



File No. _____

NEW MEXICO OFFICE OF THE STATE ENGINEER

CHANGE OF OWNERSHIP OF WATER RIGHT (NON-72-12-1) FOR (check one):



Important: Acceptance of the form for filing by the State Engineer does not constitute verification of the right conveyed.

☒ Individual☐ Trustee☐ Estate☒ Corporation☐ Partnership☐ Limited Liability Co.

1. OWNER OF RECORD (Seller)

Name: Gates Properties, Ltd.	Name: Nada Gates	
Phone: 432-584-4044 Phone (Work): 432-528-7647	<input checked="" type="checkbox"/> Home <input type="checkbox"/> Cell	Phone: 432-584-4044 Phone (Work): 532-528-7647
a. Owner of Record File No. SD 08286 1	b. Sub-file No. HD.382.2	c. Cause No. 712

2. NEW OWNER (Buyer) Note: If more owners need to be listed, attach a separate sheet. Attached? ☐ Yes

Name: H. Wade White and Anna Mae White	Name: Pioneer Bank
Contact or Agent: H. Wade White	Contact or Agent: Nicole R. Austin
check here if Agent <input type="checkbox"/>	check here if Agent <input type="checkbox"/>
Mailing Address: 615 W. Chapman Rd.	Mailing Address: PO Box 130
City: Carlsbad	City: Roswell
State: NM	State: NM
Zip Code: 88220	Zip Code: 88202
Phone: 575-706-1198 Phone (Work):	Phone: 575-627-4414 Phone (Work): 575-627-4414
<input type="checkbox"/> Home <input checked="" type="checkbox"/> Cell	<input type="checkbox"/> Home <input type="checkbox"/> Cell
E-mail (optional): whiteszoo12@gmail.com	E-mail (optional): naustin@pioneerbnk.com

Required: Submit warranty deed(s) or other instrument(s) of conveyance properly recorded with the county clerk's office.

3. PURPOSE OF USE & AMOUNT CONVEYED

Check all that apply: <input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Livestock <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Municipal <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Other Uses (specify): _____	Amount of Water (acre-feet per annum): If more details are needed, type "See Comments" in "Other" field below, and explain in Additional Statements Section. Diversions: <u>19.8</u> Consumptive Use: _____ Other (include units): _____
Owner of record has conveyed all or part of said right (please check one) <input checked="" type="checkbox"/> All <input type="checkbox"/> Part	

FOR OSE INTERNAL USE

Change of Ownership, Form wr-02, Rev 09/08/17

File No.	Trn No.	Well Tag ID No. (if applicable):
Trans Desc. (optional):	Sub-Basin:	Receipt No.



File No. _____



NEW MEXICO OFFICE OF THE STATE ENGINEER

CHANGE OF OWNERSHIP OF WATER RIGHT (NON-72-12-1) FOR (check one):

Important: Acceptance of the form for filing by the State Engineer does not constitute verification of the right conveyed.

☒ Individual☐ Trustee☐ Estate☒ Corporation☐ Partnership☐ Limited Liability Co.

1. OWNER OF RECORD (Seller)

Name: Gates Properties, Ltd		Name: Nada Gates	
Phone: 432-584-4044	<input checked="" type="checkbox"/> Home <input type="checkbox"/> Cell	Phone: 432-584-4044	<input checked="" type="checkbox"/> Home <input type="checkbox"/> Cell
Phone (Work): 432-528-7647		Phone (Work): 532-528-7647	
a. Owner of Record File No: SD 02369 1A	b. Sub-file No.: HD.383.1	c. Cause No.: 712	

2. NEW OWNER (Buyer) Note: If more owners need to be listed, attach a separate sheet. Attached? ☐ Yes

Name: H Wade White and Anna Mae White		Name: Pioneer Bank	
Contact or Agent: H. Wade White	check here if Agent <input type="checkbox"/>	Contact or Agent: Nicole R. Austin	check here if Agent <input type="checkbox"/>
Mailing Address: 615 W Chapman Rd		Mailing Address: PO Box 130	
City: Carlsbad		City: Roswell	
State: NM	Zip Code: 88220	State: NM	Zip Code: 88202
Phone: 575-706-1198	<input type="checkbox"/> Home <input checked="" type="checkbox"/> Cell	Phone: 575-627-4414	<input type="checkbox"/> Home <input type="checkbox"/> Cell
Phone (Work):		Phone (Work): 575-627-4414	
E-mail (optional): whiteszoo12@gmail.com		E-mail (optional): naustin@pioneerbnk.com	

Required: Submit warranty deed(s) or other instrument(s) of conveyance properly recorded with the county clerk's office.

3. PURPOSE OF USE & AMOUNT CONVEYED

Check all that apply: <input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Livestock <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Municipal <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Other Uses (specify): _____	Amount of Water (acre-feet per annum): If more details are needed, type "See Comments" in "Other" field below, and explain in Additional Statements Section. Diversions: <u>22.863</u> Consumptive Use: _____ Other (include units): _____
Owner of record has conveyed all or part of said right (please check one) <input checked="" type="checkbox"/> All <input type="checkbox"/> Part	

FOR USE INTERNAL USE

Change of Ownership, Form wr-02, Rev 09/08/17

File No.:	Tm. No.:	Well Tag ID No. (if applicable):
Trans Desc. (optional):		Sub-Basin: Receipt No.: