

**CLAIM OF  
BENEFICIAL USE  
for Transfers  
Place of Use Only**



**Oregon Water Resources Department**  
725 Summer Street NE, Suite A  
Salem, Oregon 97301-1266  
(503) 986-0900  
[www.oregon.gov/OWRD](http://www.oregon.gov/OWRD)

**A fee of \$230 must accompany this form for any transfer final orders including a water right with a priority date of July 9, 1987, or later.**

**Example – A transfer involves 5 rights and one of the rights has a priority date of July 9, 1987, or later, the fee is required.**

**A separate form shall be completed for each transfer.**

This form is subject to revision. **Begin each new claim** by checking for a new version of this form at:  
<https://www.oregon.gov/OWRD/Forms/Pages/default.aspx>

The completion of this form is required by OAR 690-014-0100(1) and 690-014-0110(4).

Please type or print in dark ink. If this form is found to contain errors or omissions, it may be returned to you. **Every item must have a response.** If any requested information does not apply to the claim, insert "NA." **Do not delete or alter any section of this form unless directed by the form.** The Department may require the submittal of additional information from any water user or authorized agent.

"Section 7" of this form is intended to aid in the completion of this form and should not be submitted.

A claim of beneficial use includes both this report and a map. If the map is being mailed separately from this form, please include a note with this form indicating such.

If you have questions regarding the completion of this form, please call 503-979-9103.

The Department has a program that allows it to enter into a voluntary agreement with an applicant for expedited services. Under such an agreement, the applicant pays the cost to hire additional staff that would not otherwise be available. This program means a certificate may be issued in about a month. For more information on this program see:

<https://www.oregon.gov/OWRD/programs/WaterRights/RA/Pages/default.aspx>

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**SECTION 1**

**GENERAL INFORMATION**

**Type of Authorized Change**

This Claim is being submitted for a transfer where the only authorized change was a change in place of use.

*If additional changes were authorized, you will need to select a different form.*

**1. File Information**

APPLICATION #

**T-13549**

**YES NO**

2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME <b>Oregon Ranching (Twin Buttes Ranch)</b>	PHONE NO. <b>(541)477-3229</b>	ADDITIONAL CONTACT NO.	
ADDRESS <b>62400 Paulina Highway</b>			
CITY <b>Post</b>	STATE <b>OR</b>	ZIP <b>97752</b>	E-MAIL

If the current property owner is not the transfer holder of record, it is recommended that an assignment be filed with the Department. ***Each transfer holder of record must sign this form.***

3. Transfer holder of record (this may, or may not, be the current property owner)

TRANSFER HOLDER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

**September 18, 2024**

5. Person(s) interviewed and description of their association with the project:

NAME	DATE	ASSOCIATION WITH THE PROJECT
<b>Phil Hartzell</b>		<b>Ranch Manager</b>

6. County:

**Crook**

7. If any property described in the place of use of the transfer final order is excluded from this report, identify the owner of record for that property (ORS 537.230(5)):

OWNER OF RECORD		
ADDRESS		
CITY	STATE	ZIP

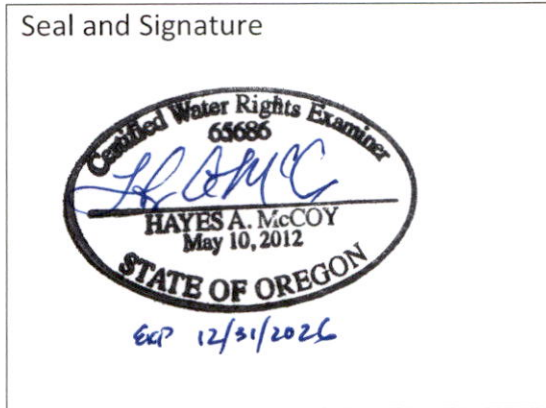
Add additional tables for owners of record as needed

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## SECTION 2 SIGNATURES

### CWRE Statement, Seal and Signature

The facts contained in this Claim of Beneficial Use are true and correct to the best of my knowledge.



