111-23-AAA-1

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ADJUDICATIONS

STATEMENT OF CLAIMANT FORM
FOR
DOMESTIC USE
AMENDMENT

CLAIM BEING AMENDED

NO. 39-12715

SUPERIOR COURT OF MARICOPA COUNTY

1. **Claimant Name:** BLM - Safford District
   Claimant Address: 425 E. 4th St City Safford
   State: AZ Zip Code 85546 Telephone 602-428-4040

2. **Basis of Claim:**
   A. ☐ Appropriation Right acquired prior to June 12, 1919. 1974 Water Rights Registration Act Registry No. _____
   B. ☐ Appropriation Right acquired after June 12, 1919. Application No. _____, Permit No. _____, or Certificate of Water Right No. _____
   C. ☐ Decreed water right. Principal litigants, court, date and case no.: _____
   D. ☒ Right to withdraw groundwater. Grandfathered Right No. _____
   E. ☐ Other, describe: _____

3. **Claimed Priority Date:** _____ (month/day/year)

4. **Source of Water:**
   A. ☐ Stream: name _____, tributary to _____
   B. ☐ Spring: name _____, tributary to _____
   C. ☐ Lake or Reservoir: name _____, tributary to _____
   D. ☒ Groundwater

5. A. **Legal description of the Point of Diversion:**
   County Cochise, Section 16, Township 23 ~~N~~/S, Range 22 E/~~W~~
   Legal Subdivision:
   SW¼, SW¼, NE¼ of the Section

   B. **Legal Description of Place of Use:** (one of the following)
   County Cochise, Section 16, Township 23 ~~N~~/S, Range 22 E/~~W~~
   SW¼, SW¼, NE¼ of the Section, or
   Parcel I.D. _____, or
   Subdivision Name _____ Block No. ____ Lot No. ____

6. **If there are Irrigation, Stockpond or Other Uses supplied from the point of diversion, describe:**
   Livestock watering for 6 head.

7. **Means of Diversion:**
   A. ☐ Instream pump.
   B. ☐ Gravity flow into ditch, canal or pipeline.
   C. ☒ Well: Arizona Department of Water Resources Well Registration No. 55-623606
   D. ☐ Other, describe _____

8. Number of persons 4 or dwellings 1 served by this use.

9. Annual Volume Claimed: 0.305 acre-feet

10. It may be necessary for a representative from the Department of Water Resources to inspect the place of use and diversion. Your signature following will grant permission to enter your property for the purpose of inspection: Signature of Claimant Delbert Molitor

11. Should it be necessary for a representative of the Department to contact you as the claimant or your representative, are there any special instructions regarding time of day or address to aid in locating the specified person? _____

12. Additional comments: _____

(attach additional sheet if required)

13. Mail form(s) to: Department of Water Resources, P.O. Box 2920, Phoenix, Arizona 85062.

14. Notarized Statement:
I (We), BLM - Safford District
the claimant(s) named in this claim, do hereby certify under penalty of perjury, that the information contained and statements made herein are to the best of my(our) knowledge and belief true, correct and complete.

Delbert Molitor

(seal)

July 12, 1992
My Commission Expires:

Sandra M. Phillips
Notary Public

or, _____
Authorized Personnel of the Department of Water Resources