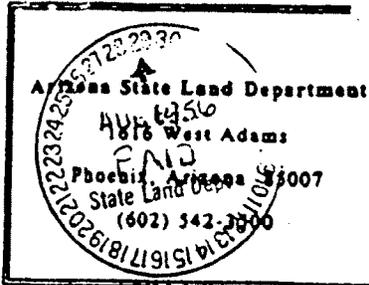


AUG 29 1995



DEPARTMENTAL USE ONLY Rolodex # 221

<u>Accounting</u>	<u>TMR</u>	<u>Initial</u>	<u>Date</u>
Filing Fee: *\$100	Exam <u>Done</u>	<u>APR</u>	<u>24 1995</u>
N(34)	Exam # _____	Approved <input checked="" type="checkbox"/>	Denied _____
	Int Title: _____	Rejected _____	Withdrawn _____
	App Entry: _____		

*Application fees are non-refundable

APPLICATION TO AUCTION WATER FROM STATE LAND

Applicant hereby makes application for the auction of water according to the laws of the State of Arizona, the rules of the State Land Department, the provisions of the surface lease, easement or permit, and the provisions of the Water Agreement for the lands described under the Hydrologic Information Section of this application.

APPLICATION NO. 21- 102156-000 [NEW]

COMPLETE ALL QUESTIONS, SIGN APPLICATION, AND ATTACH FILING FEE

I. APPLICANT Applicant's Federal ID or Social Security No. 84-1074663

Principal Cyprus Bagdad Copper Corporation, A Delaware Corporation

Agent O. T. Owens

Address P.O. Box 245

City Bagdad State AZ Zip 86321 Phone (620) 633-3394

II. CURRENT LESSEE:

A. Are you the current State lessee of the land? Yes No
If yes, write in your lease no. and complete questions B and C. Lease No. 03-00878

B. In consideration of favorable action, do you agree to surrender your lease on the date of the sale even if you are not the successful bidder? Yes No

C. Are there any improvements on the land? Yes No
If yes, attach a list of the improvements to this application.

III. PROPOSED USE OF WATER: Domestic, Municipal and Industrial.

IV. AMOUNT: 80 Acre-Feet per Year

V. TERM: 10 Years (10-year maximum)

VI. HYDROLOGIC INFORMATION:

A. LIST EXISTING WELLS:

	Location	Twn	Rng	Sec	Depth	Pump HP	Capacity
#3	<u>NEW NEW NEW</u>	<u>15N</u>	<u>9W</u>	<u>24</u>	<u>522</u>	<u>90</u>	<u>280 gpm</u>
#2	<u>" " "</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>250</u>	<u>50</u>	<u>195 gpm</u>
	<u>" " "</u>						<u>gpm</u>

SLD Use Only		
Cty	Grt	Parcel
<u>13</u>	<u>031</u>	<u>8001</u>

B. LIST PROPOSED WELLS:

Location	Twn	Rng	Sec	Depth	Pump HP	Capacity	SLD Use Only		
							Cty	Grt	Parcel
4 4 4						gpm			
4 4 4						gpm			
4 4 4						gpm			

Will any of the proposed wells described be drilled and used as a replacement for any other well?

Yes No If yes, please explain: _____

C. PROPOSED LOCATION OF WATER USE:

The water will be used upon the following described lands (place of use):

Location	Twn	Rng	Sec	County
SW 4 4 4	14N	9W	2	Yavapai
SE 4 4 4			3	
NE 4 4 4			10	
NW			11	

USGS Topographic Map showing location and access must be included with application.

- Are the lands described in VI., Hydrologic Information, currently under a lease or permit by the applicant? Yes No If yes, please provide the number(s) 03-00877
- In transporting the water from the place of withdrawal to the place of use as described above, will the water be transported across sub-basin boundaries? Yes No If yes, explain: _____
- Will water withdrawn be transported across State Trust lands? Yes No If yes, applicable Right-of-way number 71-3949
- Are the lands described above located within an AMA or INA? Yes No If yes, indicate which AMA or INA: _____
- Are the lands described above located within the service area of, or served by, any public or private water company or utility? Yes No If yes, explain: _____
- Do the lands described above qualify for Central Arizona Project Water? Yes No If yes, complete the following:
 Type of qualification: _____
 Delivered by: _____
 Present allocation amount held by the person or entity to deliver the water: _____
- If applicable, is there a grandfathered water right associated with the land upon which the water is proposed to be used? Yes No If yes, what is the type and amount of grandfathered water rights? Type 1 Type 2 Acre feet of right: _____

