



**Stephanie Garcia Richard  
Commissioner of Public Lands  
State of New Mexico**

**APPLICATION TO AMEND A RIGHT-OF-WAY**

(Roads, Telephone and Telegraph, Pipelines, Saltwater Disposal, etc.)

Dear Commissioner:

\_\_\_\_\_  
(Name of Applicant)

\_\_\_\_\_  
(Designated Field Contact name)

\_\_\_\_\_  
(Street Address, City, State, Zip Code)

\_\_\_\_\_  
(Field Contact Phone Number)

\_\_\_\_\_  
(Contact Name, Phone Number)

\_\_\_\_\_  
(Field Contact Email Address)

Hereby applies for an amendment to right-of-way **No. R-**\_\_\_\_\_. The amendment sought is described as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Type of amendment)

Enclosed is a plat of the original rights-of-way. Also enclosed is the centerline survey shown in red indicating the length of the proposed amendment in rods, and acres per 40-acre aliquot tract (qtr. /qtr. breakdown) of any area being added or subtracted from the original right-of-way and a statement of the same. The survey must be completed within twelve months of this amendment application, and the proposed addition (if applicable) must be staked and flagged. *Failure to do so will result in an additional application fee.*

**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 applicant does not provide the ARMS Inspection, the Land Office will provide the ARMS Inspection in the order applications are received.

An Archaeological Survey is attached with a cover page labeled: Yes \_\_\_ No \_\_\_  
Confidential Exhibit \_\_\_\_\_.

An ARMS Inspection is attached with a cover page labeled: Yes \_\_\_\_ No \_\_\_\_  
Confidential Exhibit \_\_\_\_\_.

The Applicant would like the NMSLO to provide the ARMS Inspection: Yes \_\_\_\_ No \_\_\_\_

**Shape Files:**

Shape Files are required 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): \_\_\_\_\_

Pursuant to New Mexico State Land Office fee schedule, enclosed is a check in the amount of \$ \_\_\_\_\_  
for \_\_\_\_\_ rods (16.5 feet) at \_\_\_\_\_ per rod, plus \$200.00 application fee.

***\* When you provide a check as payment, you authorize the State of New Mexico to either use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction.***

Applicant covenants and agrees to abide by all laws and regulations of the Land Office. Applicant, if other than a governmental entity that is provided immunity from suit by the New Mexico Tort Claims Act, agrees to save and hold harmless, defend and indemnify the State of New Mexico, the Commissioner of Public Lands, and his agents or employees, in their office and individual capacities, of and from any and all liability, claims, losses, or damages arising out of or alleged to arise out of or indirectly connected with the operations of Grantee, its employees, agents, or contractors hereunder.

Applicant

By: \_\_\_\_\_

Title: \_\_\_\_\_

ACKNOWLEDGMENT FOR CORPORATIONS

STATE OF )  
 ) ss.  
COUNTY OF )

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, by \_\_\_\_\_, \_\_\_\_\_  
*(Name of Officer)* *(Title of Officer)*  
of \_\_\_\_\_, a \_\_\_\_\_  
*(Name of Corporation Acknowledging)* *(State of Incorporation)*  
corporation, on behalf of said corporation.

My Commission Expires:

\_\_\_\_\_  
NOTARY PUBLIC

ACKNOWLEDGMENT FOR NATURAL PERSONS

STATE OF )  
 )ss.  
COUNTY OF )

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, by \_\_\_\_\_, \_\_\_\_\_

My Commission Expires:

\_\_\_\_\_  
NOTARY PUBLIC