructions prior to completing form in back or blue ink.
- ❖ You must include with your Notice:
  - check or money order for any required fee(s)
- ❖ Authority for fee: A.R.S. § 45-113 and A.A.C. R12-15-104

\*\* PLEASE PRINT CLEARLY \*\*

FILE NUMBER

D(21-25)12 BBB

WELL REGISTRATION NUMBER

55-619091

### SECTION 1. REGISTRY INFORMATION

|  |                       |  |                     |                    |  |   |                 |
|--|-----------------------|--|---------------------|--------------------|--|---|-----------------|
| <b>Well Owner</b>  |                       | <b>Location of Well</b>  |                     |                    |  |   |                 |
| FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL<br>Cowan-NI, LLC |                       | WELL LOCATION ADDRESS (IF ANY)<br>VACANT LAND, Mc Neal, AZ 85617   |                     |                    |  |   |                 |
| MAILING ADDRESS<br>P.O. BOX 190 4990 Corrales                      |                       | TOWNSHIP (N/S)<br>21 S   | RANGE (E/W)<br>25 E | SECTION<br>12      | 160 ACRE<br>NW ¼                           | 40 ACRE<br>NW ¼                         | 10 ACRE<br>NW ¼ |
| CITY / STATE / ZIP CODE<br>Corrales, NM 87048                      |                       | LATITUDE<br>Degrees Minutes Seconds<br>"N  |                     |                    | LONGITUDE<br>Degrees Minutes Seconds<br>"W |   |                 |
| CONTACT PERSON NAME AND TITLE                                      |                       | METHOD OF LATITUDE/LONGITUDE (CHECK ONE)<br><input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Conventional Survey <input type="checkbox"/> *GPS: Hand-Held <input type="checkbox"/> *GPS: Survey-Grade |                     |                    |  |   |                 |
| TELEPHONE NUMBER   | FAX<br>(505) 897-9077 | *IF GPS WAS USED, GEOGRAPHIC COORDINATE DATUM (CHECK ONE)<br><input type="checkbox"/> NAD-83 <input type="checkbox"/> Other (please specify): <i>per County Assessor</i>   |                     |                    |  |   |                 |
|  |                       | COUNTY ASSESSOR'S PARCEL ID NUMBER<br>BOOK 111 MAP 45  |                     | PARCEL<br>018-0036 |  | COUNTY WHERE WELL IS LOCATED<br>Cochise |                 |

### Type of Request (CHECK ONE)

- ☐ Change of Well Drilling Contractor (Fill out Section 2) ☒ Change of Well Ownership (Fill out Section 3) ☐ Change of Well Information (location, use, etc.) (Fill out Section 4)

### SECTION 2. REQUEST TO CHANGE WELL DRILLING CONTRACTOR

- ♦ If drilling or abandoning a well, the Department must receive this request and issue authorization to the new drilling firm prior to the commencement of well drilling or abandonment.

FEE \$120 per Well

|   |     |   |                      |
|---|-----|---|----------------------|
| <b>Current Well Drilling Contractor</b>           |     | <b>New Well Drilling Contractor</b>               |                      |
| FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL |     | FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL |                      |
| DWR LICENSE NUMBER                                |     | DWR LICENSE NUMBER                                | ROC LICENSE CATEGORY |
| TELEPHONE NUMBER                                  | FAX | TELEPHONE NUMBER                                  | FAX                  |

### SECTION 3. STATEMENT OF CHANGE OF WELL OWNERSHIP

FEE \$30 per Well

#### Previous Well Owner

FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL  
Ruth Evelyn Cowan Trustee of the Ruth Evelyn Cowan Separate Property Trust, dated March 29, 2005

MAILING ADDRESS  
P.O. BOX 1030

CITY / STATE / ZIP CODE  
Tombstone, AZ 85638

CONTACT PERSON NAME AND TITLE

TELEPHONE NUMBER

FAX  
(505) 897-9077

#### New Well Owner

FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL  
Luz Divina Andraux, as Trustee of THE SHALOM TRUST

MAILING ADDRESS  
1440 West Ajo Way

CITY / STATE / ZIP CODE  
Tucson, AZ 85713

CONTACT PERSON NAME AND TITLE

TELEPHONE NUMBER

FAX  
(520) 807-9656

### SECTION 4. CHANGE OF WELL INFORMATION (No Fee Required)

NOTE: Applies only to wells that have already been drilled. For proposed wells, an amended Notice of Intent to Drill a Well must be filed.

EXPLAIN

JAN 10 2017

### SECTION 5. OPTIONAL BY PROPERTY OWNER AND WELL OWNER ONLY

- ☐ By checking this box, I hereby provide ADWR permission to enter the property for the purpose of taking water level measurements at this well. (See instructions.)

ADWR

### SECTION 6. WELL OWNER SIGNATURE

I HEREBY CERTIFY that the above statements are true to the best of my knowledge and belief.

TYPE OR PRINT NAME AND TITLE  
Luz Divina Andraux, as Trustee

SIGNATURE OF WELL OWNER

DATE  
2/26/16



2016-03356  
Page 1 of 5  
Requested By: Pioneer Title Agency  
Christine Rhodes - Recorder  
Cochise County, AZ  
03-01-2016 02:25 PM Recording Fee \$15.00

at the request of Pioneer Title Agency, Inc.  
When recorded mail to  
Luz Divina Andraux  
1440 West Ajo Way  
Tucson, AZ 85713

70900210-KLB

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Tax Parcel No.: 111-45-003G-5; 111-45-003E-7; 111-45-018C, a portion of

### WARRANTY DEED

For the consideration of Ten Dollars, and other valuable consideration, I or we,  
Cowan-NI, LLC, a New Mexico Limited Liability Company, an undivided 50% interest (for the benefit of  
Florence Cowan Holly) and Cowan-NI, LLC, a New Mexico Limited Liability Company, an undivided 50%  
interest (for the benefit of Marguerite Cowan); COWAN-NI, LLC, a New Mexico Limited Liability  
Company

do/does hereby convey to

Luz Divina Andraux, as Trustee of The Shalom Trust, dated April 3, 2014

the following real property situated in Cochise County, Arizona:

See Exhibit A attached hereto and made a part hereof.

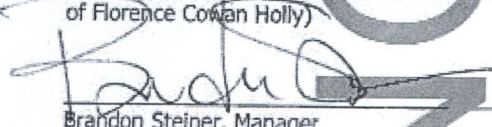
Pursuant to ARS 33-404, the names and addresses of the beneficiaries of THE SHALOM TRUST are as  
disclosed in Exhibit B attached hereto and made a part hereof.

