

**NEW MEXICO STATE LAND OFFICE
APPLICATION FOR A RULE 3 (19.2.3 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)

I, _____, whose address is listed above, am a citizen, or eligible to
 (Company/Corporation Name)
 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 potassium, sodium, phosphorus and their salts and compounds upon the following described lands, or such portion thereof as may be available for leasing, situated in the County of _____, State of New Mexico:

Subdivision _____ Section _____ Township _____ Range _____

containing _____ acres, more or less; and do tender as first annual rental, the sum of \$_____ per acre or fraction of an acre, the sum of \$_____ and the sum of \$_____ as a bonus (if lease bid), together with an application fee of \$30.00.

Applicant states and shows that the facts and conditions relating to the character and value of the said lands for production of said minerals and the development and exploration of the same thereon and in the vicinity thereof as stated in answer to the following questions:

1. Have any test well or wells been drilled on said lands or within five miles thereof for determining whether or not deposits of said minerals are present? _____
2. Describe such wells by location, depth attained and give nature and extent of deposits of the above minerals discovered, if any.

3. What is the value of a lease upon said lands for the above mentioned minerals? State the actual value, or if speculative, insert the words "purely speculative". _____

Cultural Resource Protection:

*Please indicate that you (Applicant) have read the **Threatened & Endangered Species 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 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 _____*

Shape Files:

Shape Files are optional with all applications.

Shape Files for this project are available: Yes ___ No _____

If yes, the NMSLO lease analyst will contact you at the address you provide:

Applicant Shape File Custodian (email contact information): _____

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: _____