NEW MEXICO STATE LAND OFFICE APPLICATION FOR A RULE 4 (19.2.4 NMAC) SALT LEASE ON STATE TRUST LAND

FOR LAND OFFICE USE ONLY

Lease No.: _

TO:	Commissioner of Public Lands Post Office Box 1148 Santa Fe, New Mexico 87504-1148 Date	e of Application:		STID No.:Phone:	
FROM:			(Con	npany Name)	
	(Contact Name)(Street Address/PO Box)			(Contact Name)	
			(City	, State, Zip)	
I,				, whose address	
	(Company / Corporation	. Name)			
	in New Mexico) do hereby make application for a g described lands, or such portion thereof as may b	-			
	Subdivision	Section	Township	Range	
applications	acres, more or less; and do tend on fee of \$250.00. The appraised value of this land ve, insert the words "purely speculative"). Attached mated tonnage or amount to be produced and generated tonnage.	d for mineral purposes is \$d is a sworn appraisal of the laneral plan of operations are as for	nd and minerals by a disir	(state actual value, if kn	own; if he land.
	Cultural Resource Protection: Please indicate that you (Applicant) Resources Notice to Applicants and the forth therein. Yes No	at you understand and ag	U	-	

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.

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.

Rev. 7-1-2016

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 Inspe Yes No	ection:
Shape Files:	
Shang Eiles and ontional with all applications	
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 y	ou provide:
Applicant Shape File Custodian (email contact information):	
rippiicum shape i ne cusionum (chum connect injornamon).	
	, the above applicant, do solemnly swear, or
(Company / Corporation Name)	
that each and every statement made in this application is true and correct to the best	of my knowledge and belief.
	Applicant
Ву:	Attorney in Fact or Authorized Agent
	(Title of Authorized Agent)
	(1100 01 11001011100 1150110)

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Complete this section if representing yourself as an individual.

	GMENT IN AN INDIVIDUAL CAPACITY
State of	
County of	
This instrument was acknowledged before me on	
(date)	(name(s) of person(s))
	Signature of Notarial Officer
Seal)	Printed Name:(Notary)
	(ivotaly)
	My commission expires:
ACKNOWLEDGM	ENT IN A REPRESENTATIVE CAPACITY
State of	ENT IN A REI RESENTATIVE CAI ACIT I
	ENT IN A REI RESENTATIVE CAI ACIT I
County of	
County of	
County of This instrument was acknowledged before me on	(date) by
County of This instrument was acknowledged before me on s	(date) by (name(s) of person(s
County of This instrument was acknowledged before me on as	(date) by (name(s) of person(s (type of authority, e.g., officer, trustee, etc.) of
County of This instrument was acknowledged before me on s	(date) by (name(s) of person(s (type of authority, e.g., officer, trustee, etc.) of
County of This instrument was acknowledged before me on as	(date) by(name(s) of person(s(type of authority, e.g., officer, trustee, etc.) of on behalf of whom instrument was executed.)
County of This instrument was acknowledged before me on as (name of party	
County of This instrument was acknowledged before me on s (name of party	(date) by (name(s) of person(s (type of authority, e.g., officer, trustee, etc.) of on behalf of whom instrument was executed.) Signature of Notarial Officer
County of This instrument was acknowledged before me on as	(date) by (name(s) of person (type of authority, e.g., officer, trustee, etc.) on behalf of whom instrument was executed.) Signature of Notarial Officer Printed Name:

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