VII. IMPROVEMENTS:

A. Existing Improvements:

Are there any existing improvements, required or otherwise, which will be used for the withdrawal and transportation of water? Yes No If yes, please complete the following:

<u>Description</u>	<u>Condition</u>	<u>Present Value</u>	<u>Ownership</u>
Well and 14" casing 90 hp pump	Good	\$150,000	Cyprus Bagdad
Well and 10" casing 50hp "	"	\$150,000	"
20' X 20' Chain link fence	"		"
20' X 20' Chain link fence	"		"

B. Proposed New Improvements:

New improvements which will be required, and their estimated value, are described as follows:

None

VIII. MINERALS:

Are there any known mineral claims, abandoned workings, minerals, oil, gas, fertilizer, or fossils upon the land? Yes No If yes, explain: _____

IX. OTHER INFORMATION:

A. Is applicant aware of any impediment to the withdrawal, transportation, or use of the groundwater as described in this application, which exists by reason of the Act or any other law which may affect the legality of the sale applied for herein? Yes No If yes, explain: _____

B. Additional information that may assist us in processing this request:

NOTICE:

If this application is approved and an auction is held, any resulting access route will be subject to the laws of the State of Arizona, the rules of the State Land Department, the provisions and conditions contained in the Water Agreement, and the provisions and conditions contained in the appropriate surface lease, easement, or permit which buyer must acquire from the Arizona State Land Department. The signature of the applicant acknowledges and recognizes that neither the making of this application nor the acceptance by the Arizona State Land Department of this application nor the filing fee submitted herewith in any way gives to or vests in the applicant any right or entitlement to any water or use of State Trust land for which this application is made, nor does this application grant any surface lease, easement, permit for withdrawal or transportation of water, the purchase of water, or suggest an access route over any private, federal, Indian, or other lands.

X. APPLICANT:

Attach a hydrology report which shows that the amount of water applied for is available.

XI. APPLICANT, COMPLETE AND SIGN PAGE 5.

CERTIFICATION: Pursuant to A.S. Title 37 and the Rules of the Arizona State Land Department, A.A.C. Title 13, Chapter 5, you must complete the following information pertinent to you and/ or the organization you represent and sign the certification or your application will not be processed.

1. Is this application made in the name of: (check one) _____ Individual(s) _____ Husband & Wife
 _____ Corporation _____ Partnership _____ Ltd. Partnership _____ Estate _____ Trust _____ Ltd. Liability Co.
 _____ Joint Venture _____ Municipality _____ Political Subdivision _____ Other (specify) _____

2. **INDIVIDUAL(S) OR HUSBAND & WIFE:** Complete the following for each applicant:

NAME	AGE	MARITAL STATUS
_____	_____	_____
_____	_____	_____

3. **CORPORATION:** Complete the following:

- (A) Do you have authority from the Arizona Corporation Commission to do business in the State of Arizona? Yes No _____
- (B) Is the corporation presently in good standing with the Arizona Corporation Commission? Yes No _____
- (C) In what state are you incorporated? Delaware
- (D) Is the legal corporate name and Arizona business address the same as stated in this application? Yes No _____
 If no, state the Legal Corporate name: _____

Address: _____
 (Street or Box Number) (City) (State) (Zip)

4. **LIMITED LIABILITY COMPANY:** Complete the following:

- (A) If an out-of-state limited liability company: Have you filed for a Certificate of Registration with the Arizona Corporation Commission?
 _____ Yes _____ No
- (B) If an Arizona limited liability company: Have you filed Articles of Organization with the Arizona Corporation Commission?
 _____ Yes _____ No
- (C) Are you authorized by the Arizona Corporation Commission to transact business in Arizona? _____ Yes _____ No

5. **PARTNERSHIP OR JOINT VENTURE:** Complete the following for each authorized partner or principal in the partnership or joint venture:

NAME	BUSINESS ADDRESS	AGE	MARITAL STATUS
_____	_____	_____	_____
_____	_____	_____	_____

6. **LIMITED PARTNERSHIP:** Is this limited partnership on file with the Arizona Secretary of State: Yes No
 Complete the following for the authorized general partner(s) only:

GENERAL PARTNER(S) NAME	BUSINESS ADDRESS
_____	_____
_____	_____

7. **ESTATE:** Complete the following and attach a copy of the court or estate document(s):

Name of the court appointed administrator or personal representative: _____
 List the type and date of issuance of the court or Estate document: _____

8. **TRUST:** (A) Complete the following pursuant to A.R.S. §33-494, for each beneficiary of the Trust: _____ (Type of Document) _____ (Date Issued)

NAME	ADDRESS	AGE	MARITAL STATUS
_____	_____	_____	_____
_____	_____	_____	_____

or (B) Identify the Trust document by title, document number, and county where document is recorded: _____

9. I HEREBY CERTIFY, UNDER PENALTY OF PERJURY, THAT THE INFORMATION AND STATEMENTS CONTAINED HEREIN, TOGETHER WITH ALL EXHIBIT AND ATTACHMENTS ARE TRUE, CORRECT AND COMPLETE AND THAT I/WE HAVE AUTHORITY TO SIGN THIS DOCUMENT.

