Well Registration Certificate Number: _____
(assigned by District)

HUDSPETH COUNTY UNDERGROUND WATER CONSERVATION DISTRICT NO. 1 (the District)

WELL REGISTRATION CERTIFICATE

(1) Name of registrant: _____

(2) Mailing address of the registrant: _____

_____

_____

(3) Name of owner of land on which well is located:

_____

Note: If the registrant is other than the owner of the property, attach to this form documentation (typically a letter from the owner of the property) establishing the applicable authority to the registrant to construct and operate a well for the proposed use.

(4) Nature and purpose of the existing or proposed use (check all that apply):

[ ] Domestic [ ]Livestock [ ] Other _____

(5) The amount of water used or to be used for each purpose (gallons per day):

Domestic_____ Livestock_____ Other_____ Total _____

Note: total must not exceed 25,000 gallons per day (17.36 gallons per minute)

(6) Estimated rate at which water is or will be withdrawn:

[ ] Less than 17.36 gpm (2 inch or smaller discharge pipe)

[ ] Other:_____

(7) Location of each well is shown as an "X" on the map that is attached and made a part of this certificate or provide the Latitude and Longitude of the well to within 5 seconds using the 1927 North American Datum (NAD27): [ ] Map A [ ] Map B [ ] Map C [ ] Map D

Latitude:_____ Longitude:_____

Optional address or narrative location of well _____

_____

(8) Location of the use of the water from the well:

[ ] less than 1/2 mile radius from the well

[ ] Other: _____

I, the above named registrant, do hereby agree that the above information is true and correct, that I will comply with well plugging guidelines and report closure as required by the District's Rules, and that the water withdrawn by the well identified in this certificate will be put to beneficial use, as defined in the District's Rules, at all times.

Signature of Registrant: _____ Date: _____

STATE OF TEXAS §
§
COUNTY OF HUDSPETH §

BEFORE ME, the undersigned authority, on this day personally appeared _____ who stated that he/she has read the foregoing and to the best of his knowledge the above information is true and accurate. Subscribed and sworn to before me on this _____ day of _____, 200___.

_____, Notary Public

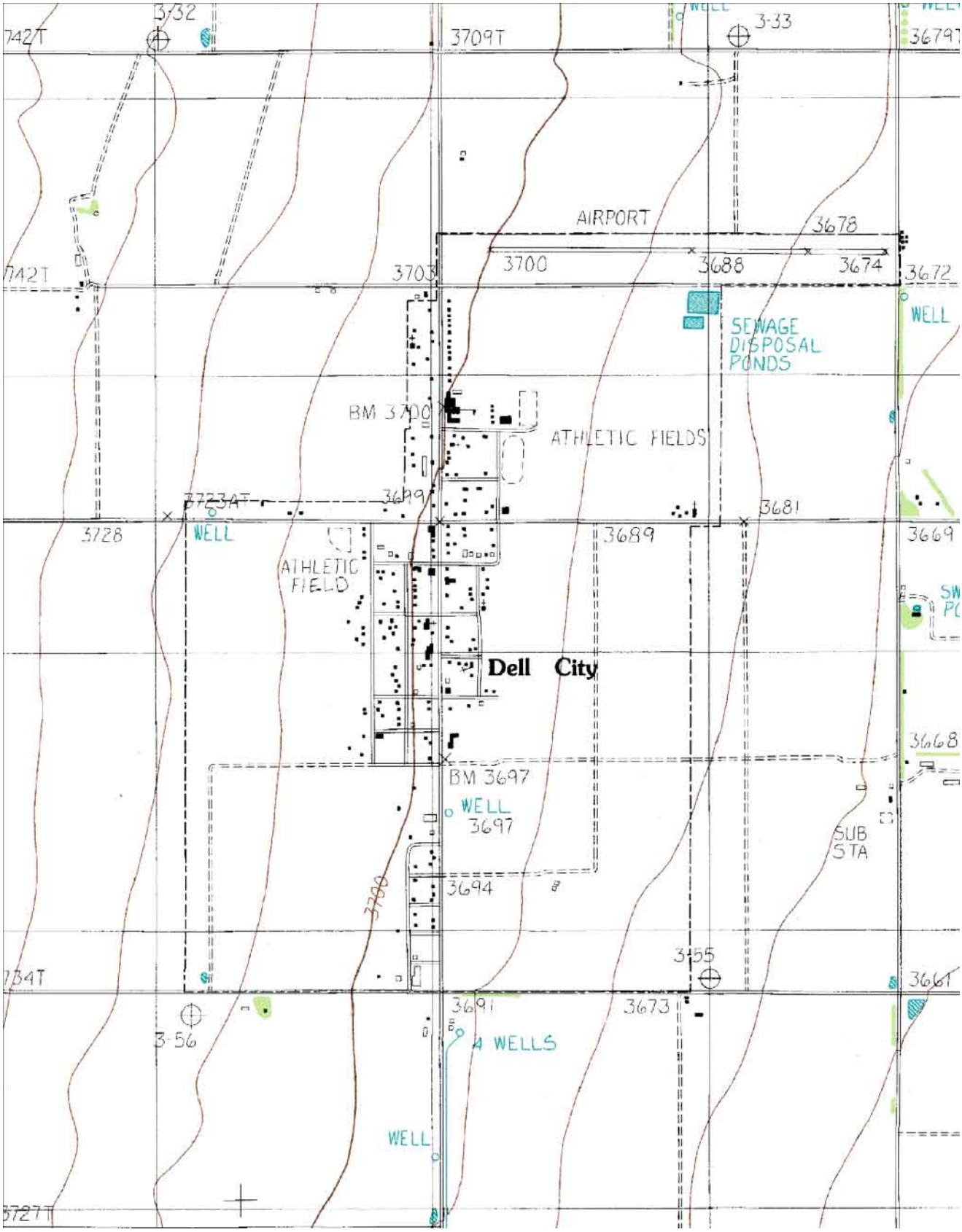
Information in this Box is for District Use Only