SUBJECT TO: Current taxes and other assessments, reservations in patents and all easements, rights of  
way, encumbrances, liens, covenants, conditions, restrictions, obligations and liabilities as may appear  
of record.

The Grantor warrants the title against all persons whomsoever.

DATED: February 19, 2016

COWAN-NI, LLC, a New Mexico Limited Liability Company, an undivided 50% interest (for the benefit  
of Florence Cowan Holly)

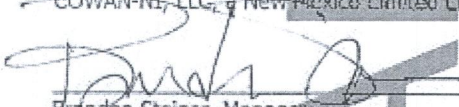
  
Brandon Steiner, Manager

COWAN-NI, LLC, a New Mexico Limited Liability Company, an undivided 50% interest (for the benefit  
of Marguerite Cowan)

  
Brandon Steiner, Manager

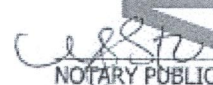
2016-03356 03-01-2016 Page 2 of 5

COWAN-NI, LLC, a New Mexico Limited Liability Company

  
Brandon Steiner, Manager

State of New Mexico }  
                                  } ss.  
County of Bernalillo }

The foregoing instrument was acknowledged before me this 17<sup>th</sup> day of February, 2016, by Brandon Steiner, Manager of COWAN-NI, LLC, a New Mexico Limited Liability Company, and as Manager of COWAN-NI, LLC, a New Mexico Limited Liability Company, an undivided 50% interest (for the benefit of Florence Cowan Holly), and as Manager of COWAN-NI, LLC, a New Mexico Limited Liability Company, an undivided 50% interest (for the benefit of Marguerite Cowan).

  
NOTARY PUBLIC

My commission expires:



Notarial Seal  
Y.S. LOVATO  
NOTARY PUBLIC STATE OF NEW MEXICO  
My commission expires: 3/8/2016



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## Exhibit A

## PARCEL I:

The East half of the West half; and  
The East half of Section 10;  
All of Section 11;  
Government Lots 2, 3 and 4;  
The West half of the East half; and  
The West half of Section 12;  
All in Township 21 South, Range 25 East of the Gila and Salt River Base and Meridian, Cochise County, Arizona;

EXCEPT all coal and other minerals as reserved in Patent from United States of America, as to that portion lying within Sections 10 and 11.

## PARCEL II:

The West half of the West half of Section 10, Township 21 South, Range 25 East of the Gila and Salt River Base and Meridian, Cochise County, Arizona;

EXCEPT all coal and other minerals as reserved in Patent from United States of America.

## PARCEL III:

Lots 1, 2, 3 and 4; and  
The West half of the East half; and  
The East half of the West half of Section 13, Township 21 South, Range 25 East of the Gila and Salt River Base and Meridian, Cochise County, Arizona;

EXCEPT any portion lying within the following described Parcel:

BEGINNING at the Southeast corner of Section 13, said point being monumented with an aluminum cap;  
thence South 89°35'07" West coincident with the South line of Section 13, a distance of 1,790.00 feet;  
thence North 00°06'12" East, a distance of 2,435.00 feet;  
thence North 89°35'07" East, a distance of 1,790.00 feet to a point on the East line of Section 13;  
thence South 00°06'12" West coincident with the East line of Section 13, a distance of 2,435.00 feet to the Southeast corner of Section 13 and the POINT OF BEGINNING.

## PARCEL IV:

An easement for ingress, egress and utilities as created in Document No. 2015-17279 over the following described property:

Warranty Deed - Escrow No. 70900210

2016-03356 03-01-2016 Page 4 of 5

A portion of Section 13, Township 21 South, Range 25 East of the Gila and Salt River Base and Meridian, Cochise County, Arizona, more particularly described as follows:

BEGINNING at the Southeast corner of Section 13, said point being monumented with an aluminum cap;

thence South  $89^{\circ}35'07''$  West coincident with the South line of Section 13, a distance of 1,790.00 feet;

thence North  $00^{\circ}06'12''$  East, a distance of 2,435.00 feet;

thence North  $89^{\circ}35'07''$  East, a distance of 1,790.00 feet to a point on the East line of Section 13;

thence South  $00^{\circ}06'12''$  West coincident with the East line of Section 13, a distance of 2,435.00 feet to the Southeast corner of Section 13 and the POINT OF BEGINNING.

PARCEL V:

An easement for ingress, egress and utilities over the West 60.00 feet of Section 15, Township 21 South, Range 25 East of the Gila and Salt River Base and Meridian, Cochise County, Arizona.

UNOFFICIAL DOCUMENT

Warranty Deed - Escrow No. 70900210



**AFFIDAVIT OF PROPERTY VALUE****1 ASSESSOR'S PARCEL IDENTIFICATION NUMBER(S)**

Primary Parcel: 111-45-003G-5  
 BOOK MAP PARCEL SPLIT

Does this sale include any parcels that are being split / divided?  
 Check one: Yes ☒ No ☐

How many parcels, other than the Primary Parcel, are included in this sale? 2

Please list the additional parcels below (attach list if necessary):

(1) 111-45-018C, a portion of (2) 111-45-003E-7

(3) \_\_\_\_\_ (4) \_\_\_\_\_

**2 SELLER'S NAME AND ADDRESS:**

COWAN-NI, LLC, a New Mexico Limited Liability Company  
P.O. BOX 190, 4990 Corrales  
Corrales, NM 87048

**3 (a) BUYER'S NAME AND ADDRESS:**

THE SHALOM TRUST  
1440 West Alo Way  
Tucson, AZ 85713

(b) Are the Buyer and Seller related? Yes ☐ No ☒  
 If Yes, state relationship: \_\_\_\_\_

**4 ADDRESS OF PROPERTY:**

VACANT LAND  
Mc Neal, AZ 85617

**5 (a) MAIL TAX BILL TO: (Taxes due even if no bill received)**

Luz Divina Andraux, as Trustee of THE SHALOM TRUST  
1440 West Alo Way  
Tucson, AZ 85713

(b) Next tax payment due October 1, 2016

**6 PROPERTY TYPE (for Primary Parcel):**

NOTE: Check Only One Box

- a ☒ Vacant Land f ☐ Commercial or Industrial Use  
 b ☐ Single Family Residence g ☐ Agricultural  
 c ☐ Condo or Townhouse h ☐ Mobile or Manufactured Home  
 d ☐ 2-4 Plex i ☐ Other Use, Specify: \_\_\_\_\_  
 e ☐ Apartment Building

**7 RESIDENTIAL BUYER'S USE: If you checked b, c, d, or h in Item 6 above, please check one of the following:**

- a ☐ To be used as a primary residence  
 b ☐ To be rented to someone other than a "qualified family member"  
 c ☐ To be used as a non-primary or secondary residence

See reverse side for definitions of a "primary residence, secondary residence" and "family member"

**8 If you checked a or f in Item 6 above, indicate the number of units: \_\_\_\_\_**  
 For Apartments, Motels / Hotels, Mobile Home / RV Parks, etc

THE UNDERSIGNED BEING DULY SWORN, ON OATH, SAYS THAT THE FOREGOING INFORMATION IS A TRUE AND CORRECT STATEMENT OF THE FACTS PERTAINING TO THE TRANSFER OF THE ABOVE DESCRIBED PROPERTY

Signature of Seller / Agent \_\_\_\_\_

State of New Mexico, County of \_\_\_\_\_

Subscribed and sworn to before me on this \_\_\_\_\_ day of February, 2016

Notary Public \_\_\_\_\_

Notary Expiration Date \_\_\_\_\_

**FOR RECORDER'S USE ONLY**

2016-03356RP  
 Page 1 of 4  
 Cochise  
 03-01-2016 02:25 PM  
 2016-03356

**9 TYPE OF DEED OR INSTRUMENT (Check Only One Box):**

- a ☒ Warranty Deed d ☐ Contract or Agreement  
 b ☐ Special Warranty Deed e ☐ Quit Claim Deed  
 c ☐ Joint Tenancy Deed f ☐ Other: \_\_\_\_\_

**10 SALE PRICE:** \$ 510,322.50

**11 DATE OF SALE (Numeric Digits):** 02/3/2016  
 Month / Year

**12 DOWN PAYMENT:** \$ 90,000.00

**13 METHOD OF FINANCING:**

- a ☐ Cash (100% of Sale Price) e ☐ New loan(s) from financial institution:  
 (1) ☐ Conventional  
 (2) ☐ VA  
 (3) ☐ FHA  
 f ☐ Other financing; Specify: \_\_\_\_\_  
 b ☐ Barter or trade  
 c ☐ Assumption of existing loan(s)  
 d ☒ Seller Loan (Carryback)

**14 PERSONAL PROPERTY (see reverse side for definition):**

(a) Did the Sale Price in Item 10 include Personal Property that impacted the Sale Price by 5 percent or more? Yes ☐ No ☒

(b) If Yes, provide the dollar amount of the Personal Property:

\$ 00 AND

briefly describe the Personal Property: \_\_\_\_\_

**15 PARTIAL INTEREST: If only a partial ownership interest is being sold, briefly describe the partial interest:****16 SOLAR / ENERGY EFFICIENT COMPONENTS:**

(a) Did the Sale Price in Item 10 include solar energy devices, energy efficient building components, renewable energy equipment or combined heat and power systems that impacted the Sale Price by 5 percent or more? Yes ☐ No ☒

If Yes, briefly describe the solar / energy efficient components: \_\_\_\_\_

**17 PARTY COMPLETING AFFIDAVIT (Name, Address, Phone Number):**

Pioneer Title Agency, Inc.  
363 W. 4th St., Benson, AZ 85602  
 Phone: (520) 586-3733

**18 LEGAL DESCRIPTION (attach copy if necessary):**

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF.

Signature of Buyer / Agent \_\_\_\_\_

State of Arizona, County of \_\_\_\_\_

Subscribed and sworn to before me on this 25 day of February, 2016

Notary Public \_\_\_\_\_

Notary Expiration Date \_\_\_\_\_



**JENNIFER L. SWINDLE**  
 Notary Public - State of Arizona  
 COCHISE COUNTY  
 My Commission Expires  
 February 12, 2017

DOR FORM 62162 (04/2014)

SFRM0135 (DSI Rev. 05/17/2014)

# Arizona Department of Water Resources GWSI Well Report

Well Site ID 313735109455301 Local ID D-21-25 12BBB Quad Name OUTLAW MOUNTAIN Page 1

| Meridian          | Site Type    | Reliability     | Topo Setting       | Source     | Map Scale | Latitude   | Longitude | Accuracy | Lat DD    | Long DD     |            |            |
|-------------------|--------------|-----------------|--------------------|------------|-----------|------------|-----------|----------|-----------|-------------|------------|------------|
| G                 | W            | C               | V                  | USGS       | 24000     | 31 37 35   | 109 45 53 | F        | 31.626389 | -109.764722 |            |            |
| ADWR File 55- Num | Altitude     | Altitude Method | Altitude Accuracy  | USGS Basin | Sub Basin | ADWR Basin | State     | County   | Site Uses | Water Uses  | Hole Depth | Well Depth |
| 619091            | 4160         | M               | 020                | DOU        | DOU       | DOU        | AZ        | 03       | U         | U           | 638        | 638        |
| Geo Unit          | Date Created | Complete?       | Current Index Book |            |           |            |           |          |           |             |            |            |
|                   | 6/23/1980    |                 |                    |            |           |            |           |          |           |             |            |            |

| Well Completion         | Date Completed | Complete? | Drill Method | Finish | Source | Driller Name |
|-------------------------|----------------|-----------|--------------|--------|--------|--------------|
|                         | 4/12/1966      |           | *            | P      | D      | J O BARNES   |
| Casing                  | Top Bottom     | Diameter  | Material     |        |        |              |
|                         | 0              | 638       | 16           | S      |        |              |
| Perforation             | Top Bottom     | Diameter  | Material     | Type   | Length | Width        |
|                         | 157            | 638       | 16           | S      | P      | 3 0.18       |
| No Bore Hole Data Found |                |           |              |        |        |              |

| Well Lifts | Date Visited | Complete? | Lift | Power | Meter Number | Pwr Co | Hp | Account Number | Divider | Source | Method |
|------------|--------------|-----------|------|-------|--------------|--------|----|----------------|---------|--------|--------|
|            | 3/1/1967     | D         | N    |       |              |        | 0  |                | 0       | *      | *      |

| Well Log | Log Type | Log Start | Log End | Source |
|----------|----------|-----------|---------|--------|
|          | D        | 0         | 638     | D      |

| Owner Site Names | Other ID | Assigner |
|------------------|----------|----------|
| 4 BAR NO 2       | OWNER    |          |

| Well Owners | Date Entered | Complete? | Last Name | First Name | MI |
|-------------|--------------|-----------|-----------|------------|----|
|             | 4/12/1966    |           | COWAN     | RALPH      | C  |

| Site Inventories | Date Inventoried | Complete? | Inventoried By |
|------------------|------------------|-----------|----------------|
|                  | 3/1/1967         |           | COX C          |



# Arizona Department of Water Resources GWSI Well Report

Well Site ID 313735109455301 Local ID D-21-25 12BBB Quad Name OUTLAW MOUNTAIN

| Water Levels | Date Measured | Complete? | Depth to Water | Method | Source | Water Level Elevation | Remark |
|--------------|---------------|-----------|----------------|--------|--------|-----------------------|--------|
|              | 4/12/1966     |           | 60             | R      |        | 4100                  |        |

| Measuring Points | Date Established | Complete? | Msmt Point Height | Description |
|------------------|------------------|-----------|-------------------|-------------|
|------------------|------------------|-----------|-------------------|-------------|

4/12/1966 0

No Pumping Discharge Data Found

No Remarks Data Found

No Water Quality Data Found



ARIZONA 02

11145001

ARIZONA 06

619091

11145003H

40411074G

11

12

11145003G

T21S R25E

T21S R26E

07

619098

208543

606358

4041103C

619099

14

11145018B

11145018D

13

18



## Transaction Receipt - Success

Arizona Water Resources  
Arizona Water Resources  
MID:347501639533  
1700 W Washington St  
Phoenix , AZ 85012  
602-771-8454

---

01/17/2017 02:47PM  
Remittance ID  
Arizona011717163938989Joh  
Transaction ID:  
178353147

---

DAVID ANDRAUX  
1440 W Ajo Way  
TUCSON, Arizona 85713  
United States  
Visa - 2058  
Approval Code: 38811G

---

Sale  
Amount: \$165.00

---

38-18431-\$75  
55-619086, 619089, 619091 -\$30 each=\$90  
time tracking?  
o  
tjohnson@azwater.gov

---

Cardmember acknowledges  
receipt of goods and/or  
services in the amount of  
the total shown hereon and  
agrees to perform the  
obligations set forth by the  
cardmember's agreement with  
the issuer.

Signature

*Phone Order*

[click here](#) to continue.

Arizona Department of Water Resources

1110 West Washington Street, Suite 310  
Phoenix AZ 85007

Customer:

DAVID ANDRAUX  
1440 W. AJO WAY  
TUCSON, AZ 85713

Receipt #: 17-49398  
Office: MAIN OFFICE  
Receipt Date: 01/17/2017  
Sale Type: IN\_PERSON  
Cashier: WRSXV

| Item No.       | Function Code | AOBJ    | Description  | Ref ID   | Qty | Unit Price | Ext Price |
|----------------|---------------|---------|--|----------|-----|------------|-----------|
| 67531          | WRFREV        | 4315-TT | Assignment of application, permit, certificate or statement of claim | 38-18431 | 1   | 165.00     | 165.00    |
| RECEIPT TOTAL: |               |         |  |          |     |            | 165.00    |

Payment type: CREDIT CARD

Amount Paid: \$165.00

Payment Received Date: 01/17/2017

Notes: FROM TTA. FILING FEES FOR CHANGE OF OWNERSHIP FOR (3) THREE WELLS; 55-619086, 55-619089, 55-619091

Authorization 178353147



**Sylvia Valdez**

---

**From:** no-reply@velocitypayment.com  
**Sent:** Tuesday, January 17, 2017 2:49 PM  
**To:** Sylvia Valdez  
**Subject:** Payment Receipt: Arizona Water Resources

## Successful Payment Receipt

Please print this receipt for your records

Remittance ID: Arizona011717163938989Joh

Received: January 17, 2017 02:47PM MST

Right Or Permit Number: 38-18431-\$75

Annual Report Type: 55-619086, 619089, 619091 -\$30 each=\$90

Payment ID: time tracking?

SG ID: o

SG Email: tjohnson@azwater.gov

Amount: \$165.00

Transaction Type: Authorization and Capture

Card Information: Visa

David Andraux

\*\*\*\*\*2058

Billing information: Address Line 1: 1440 W Ajo Way

Country: United States

State: Arizona

City: TUCSON

ZIP Code: 85713

Run Date: 03/24/2016

## AZ DEPARTMENT OF WATER RESOURCES

### WELL REGISTRY REPORT - WELLS55

Location D 21.0 25.0 12 B B B Well Reg.No 55 - 619091 AMA DOUGLAS INA

Registered Name LUZ DIVINA ANDRAUX,  
AS TRUSTEE OF THE SHALOM TRUST  
1440 WEST AJO WAY  
TUCSON AZ 85713

File Type REGISTERED WELL  
Application/Issue Date 06/10/1982

Owner OWNER  
Driller No. 0  
Driller Name  
Driller Phone  
County COCHISE  
Parcel No. 111-45-018B  
Intended Capacity GPM 0.00

Well Type NON-EXEMPT  
SubBasin DOUGLAS  
Watershed WHITE WATER DRAW  
Registered Water Uses IRRIGATION  
Registered Well Uses WATER PRODUCTION  
Discharge Method NONE  
Power NO POWER CODE LISTED

Well Depth 638.00  
Pump Cap. 1,751.00  
Draw Down 0.00

Case Diam 16.00  
Case Depth 638.00  
Water Level 84.00  
Acres Irrig 160.00

Tested Cap 1,751.00  
CRT  
Log  
Finish STEEL - PERFORATED OR SLOTTED  
CASING

Contamination Site: NO - NOT IN ANY REMEDIAL ACTION SITE

Tribe: Not in a tribal zone

Comments

#### Places Of Use

D 21 0 25 0 12 B

#### Current Action

3/24/2016 860 CHANGE OF WELL OWNERSHIP  
Action Comment: sym

#### Action History

11/3/2015 880 CHANGE IN REMEDIAL ACTION SITE CODE  
Action Comment: OLD WQARF code: null  
11/3/2015 860 CHANGE OF WELL OWNERSHIP  
Action Comment: JRN  
3/12/2014 860 CHANGE OF WELL OWNERSHIP  
Action Comment: Online  
4/1/1966 755 WELL CONSTRUCTION COMPLETED  
Action Comment:





Arizona Department of Water Resources  
Water Management Support Section  
P.O. Box 36020 Phoenix, Arizona 85067-6020  
(602) 771-8527 • www.azwater.gov

## Request to Change Well Information

- ❖ Review instructions prior to completing form in back or blue ink.
- ❖ You must include with your Notice:
  - check or money order for any required fee(s)
- ❖ Authority for fee: A.R.S. § 45-113 and A.A.C. R12-15-104

