



**Commissioner of Public Lands
NEW MEXICO STATE LAND OFFICE**

310 Old Santa Fe Trail
P.O. Box 1148
Santa Fe, New Mexico 87504-1148

APPLICATION TO AMEND SALT WATER DISPOSAL EASEMENT

No. _____

Applicant: _____

Contact: _____

Address: _____

Phone Number: _____

Email address: _____

Applicant is the Grantee of Salt Water Disposal Easement No. SW _____ Applicant here submits the processing fee of \$250.00, and requests that the said easement be amended as follows:

- Alter the Legal Description or Well Name of the area covered by the Salt Water Disposal Easement to read as follows:

- Add location information as shown on the attached plat. Attached is Applicant's sworn affidavit that all improvements will be used only for the purposes permitted under the existing Salt Water Disposal Easement. Reason for addition is as follows; _____
- Change Disposal Rate structure of current contract;
A disposal rental will be charged for each barrel of Produced Water disposed of in the easement well(s), regardless of whether the Produced Water was produced on-lease or off-lease. Disposal Rent is based on whether operation of Salt Water Disposal is Grantee's "Primary Business," defined herein as transportation, movement, and/or disposal of produced water generates 50% or greater of Grantee's annual gross revenues. By signing this amendment application, Grantee represents and warrants that the information checked below is true and correct:

_____ **Tier One Salt Water Disposal Well.** Operation of Salt Water Disposal wells **is not** Applicant's Primary Business.

_____ **Tier Two Salt Water Disposal Well.** Operation of Salt Water Disposal wells **is** Applicant's Primary Business.

****Provide justification for this requested tier change;** _____

Other as follows: _____

_____.

ACKNOWLEDGMENT FOR APPLICANT

Applicant: _____ (sign name)

STATE OF _____)
)ss.
COUNTY OF _____)

The foregoing instrument was acknowledged before me this _____ day of _____, 20____,

by _____, _____
(Name of Officer) (Title of Officer)

of _____, _____
(Name of Corporation Acknowledging) (State of Incorporation)

on behalf of said corporation.

My Commission Expires:

NOTARY PUBLIC

Make your \$250 payment to:

New Mexico Commissioner of Public Lands
Oil, Gas and Minerals Division/Water Bureau
310 Old Santa Fe Trail
P.O. Box 1148
Santa Fe, NM 87504-1148

**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.*