Approved by District General Manager: _____ Date:_____

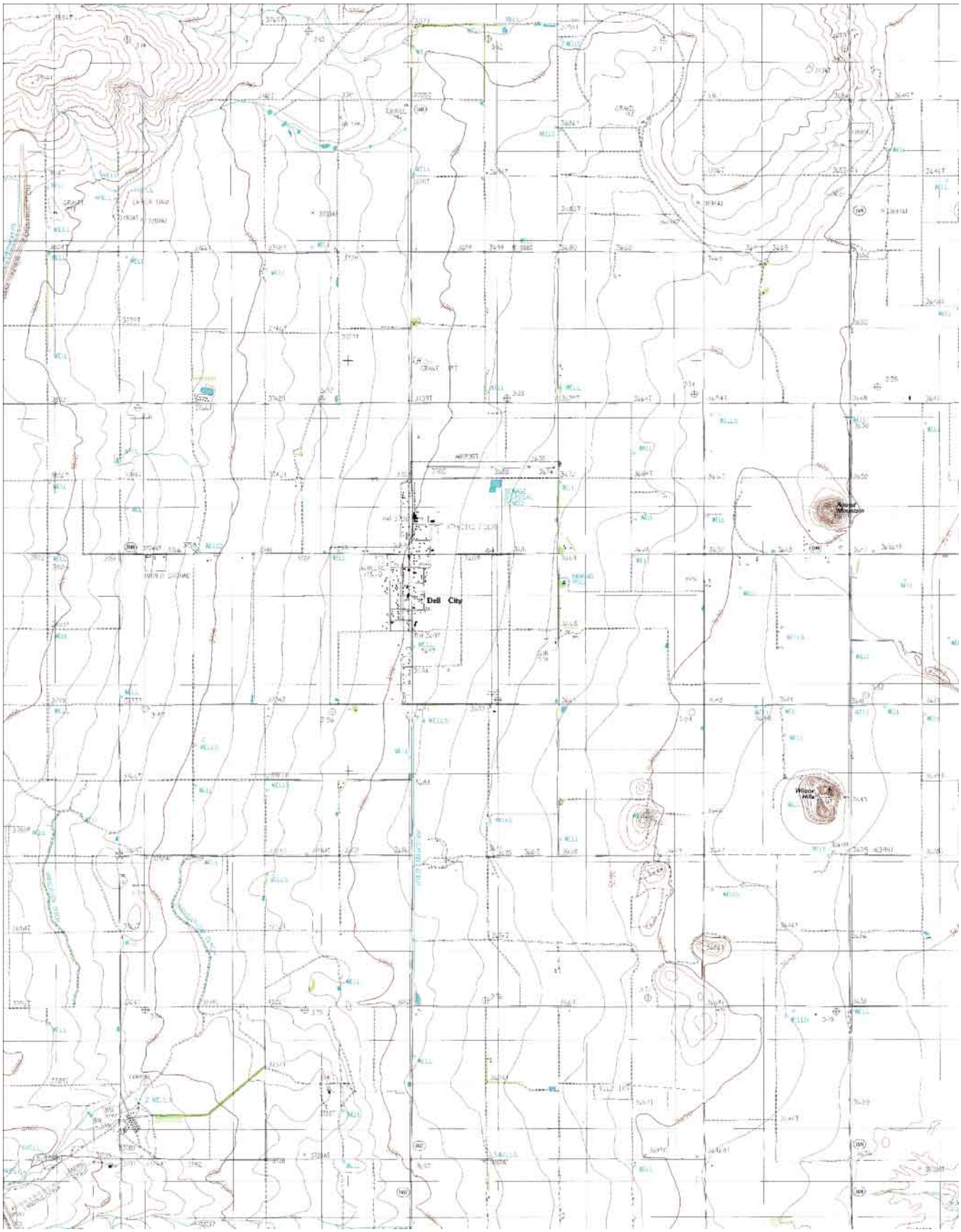
Approved by Board of Directors: _____ Date:_____

