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WATER RESOURCES DEPT.
SALEM, OREGON

STATE OF OREGON
WATER RESOURCES DEPARTMENT

SURFACE WATER REGISTRATION STATEMENT
PRE-1909 VESTED WATER RIGHT CLAIM

1. Name of Registrant: JOHN E. TEMPLE
Mailing Address: HC 73 - 1582 BUCHANAN ROAD;
BURNS, OR 97720 Telephone No: 403-2411

2. Source of water: LITTLE ROCK CR.
Tributary to: ROCK CR.

3. Purpose(s) for which water is used: IRRIGATION, STOCK
(Irrigation, Stockwater, Domestic, Hydroelectric power, Industrial, Etc.)
If irrigation, total number of acres irrigated: 384.2

4. Priority Date
a) Date of first use: _____
b) Date water use development first initiated: _____
c) Name of party who initiated development: _____

5. Amount of water claimed: * 0.63 CFS, in CFS or GPM
(Water put to beneficial use)

6. Location of place of use:
22, 23, 24, 27 Sections, Township 22S N/S, Range 33E E/W.
_____ Sections, Township _____ N/S, Range _____ E/W.
(Attach additional pages if necessary)

7. Usual period of use: _____ / _____ to _____ / _____
month day month day

* 0.41 CFS IRRIGATION; 0.02 CFS, STOCK

8. Remarks: _____

9. Total fees submitted with claim: Please let me know amount

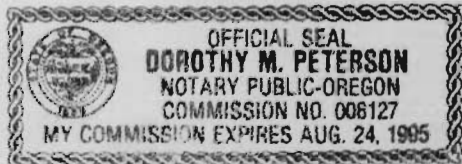
Notarized Statement Signed by Claimant.

STATE OF OREGON)
County of Harney) : ss

I, JOHN E. TEMPLE, having been duly sworn, depose and say that I, and being the claimant of the existing surface water right described herein, have read the contents of this claim and to the best of my knowledge all of the matters stated herein are true and correct.

John E Temple
Signature of Claimant

Signed and attested before me this 29th day of December, 19 92



Dorothy M. Peterson
NOTARY PUBLIC for the State of Oregon
My commission expires: 082495

THIS FORM MUST BE ACCOMPANIED BY A MAP PREPARED BY A CERTIFIED WATER RIGHT EXAMINER (CWRE).

Certified Water Right Examiner

Name: CHRIST PALMER CWRE#: 100

Address: P.O. BOX 61, BURNS, OR 97720

Telephone: 573-0451