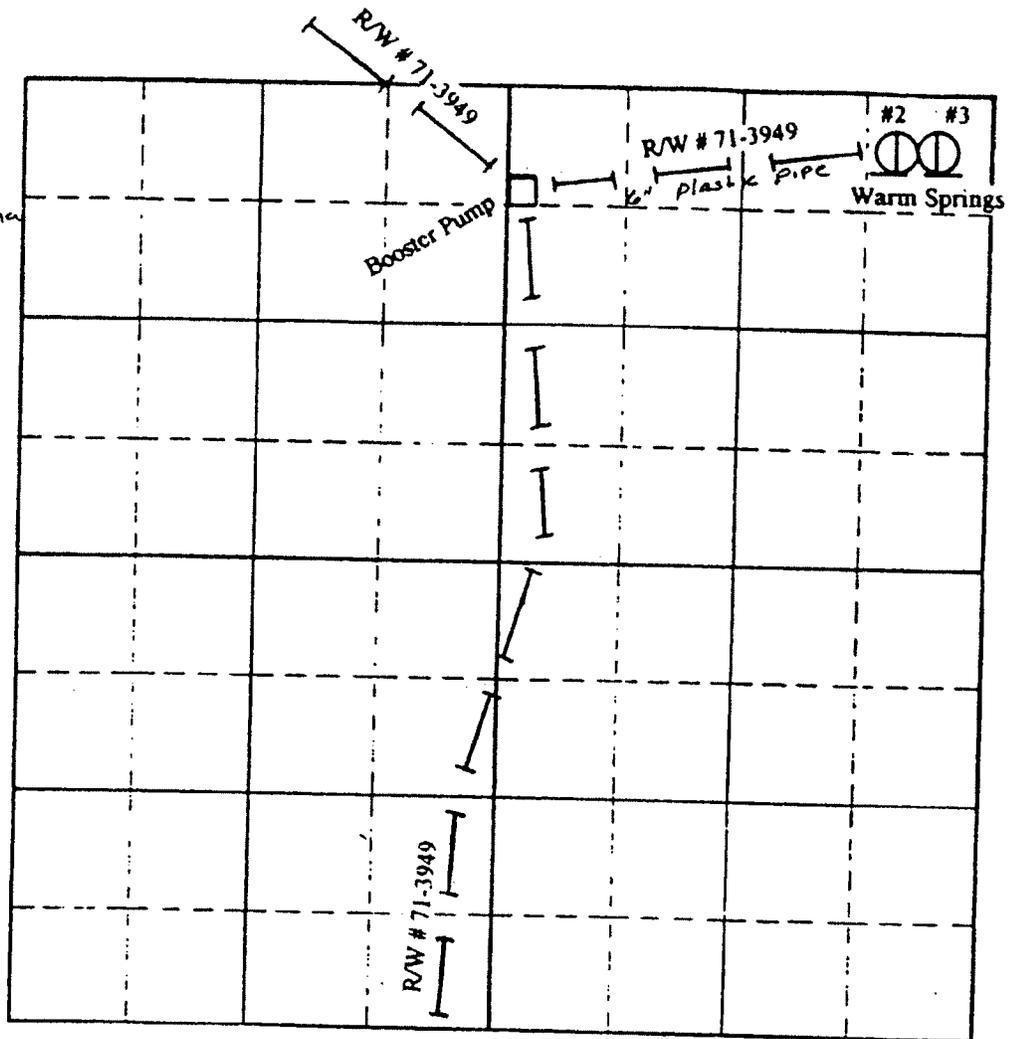
Cyprus Bagdad Copper Corporation 8/27/96
 (Name of Corporation, Partnership, etc.) Date

C. G. Consalus Vice President
 Signature Title

 Signature of Applicant (Individual) Date

 Signature of Applicant (Individual) Date

Note:
Access road along
Right-of-Way



INDICATE TYPE OF WELL ON ABOVE MAP:

Windmill



Elec. centrifugal



Abandon-open case



Exploration



Elec. submersible



Liquid fuel



Abandon-capped



Artisan



Elec. turbine



Natural gas



Plugged