Approval is conditional upon the registrant operating the above registered well is in full compliance with all applicable rules of the District.

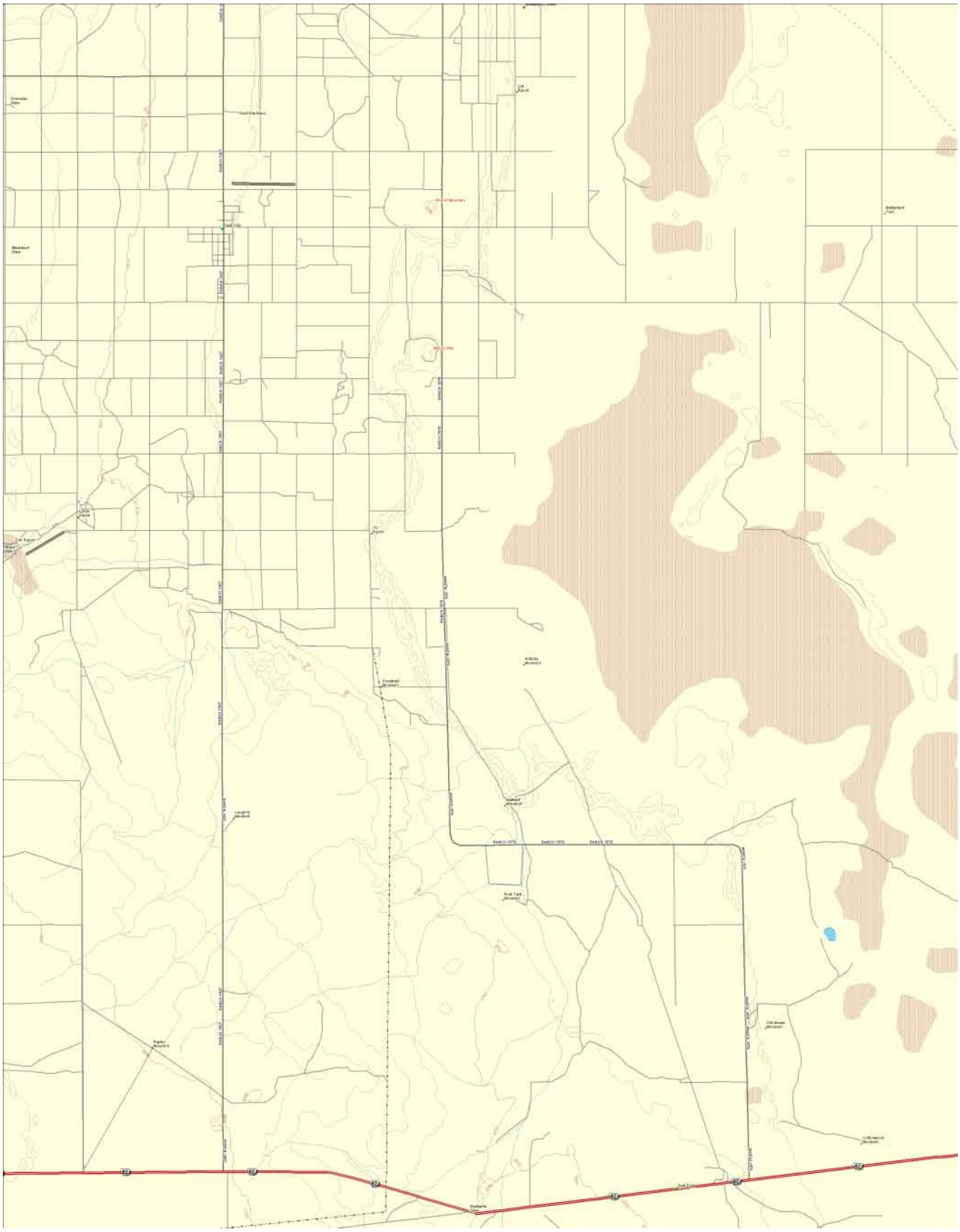
