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WATER RESOURCES DEPT.  
SALEM, OREGON

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**STATE OF OREGON  
WATER RESOURCES DEPARTMENT**

**SURFACE WATER REGISTRATION STATEMENT  
PRE-1909 VESTED WATER RIGHT CLAIM**

1. Name of Registrant: LYLE VICKERS and HELEN VICKERS, or the survivor  
Mailing Address: HC 73, 1166 Buchanan Road  
Burns, OR 97720 Telephone No: 493-2580

2. Source of water: 95% Curtis Creek and un-named drainage.  
Tributary to: 5% Malheur Lake

3. Purpose(s) for which water is used: irrigation and stockwater  
(Irrigation, Stockwater, Domestic, Hydroelectric power, Industrial, Etc.)  
If irrigation, total number of acres irrigated: 45.6 acres

4. Priority Date  
a) Date of first use: 1890  
b) Date water use development first initiated: 1890  
c) Name of party who initiated development: Van Curtis

5. Amount of water claimed: 2 CFS, in CFS or GPM  
(Water put to beneficial use)

6. Location of place of use:  
12 Sections, Township 23S N/S, Range 33E E/W.  
7 Sections, Township 23S N/S, Range 34E E/W.  
(Attach additional pages if necessary)

7. Usual period of use: 3 / 1 to 10 / 1  
month / day month / day

8. Remarks: Application is for irrigation and stockwater use  
on Curtis Creek in Sec. 12 of T23S,R33E and Sec. 7 of T23S,R34E.

9. Total fees submitted with claim: \$92.00 (46 A. @ 2.00)

Notarized Statement Signed by Claimant.

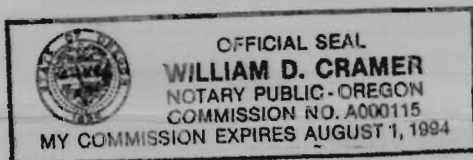
STATE OF OREGON )  
: ss  
County of Harney )

I, LYLE VICKERS & HELEN VICKERS 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.

Lyle Vickers  
Signature of Claimant

Helen Vickers  
Signature of Claimant

Signed and attested before me this 10<sup>th</sup> day of February, 19 92



William D. Cramer  
NOTARY PUBLIC for the State of Oregon  
My commission expires: 2/10/92  
8/1/94

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

Certified Water Right Examiner

Name: Charles F. Palmer CWRE#: 99

Address: P.O. Box 61 - Burns, OR 97720

Telephone: 503-573-6451