\*\* PLEASE PRINT CLEARLY \*\*

FILE NUMBER

DQ1-25)12 BBB

WELL REGISTRATION NUMBER

55 - 619091

### SECTION 1. REGISTRY INFORMATION

|  |  |  |             |                 |   |         |         |
|--|--|--|-------------|-----------------|---|---------|---------|
| <b>Well Owner</b>  |  | <b>Location of Well</b>  |             |                 |   |         |         |
| FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL<br>Cowan-NI, LLC |  | WELL LOCATION ADDRESS (IF ANY)<br>VACANT LAND, Mc Neal, AZ 85617 |             |                 |   |         |         |
| MAILING ADDRESS<br>P.O. BOX 190 4990 Corrales                      |  | TOWNSHIP (N/S)   | RANGE (E/W) | SECTION         | 160 ACRE  | 40 ACRE | 10 ACRE |
| CITY / STATE / ZIP CODE<br>Corrales, NM 87048                      |  | 21 S   | 25 E        | 12              | NW ¼  | NW ¼    | NW ¼    |
| CONTACT PERSON NAME AND TITLE                                      |  | METHOD OF LATITUDE/LONGITUDE (CHECK ONE)                         |             |                 | ☐ *GPS: Hand-Held   |         |         |
| TELEPHONE NUMBER   |  | ☐ USGS Quad Map  |             |                 | ☐ Conventional Survey                                     |         |         |
| FAX<br>(505) 897-9077  |  | ☐ *GPS: Survey-Grade   |             |                 | *IF GPS WAS USED, GEOGRAPHIC COORDINATE DATUM (CHECK ONE) |         |         |
|  |  | ☐ NAD-83   |             |                 | ☐ Other (please specify):                                 |         |         |
|  |  | COUNTY ASSESSOR'S PARCEL ID NUMBER                               |             |                 | COUNTY WHERE WELL IS LOCATED                              |         |         |
|  |  | BOOK<br>111  | MAP<br>45   | PARCEL<br>018 B | Cochise   |         |         |

### Type of Request (CHECK ONE)

- ☐ Change of Well Drilling Contractor (Fill out Section 2) ☒ Change of Well Ownership (Fill out Section 3) ☐ Change of Well Information (location, use, etc.) (Fill out Section 4)

### SECTION 2. REQUEST TO CHANGE WELL DRILLING CONTRACTOR

FEE \$120 per Well

- ♦ If drilling or abandoning a well, the Department must receive this request and issue authorization to the new drilling firm prior to the commencement of well drilling or abandonment.

|   |     |   |                      |
|---|-----|---|----------------------|
| <b>Current Well Drilling Contractor</b>           |     | <b>New Well Drilling Contractor</b>               |                      |
| FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL |     | FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL |                      |
| DWR LICENSE NUMBER                                |     | DWR LICENSE NUMBER                                | ROC LICENSE CATEGORY |
| TELEPHONE NUMBER                                  | FAX | TELEPHONE NUMBER                                  | FAX                  |

### SECTION 3. STATEMENT OF CHANGE OF WELL OWNERSHIP

FEE \$30 per Well

|   |                       |   |                       |
|---|-----------------------|---|-----------------------|
| <b>Previous Well Owner</b>  |                       | <b>New Well Owner</b>   |                       |
| FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL<br>Ruth Evelyn Cowan Trustee of the Ruth Evelyn Cowan Separate Property Trust, dated March 29, 2005 |                       | FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL<br>Luz Divina Andraux, as Trustee of THE SHALOM TRUST |                       |
| MAILING ADDRESS<br>P.O. BOX 1030  |                       | MAILING ADDRESS<br>1440 West Ajo Way  |                       |
| CITY / STATE / ZIP CODE<br>Tombstone, AZ 85638  |                       | CITY / STATE / ZIP CODE<br>Tucson, AZ 85713   |                       |
| CONTACT PERSON NAME AND TITLE   |                       | CONTACT PERSON NAME AND TITLE   |                       |
| TELEPHONE NUMBER  | FAX<br>(505) 897-9077 | TELEPHONE NUMBER  | FAX<br>(520) 807-9656 |

### SECTION 4. CHANGE OF WELL INFORMATION (No Fee Required)

**NOTE:** Applies only to wells that have already been drilled. For proposed wells, an amended Notice of Intent to Drill a Well must be filed.

EXPLAIN

### SECTION 5. OPTIONAL BY PROPERTY OWNER AND WELL OWNER ONLY

- ☐ By checking this box, I hereby provide ADWR permission to enter the property for the purpose of taking water level measurements at this well. (See instructions.)

### SECTION 6. WELL OWNER SIGNATURE

I HEREBY CERTIFY that the above statements are true to the best of my knowledge and belief.

TYPE OR PRINT NAME AND TITLE  
Luz Divina Andraux, as Trustee

SIGNATURE OF WELL OWNER

DATE

2/26/16

## THECOUNTYRECORDER.COM

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Document Identifier

2016-03356

[Prev Doc](#)[Next Doc](#)

Book-Page

Recording Date-Time

03-01-2016 02:25:35 PM

Document Type

WARRANTY DEED

Page Count

5

View Image

Image Not Available

Description

Grantor

COWAN-NI

Grantee

SHALOM TRUST

Related Documents -  
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PROPERTY VALUE

Legal

[Lot](#) [Block](#) [Subdivision](#)[Section](#) [Township](#) [Range](#)

10 21S 25E

11 21S 25E

13 21S 25E

[Parcel ID](#)

11145003E

11145003G

11145018C

[Street](#) [City](#)

Recording Fees

[Fee Name](#)[Amount](#)

Recording

\$11.00

Real Property Transfer

\$0.00

Storage

\$4.00

Postage

\$0.00

Aff Of Labor

\$0.00

Total Fee

\$15.00

Requested By

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Arizona Department of Water Resources

3550 N Central Ave.  
Phoenix AZ 85012

Customer:

PIONEER TITLE AGENCY, INC.  
363 W. 4TH ST.  
BENSON, AZ 85602

Receipt #: 16-44137  
Office: MAIN OFFICE  
Receipt Date: 03/08/2016  
Sale Type: IN\_PERSON  
Cashier: WRSYM

| Item No.       | Index | AOBJ    | Description   | Ref ID | Qty | Unit Price | Ext Price |
|----------------|-------|---------|---|--------|-----|------------|-----------|
| 81213          | 15239 | 4439-TT | Change of Ownership/Change of Well<br>Information/Well Assignment | 619091 | 1   | 30.00      | 30.00     |
| RECEIPT TOTAL: |       |         |   |        |     |            | 30.00     |

Payment type: CHECK

Amount Paid: \$30.00

Payment Received Date: 03/08/2016

Notes: FROM TTA.

Check # 70006525



Arizona Department of Water Resources  
Water Management Support Section  
P.O. Box 36020 Phoenix, Arizona 85067-6020  
(602) 771-8527 • www.azwater.gov

## Request to Change Well Information

- ❖ Review instructions prior to completing form in back or blue ink.
- ❖ You must include with your Notice:
  - check or money order for any required fee(s)
- ❖ Authority for fee: A.R.S. § 45-113 and A.A.C. R12-15-104

\*\* PLEASE PRINT CLEARLY \*\*

FILE NUMBER

D(21-25)12 B B B

WELL REGISTRATION NUMBER

55 - 619091

### SECTION 1. REGISTRY INFORMATION

|  |  |   |                    |               |  |                 |                 |
|--|--|---|--------------------|---------------|--|-----------------|-----------------|
| <b>Well Owner</b>  |  | <b>Location of Well</b>   |                    |               |  |                 |                 |
| FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL<br>COWAN-NI, LLC |  | WELL LOCATION ADDRESS (IF ANY)<br>AZ  |                    |               |  |                 |                 |
| MAILING ADDRESS<br>729 OLD CHURCH LANE                             |  | TOWNSHIP (N/S)<br>21S   | RANGE (E/W)<br>25E | SECTION<br>12 | 160 ACRE<br>NW ¼                               | 40 ACRE<br>NW ¼ | 10 ACRE<br>NW ¼ |
| CITY / STATE / ZIP CODE<br>CORRALES, NM 97048                      |  | LATITUDE<br>Degrees Minutes Seconds<br>° ' "N   |                    |               | LONGITUDE<br>Degrees Minutes Seconds<br>° ' "W |                 |                 |
| CONTACT PERSON NAME AND TITLE<br>BRANDON STEINER                   |  | METHOD OF LATITUDE/LONGITUDE (CHECK ONE)<br><input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Conventional Survey <input type="checkbox"/> *GPS: Hand-Held<br><input type="checkbox"/> *GPS: Survey-Grade |                    |               |  |                 |                 |
| TELEPHONE NUMBER   |  | FAX   |                    |               |  |                 |                 |
|  |  | *IF GPS WAS USED, GEOGRAPHIC COORDINATE DATUM (CHECK ONE)<br><input type="checkbox"/> NAD-83 <input type="checkbox"/> Other (please specify):   |                    |               |  |                 |                 |
|  |  | COUNTY ASSESSOR'S PARCEL ID NUMBER<br>BOOK MAP PARCEL<br>111 45 018 B   |                    |               | COUNTY WHERE WELL IS LOCATED<br>COCHISE        |                 |                 |

### Type of Request (CHECK ONE)

- ☐ Change of Well Drilling Contractor (Fill out Section 2) ☒ Change of Well Ownership (Fill out Section 3) ☐ Change of Well Information (location, use, etc.) (Fill out Section 4)

### SECTION 2. REQUEST TO CHANGE WELL DRILLING CONTRACTOR

FEE \$120 per Well

- ♦ If drilling or abandoning a well, the Department must receive this request and issue authorization to the new drilling firm prior to the commencement of well drilling or abandonment.

|   |     |   |                      |
|---|-----|---|----------------------|
| <b>Current Well Drilling Contractor</b>           |     | <b>New Well Drilling Contractor</b>               |                      |
| FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL |     | FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL |                      |
| DWR LICENSE NUMBER                                |     | DWR LICENSE NUMBER                                | ROC LICENSE CATEGORY |
| TELEPHONE NUMBER                                  | FAX | TELEPHONE NUMBER                                  | FAX                  |

### SECTION 3. STATEMENT OF CHANGE OF WELL OWNERSHIP

FEE \$30 per Well

|  |     |  |     |
|--|-----|--|-----|
| <b>Previous Well Owner</b>   |     | <b>New Well Owner</b>  |     |
| FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL<br>COWAN-NI, LLC |     | FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL<br>RUTH EVELYN COWAN, Trustee of THE RUTH EVELYN COWAN SEPARATE PROPERTY TRUST, DATED MARCH 29, 2005 |     |
| MAILING ADDRESS<br>729 OLD CHURCH LANE                             |     | MAILING ADDRESS<br>P. O. BOX 1030  |     |
| CITY / STATE / ZIP CODE<br>CORRALES, NM 97048                      |     | CITY / STATE / ZIP CODE<br>TOMBSTONE, AZ 85638   |     |
| CONTACT PERSON NAME AND TITLE<br>BRANDON STEINER                   |     | CONTACT PERSON NAME AND TITLE<br>RUTH COWAN  |     |
| TELEPHONE NUMBER<br>505-975-0331                                   | FAX | TELEPHONE NUMBER<br>520-508-9380   | FAX |

### SECTION 4. CHANGE OF WELL INFORMATION (No Fee Required)

**NOTE:** Applies only to wells that have already been drilled. For proposed wells, an amended Notice of Intent to Drill a Well must be filed.

|         |
|---------|
| EXPLAIN |
|---------|

### SECTION 5. OPTIONAL BY PROPERTY OWNER AND WELL OWNER ONLY

|  |
|--|
| <input type="checkbox"/> By checking this box, I hereby provide ADWR permission to enter the property for the purpose of taking water level measurements at this well. (See instructions.) |
|--|

### SECTION 6. WELL OWNER SIGNATURE

I HEREBY CERTIFY that the above statements are true to the best of my knowledge and belief.

|                              |                         |      |
|------------------------------|-------------------------|------|
| TYPE OR PRINT NAME AND TITLE | SIGNATURE OF WELL OWNER | DATE |
|------------------------------|-------------------------|------|

Ruth Evelyn Cowan 9/23/15





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COCHISE  

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Book-Page

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Grantor

Grantee

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11127001

11145018C

[Street](#) [City](#)

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
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Book-Page

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Document Type

WARRANTY DEED

Page Count

3

View Image

Image Not Available

Description

Grantor

COWAN-NI

Grantee

RUTH EVELYN COWAN SEPARATE PROPERTY TRUST

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13 21S 25E

[Parcel ID](#)[Street](#) [City](#)

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| Document Search                      | Book-Page           | <input type="text" value=""/>   |  |
| Introduction                         | Recording Date-Time | <input type="text" value="07-06-2010 04:56:07 PM"/>                                   |  |
| Open Document                        | Document Type       | <input type="text" value="DEATH CERTIFICATE"/>  |  |
| Search                               | Page Count          | <input type="text" value="2"/>  |  |
| Index Book                           | View Image          | Image Not Available   |  |
| Results                              | Description         | <input type="text" value=""/>   |  |
| Recorder's Page                      | Grantor             | COWAN, ROBERT E   |  |
| County Contacts                      | Grantee             | ARIZONA DEPT OF HEALTH  |  |
| Data Availability                    | Related Documents   | <a href="#">Reception#</a> <a href="#">Document Type</a> <a href="#">Relationship</a> |  |
| Services                             | Legal               | <a href="#">Lot</a> <a href="#">Block</a> <a href="#">Subdivision</a>                 |  |
| tcrWebTools                          |                     | <a href="#">Section</a> <a href="#">Township</a> <a href="#">Range</a>                |  |
| Help                                 |                     | <a href="#">Parcel ID</a>   |  |
| About                                |                     | <a href="#">Street</a> <a href="#">City</a>   |  |
| Select State                         |                     |   |  |
| <input type="text" value="ARIZONA"/> |                     |   |  |
| Select County                        |                     |   |  |
| <input type="text" value="COCHISE"/> |                     |   |  |
|                                      | Requested By        |   |  |