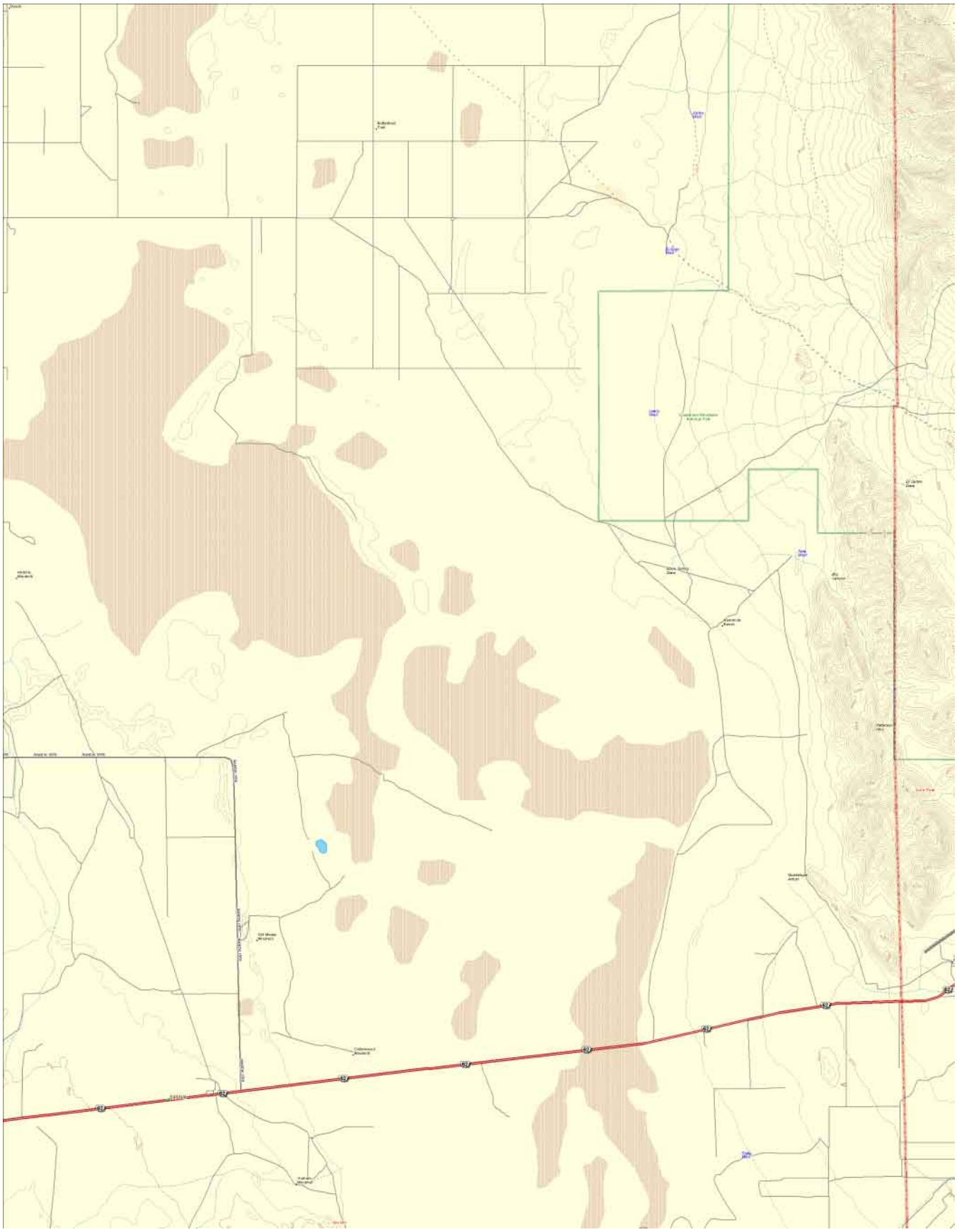
Well Registration Certificate Map A



Well Registration Certificate Map B



Well Registration Certificate Map C



Well Registration Certificate Map D