CWRE NAME <b>Hayes A. McCoy</b>		PHONE NO. <b>(541)923-7554</b>		ADDITIONAL CONTACT NO.	
ADDRESS <b>1180 SW Lake Road #201</b>					
CITY <b>Redmond</b>	STATE <b>OR</b>	ZIP <b>97756</b>	E-MAIL <b>hayes@ham-engr.com</b>		

### Transfer Holder of Record Signature or Acknowledgement

**Each** transfer holder of record must sign this form in the space provided below.

The facts contained in this Claim of Beneficial Use are true and correct to the best of my knowledge. I request that the Department issue a water right certificate.

SIGNATURE	PRINT OR TYPE NAME	TITLE	DATE
	<b>Phil Hartzell</b>	<b>Ranch Manager</b>	<b>9/18/2024</b>

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**SECTION 3**  
**EXTENT OF CHANGE COMPLETED**

**1. Claim Summary:**

If Irrigation or Nursery Use:

THE # OF ACRES ALLOWED	THE # OF ACRES DEVELOPED
<b>33.3 acres (Cert. 5056, Irrigation)</b>	<b>33.3 acres (Cert. 5056, Irrigation)</b>
<b>3.1 acres (Cert. 80616, Irrigation)</b>	<b>3.1 acres (Cert. 80616, Irrigation)</b>

If the use(s) was not irrigation or nursery:

WAS THE NEW PLACE OF USE DEVELOPED TO THE FULL EXTENT AUTHORIZED UNDER THE ORDER? (INCLUDE THE LOCATION OF THE DEVELOPED PLACE USE ON THE CLAIM MAP)		
YES	NO	NA

**2. Variations:**

Was the use developed differently from what was authorized by the transfer final order? YES **NO**

If yes, describe below.

(e.g. "The order authorized a change in place of use for 40 acres. The water user only developed 38 acres.")

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## SECTION 4

### CONDITIONS

All conditions contained in the transfer, or any extension final order shall be addressed. Reports that do not address all performance related conditions will be returned.

**1. Time Limits:**

Describe how the water user has complied with each of the development timelines established in the transfer final order and any extensions of time issued for the transfer:

	DATE FROM TRANSFER	DATE THE AUTHORIZED CHANGE WAS COMPLETED *THIS DATE MUST FALL BETWEEN THE "ISSUANCE DATE" AND THE "COMPLETENESS DATE"
ISSUANCE DATE	March 21, 2023	
COMPLETENESS DATE FROM ORDER (C)	October 1, 2024	

\* MUST BE WITHIN PERIOD BETWEEN TRANSFER FINAL ORDER, OR ANY EXTENSION FINAL ORDER ISSUANCE AND THE DATE TO COMPLETE THE CHANGE

**2. Is there an extension final order(s)?**

YES ☒ NO

*If "NO", you may delete the following table.*

**3. Measurement Conditions:**

a. Does the transfer final order require the installation of a meter or approved measuring device?

YES ☒ NO

*If "NO", items b through f relating to this section may be deleted.*

**4. Other conditions required by the transfer final order:**

a. Other conditions?

YES ☒ NO

If "YES" to any of the above, identify the condition and describe the water user's actions to comply with the condition(s):

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**SECTION 5**  
**ATTACHMENTS**

Provide a list of any additional documents you are attaching to this report:

ATTACHMENT NAME	DESCRIPTION

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## SECTION 6

### CLAIM OF BENEFICIAL USE MAP

A Claim of Beneficial Use Map must be submitted with this claim. Claims submitted without the Claim of Beneficial Use map will be returned. The map shall be submitted on polyester film at a scale of 1" = 1320 feet, 1" = 400 feet, or the original full-size scale of the county assessor map for the location.

For the purpose of this Claim, the map must identify the developed new place of use. The existing point(s) of diversion or point(s) of appropriation are required to be included on the Claim map, based on the locations described in the transfer final order.

Provide a general description of the survey method used to prepare the map. Examples of possible methods include, but are not limited to, a traverse survey, GPS, or the use of aerial photos. If the basis of the survey is an aerial photo, provide the source, date, series and the aerial photo identification number.

**Aerial photos and original transfer map**

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