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ARIZONA

11

12

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11145018C

**T21S R25E**

18

**T21S R26E**

40411077C

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40411097A

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40411077P

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11145053

11145054

11145055

40411031



Printed: 9/30/2015 4:23:16 PM

Arizona Department of Water Resources

3550 N Central Ave.  
Phoenix AZ 85012

Customer:

PIONEER TITLE AGENCY INC.  
PO BOX 1900  
SIERRA VISTA, AZ 85636

Receipt #: 16-41825

Office: MAIN OFFICE

Receipt Date: 09/30/2015

Sale Type: IN\_PERSON

Cashier: WRPXA

| Item No.       | Index | AOBJ    | Description   | Ref ID | Qty | Unit Price | Ext Price |
|----------------|-------|---------|---|--------|-----|------------|-----------|
| 81213          | 15239 | 4439-TT | Change of Ownership/Change of Well<br>Information/Well Assignment | 619091 | 1   | 30.00      | 30.00     |
| RECEIPT TOTAL: |       |         |   |        |     |            | 30.00     |

Payment type: CHECK

Amount Paid: \$30.00

Payment Received Date: 09/30/2015

Notes: FROM TTA.

Check # 792561

| Escrow No.    | 00163175 - 010 LB | Check Date: | 09/23/2015 | Check No. | 792561 |
|---------------|-------------------|-------------|------------|-----------|--------|
| DESCRIPTION   |                   | CODE        | AMOUNT     |           |        |
| WELL TRANSFER |                   |             |            | \$15.00   |        |
| WELL TRANSFER |                   |             |            | \$15.00   |        |
| Check Total   |                   |             |            | \$30.00   |        |

Seller/Buyer: COWAN-NI/RUTH EVELYN COWAN  
Property Address: , AZ  
Tax Parcel Id: 111-45-018C 3



**Arizona Department of Water Resources**  
P.O. Box 36020 Phoenix, Arizona 85067-6020  
(602) 771-8527 - [www.azwater.gov](http://www.azwater.gov)

## Receipt For Request to Change Well Ownership

Authority for fee: A.R.S. § 45-113 and A.A.C. R12-15-104

**Keep this for your records**

WELL REGISTRATION NUMBER  
**55-619091**

Pursuant to Arizona Revised Statutes (A.R.S.) 45-593(C), the person to whom a well is registered must notify Arizona Department of Water Resources of a change in ownership of the well and the new owner must furnish information as required by ADWR to keep its well registration records current and accurate.

**FEE \$30.00 per WELL**

### SECTION 1. Well Location

#### Location of Well

| TOWNSHIP (N/S) | RANGE (E/W) | SECTION | 160 ACRE | 40 ACRE | 10 ACRE | BOOK | MAP | PARCEL |
|----------------|-------------|---------|----------|---------|---------|------|-----|--------|
| 21S            | 25E         | 12      | NW       | NW      | NW      |      |     |        |

### SECTION 2. Statement of Change of Well Ownership

#### New Well Owner

FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL

**COWAN NI LLC**

MAILING ADDRESS

**729 OLD CHURCH LANE**

CITY / STATE / ZIP

**CORRALES, NM 87048-**

CONTACT PERSON NAME AND TITLE

TELEPHONE NUMBER

**(505) 898-4074**

FAX

WELL ADDRESS

WELL CITY

MAJOR CROSS ROADS

**DAVIS RD.**

EMAIL

[fholly04@live.com](mailto:fholly04@live.com)

### SECTION 3. Optional by Property Owner and Well Owner Only

By checking this box, I hereby provide ADWR permission to enter the property for the purpose of taking water level measurements at this well.

### SECTION 4. Well Owner Signature

I HEREBY CERTIFY that the above statements are true to the best of my knowledge and belief.

PREPARED BY

**FLOSSIE HOLLY**

DATE

**3/12/2014**

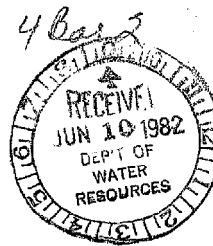
### PAYMENT INFORMATION

|                  |                  |
|------------------|------------------|
| <b>Reference</b> | <b>DWR-1447</b>  |
| <b>Amount</b>    | <b>\$30.00</b>   |
| <b>Date</b>      | <b>3/12/2014</b> |

A *Request to Change Well Information Form* must be filed if there has been a change in the recorded information on a well already in existence. This may include more accurate information on the location of the well, more accurate information on the well construction details for the well, a change in the place of use or purpose of use of the water withdrawn from the well or a change in the county tax assessor's parcel identification number for the land where the well is located. It is the responsibility of the well owner to submit this information to ADWR. Forms may be obtained at the Arizona Department of Water Resources office or online at <http://www.azwater.gov>.



DEPARTMENT OF WATER RESOURCES  
99 EAST VIRGINIA AVENUE  
PHOENIX, ARIZONA 85004



REGISTRATION OF EXISTING WELLS

READ INSTRUCTIONS ON BACK OF THIS FORM BEFORE COMPLETING  
PRINT OR TYPE - FILE IN DUPLICATE

13

REGISTRATION FEE (CHECK ONE)

EXEMPT WELL (NO CHARGE) ☐

NON-EXEMPT WELL - \$10.00 ☒

FOR OFFICE USE ONLY

REGISTRATION NO. 55- 619091

FILE NO. D(21-25)12600

FILED 6-10-82 AT 9 am

(DATE) (TIME)

INA Douglas

AMA

1. Name of Registrant: Mattie E Cowan  
Ralph C Cowan Trust  
P.O. Box 309 Tombstone Ariz 85638  
(Address) (City) (State) (Zip)
2. File and/or Control Number under previous groundwater law:  
(File Number) 35- (Control Number)
3. a. The well is located within the NW 1/4 NW 1/4 NW 1/4, Section 12,  
of Township 21 N/S, Range 25 E/W, G & SRB & M, in the  
County of Cochise.
- b. If in a subdivision: Name of subdivision \_\_\_\_\_  
Lot No. \_\_\_\_\_, Address \_\_\_\_\_
4. The principal use(s) of water (Examples: irrigation - stockwater - domestic - municipal - industrial)  
Irrigation and all of the above
5. If for irrigation use, number of acres irrigated from well 160
6. Owner of land on which well is located. If same as Item 1, check this box ☒

