

**NEW MEXICO STATE LAND OFFICE  
APPLICATION FOR A RULE 5 (19.2.5 NMAC)  
MINERAL LEASE ON STATE TRUST LAND**

FOR LAND OFFICE USE ONLY	
Lease No.:	_____
New:	_____ Renewal: _____
STID No.:	_____
Phone:	_____

TO: Commissioner of Public Lands  
Post Office Box 1148  
Santa Fe, New Mexico 87504-1148

Date of Application: \_\_\_\_\_

FROM: \_\_\_\_\_ (Company Name)  
\_\_\_\_\_ (Contact Name)  
\_\_\_\_\_ (Street Address/PO Box)  
\_\_\_\_\_ (City, State, Zip)  
\_\_\_\_\_ (Phone #)  
\_\_\_\_\_ (Email Address)

Please check the type(s) of commodities to be mined:

Borrow Dirt	<input type="checkbox"/>	Caliche	<input type="checkbox"/>	Clay	<input type="checkbox"/>	Gypsum	<input type="checkbox"/>	Humate	<input type="checkbox"/>
Perlite	<input type="checkbox"/>	Sand & Gravel	<input type="checkbox"/>	Shale	<input type="checkbox"/>	Stone	<input type="checkbox"/>	Volcanic Deposits	<input type="checkbox"/>

**Cultural Resource Protection:**

*Please indicate that you (Applicant) have read the **T&E and Cultural Resources Notice to Applicants** and that you understand and agree to abide by the terms and conditions set forth therein.*

Yes  No

*An Archaeological Survey is strongly recommended. If no survey is provided an Archaeological Records Management Section Inspection (ARMS Inspection) in accordance with NMAC 4.10.15.9 is required.*

*If the ARMS Inspection is not provided by the applicant, the Land Office will provide the ARMS Inspection in the order applications are received.*

*An Archaeological Survey will be provided or is attached with a cover page labeled:*

*Confidential Exhibit \_\_\_\_\_.*

Yes  No

*An ARMS Inspection is attached with a cover page labeled:*

*Confidential Exhibit \_\_\_\_\_.*

Yes  No

*The Applicant would like the NMSLO to provide the ARMS Inspection:*

Yes  No

NOTE TO APPLICANTS: Completion and submission of this lease application does NOT constitute issuance of a lease by the New Mexico State Land Office. The application fee is non-refundable. Any other payments submitted with this application will be deposited in a suspense account as provided by law and do not obligate the Commissioner of Public Lands to issue a lease. Rental payments are subject to refund if the application is denied.

I, \_\_\_\_\_, whose address is listed above, am a citizen, or  
 (Company/Corporation Name)  
 eligible to become a citizen of the United States, over the age of twenty-one years (or a corporation qualified to do business in New Mexico) do hereby make application for a mineral lease for the exploration, development and production of the mineral stated above upon the following described lands, or such portion thereof as may be available for leasing, situated in the County of \_\_\_\_\_, State of New Mexico:

Enter Public Land Survey System Description(s) of land parcel(s) you are applying for below:

<u>SUBDIVISION</u>	<u>SECTION</u>	<u>TOWNSHIP</u>	<u>RANGE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

containing \_\_\_\_\_ acres, more or less; and do tender as first annual rental, the sum of \$1.00 per acre (\$40.00 minimum) together with an application fee of \$250.00. The appraised value of this land for mineral purposes is \$ \_\_\_\_\_ (state actual value, if known; if speculative, insert the words "purely speculative").

I, \_\_\_\_\_, the above applicant, do solemnly swear, or  
 (Company/Corporation Name)

affirm, that each and every statement made in this application is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
 Applicant

By:

\_\_\_\_\_  
 Attorney in Fact or Authorized Agent

\_\_\_\_\_  
 (Title of Authorized Agent)

Complete this section if representing yourself as an individual.

**ACKNOWLEDGMENT IN AN INDIVIDUAL CAPACITY**

State of \_\_\_\_\_

County of \_\_\_\_\_

This instrument was acknowledged before me on \_\_\_\_\_ 20\_\_\_\_ by \_\_\_\_\_  
(date) (name(s) of person(s))

\_\_\_\_\_  
Signature of Notarial Officer

(Seal)

Printed Name: \_\_\_\_\_  
(Notary)

My commission expires: \_\_\_\_\_

Complete this section if representing another individual or company.

**ACKNOWLEDGMENT IN A REPRESENTATIVE CAPACITY**

State of \_\_\_\_\_

County of \_\_\_\_\_

This instrument was acknowledged before me on \_\_\_\_\_ (date) by \_\_\_\_\_  
(name(s) of person(s))

as \_\_\_\_\_ (type of authority, e.g., officer, trustee, etc.) of

\_\_\_\_\_  
(name of party on behalf of whom instrument was executed.)

\_\_\_\_\_  
Signature of Notarial Officer

(Seal)

Printed Name: \_\_\_\_\_  
(Notary)

My commission expires: \_\_\_\_\_