(Address) (City) (State) (Zip)

7. Well data (If data not available, write N/A)
- a. Depth of Well 638 feet
- b. Diameter of casing 16 inches
- c. Depth of casing 638 feet
- d. Type of casing Steel
- e. Maximum pump capacity 17.51 gallons per minute.
- f. Depth to water 84 feet below land surface.
- g. Date well completed April 1966  
(Month) (Day) (Year)

82 JUN -9 AM 11:52  
WATER RESOURCES  
ARIZONA  
TOMBSTONE

MICROFILMED

8. The place(s) of use of water. If same as Item 3, check this box ☒
- 1/4 NW 1/4 NW 1/4, Section 12 Township 21 Range 25
- 1/4 NW 1/4 NW 1/4, Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_

Attach additional sheet if necessary Mattie E Cowan

9. DATE 5/27/82 SIGNATURE OF REGISTRANT

Ralph C Cowan Trust  
James H Cowan  
Robert E Cowan  
William R Cowan

# INSTRUCTIONS FOR COMPLETING REGISTRATION FORM

## General Instructions

1. A person who owns an "Existing Well" shall register the well, pursuant to A.R.S. 45-593, by filing this form in duplicate with the Department of Water Resources not later than midnight June 14, 1982. The form must be completed and signed. Failure to do so will constitute a violation of A.R.S. 45-593, and may subject the well owner to injunction and/or civil penalties, pursuant to A.R.S. Title 45, Article 12.
2. An "Existing Well" means, (1) a well which was drilled on or before June 12, 1980 and which is not abandoned or sealed, or (2) a well which was not completed on or before June 12, 1980, but for which a Notice of Intention to Drill was on file with the Arizona Water Commission on or before June 12, 1980.
3. No registration fee is required for Exempt Wells. A \$10.00 registration fee must accompany registration forms for all Non-Exempt Wells.
4. An "Exempt Well" means a well having a pump with a maximum capacity of not more than 35 gallons per minute which is used to withdraw groundwater. An Exempt Well may include the non-commercial irrigation of not more than 1 acre of land.
5. A "Non-Exempt Well" means a well that is not an "Exempt Well".

## INSTRUCTIONS FOR REGISTRATION QUESTIONS

1. The Registrant must be the owner of the well and may be an individual, public or private corporation, company, partnership, firm, association, society, estate, trust, any other private organization or enterprise, the United States, any state, territory or country or a governmental entity, political subdivision or municipal corporation organized under or subject to the constitution and laws of this State.
2. If you own an existing irrigation well drilled at any time, or any other type of well drilled on or after June 20, 1968, you should have an assigned control and/or file number. Write these numbers in item 2. If you do not know the number, please explain the reason on the form or on an attached sheet.
3.
  - a. Fill in the Section, Township and Range in all cases if it is available.
  - b. If the well is in a subdivision and you have this information, give the subdivision name, Lot Number, and Address.
4. Show all purposes for which the water is used.
5. If the well is used for irrigation, give the number of acres irrigated in 1980 from the well.
6. If the owner of the land is an individual, give the last name, first name, middle initial. If the owner of the land is a corporation, partnership, firm, etc., fill in the appropriate title.
7. Complete the section on Well Data with the most accurate information available to you. If the data is not available, write N/A in the blanks.
8. Give the legal description of the place of use of the water. If place of use is in a subdivision and legal description is not available, give the subdivision name, Lot Number and/or address on the blank line.
9. The person in whose name a well is registered shall notify the Department of any change in ownership and shall keep all information on the registration record current and accurate. A form entitled "Change of Well Information/Ownership" is available for this purpose. A blank form will be furnished with the returned duplicate copy of the registration form.



R C COWAN  
COWAN BROTHERS  
PO BOX 309  
TOMBSTONE AZ 85638

STATE OF ARIZONA  
DEPARTMENT OF WATER RESOURCES  
WATER RIGHTS ADMINISTRATION  
99 EAST VIRGINIA  
PHOENIX, ARIZONA 85004

RECEIPT

| KIND<br>ENTRY | FILE REFERENCE NO. |
|---------------|--------------------|
| 55            | 619081             |
|               | THRU               |
| 55            | 619105             |

FOR: W R COWAN, & M E & R C COWAN TRUST

(25)

| ACCOUNT NO.    |        |                |      | INT.<br>ACCT.  | ITEM DESCRIPTION                              | RATE  | \$ AMOUNT |
|----------------|--------|----------------|------|----------------|---|-------|-----------|
| FUND<br>SOURCE | AGENCY | CHAPTER        | DIV. |                |   |       |           |
|                |        |                |      |                | Filing Fee for Registration of Existing Wells | 10.00 | 250.00    |
| W R COWAN      |        | FILE NUMBERS:  |      |                | M E COWAN & R C COWAN TRUST FILE NUMBERS:     |       |           |
|                |        | D(21-25)14 acd |      | D(21-25)12 bbb | D(21-26)9 aaa                                 |       |           |
|                |        | D(21-25)14 bbc |      | D(21-25)1 dcc  | D(21-26)9 baa                                 |       |           |
|                |        | D(21-25)14 ccb |      | D(21-25)1 dbb  | D(20-26)19 bbc                                |       |           |
|                |        | D(21-25)14 dcd |      | D(21-25)1 cbb  | D(20-25)24 daa                                |       |           |
|                |        | D(21-25)13 bcc |      | D(20-25)36 bcc | D(20-25)24 ddd                                |       |           |
|                |        | D(21-25)13 abc |      | D(20-25)36 ccc |   |       |           |
|                |        | D(21-25)13 ccc |      | D(20-25)36 abb |   |       |           |
|                |        | D(21-25)13 dbb |      | D(21-26)7 bda  |   |       |           |
|                |        | D(21-25)12 dcc |      | D(21-25)4 ada  |   |       |           |
|                |        | D(21-25)13 dda |      | D(21-26)4 daa  |   |       |           |
|                |        |                |      |                | WAITER PAYMENT                                |       |           |
|                |        |                |      |                | GUESTS 25                                     |       |           |
|                |        |                |      |                | CHK NO 1299                                   |       |           |
|                |        |                |      |                | 250 10.00                                     |       |           |
|                |        |                |      |                | 55-I 250.00                                   |       |           |
|                |        |                |      |                | TAX 0.00                                      |       |           |
|                |        |                |      |                | TOTL 250.00                                   |       |           |
|                |        |                |      |                | GEN.CHEK 250.00                               |       |           |

Check No. 1299

TOTAL

\$ # 1787 A 15:39  
250.00

8/30/82 jc

MICROFILMED