

**NEW MEXICO STATE LAND OFFICE  
APPLICATION FOR A RULE 12 (19.2.12 NMAC)  
60-DAY WATER / SOIL BORING  
EXPLORATION PERMIT**

FOR LAND OFFICE USE ONLY

WE No.: \_\_\_\_\_

New: \_\_\_\_\_ Renewal: \_\_\_\_\_

STID No.: \_\_\_\_\_

Phone: \_\_\_\_\_

**APPLICANT INFORMATION**

I \_\_\_\_\_ hereby submit this application for a 60-DAY WATER/SOIL BORING EXPLORATION PERMIT under the laws of the State of New Mexico and rules and regulations of the State Land Office:

\_\_\_\_\_ for myself, as Applicant.

OR

\_\_\_\_\_ on behalf of the Applicant, as Applicant's Representative. By signing below, Representative represents and warrants that he or she is duly authorized and has legal capacity to submit this application for 60-day exploration permit on behalf of the Applicant:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Applicant's name (individual or business): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Representative's name: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Applicant is: \_\_\_\_\_ an individual resident of the State of \_\_\_\_\_.

OR

\_\_\_\_\_ a business that has a home office in the State of \_\_\_\_\_ and is authorized to do business in the State of New Mexico. Business is a(n) \_\_\_\_\_ (partnership, corporation, other).

**1. LOCATION OF REQUESTED PERMIT IN \_\_\_\_\_ COUNTY**

Subdivision

Section

Township

Range

containing \_\_\_\_\_ acres, more or less. I request this Water Exploration Permit be granted from \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_ (insert 60 day date range).

Insert brief description of activities & equipment to be used during this permit period in the box below (i.e. # of pits to be dug, # of bore holes to be drilled, expected depth of drilling, and type work or sampling to be conducted, etc.)

**ACKNOWLEDGEMENTS**

Please initial each statement below.

\_\_\_\_\_ A non-refundable application fee of \$100.00 is submitted with this application.

\_\_\_\_\_ A \$500.00 surface damage bond is submitted with this application or is accepted and on file at the State Land Office.

\_\_\_\_\_ As the Authorized party I shall conduct exploration activities only if a state-permitted archaeologist as per the Cultural Properties Act, § 18-6-5(O) is present on the permitted site. Authorized party shall abide by the decisions of the permitted Archaeologist regarding prevention of damage to cultural property sites. An archaeological report is to be submitted to State Land Office Cultural Resources Specialist within fifteen (15) days of the expiration date of this Authorization. (*An archeologist is not required to be present as long as there are no surface disturbing activities being performed*).

**If application is being submitted by Applicant, please initial the following statement:**

\_\_\_\_\_ Applicant covenants and agrees to abide by all laws and regulations of the Land Office and to hold harmless, indemnify, and defend the Commissioner, the Commissioner’s agents and lessees, in their official 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 operations under any grant made by the Commissioner.

**If application is being submitted by Representative on Applicant’s behalf, please initial the following statement:**

\_\_\_\_\_ I solemnly swear (or affirm) that I have advised the Applicant of the acknowledgements and agreements of this Paragraph, and that Applicant covenants and agrees to the statements in this Paragraph, and to abide by all laws and regulations of the Land Office and to hold harmless, indemnify, and defend the Commissioner, the Commissioner’s agents and lessees, in their official 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 operations under any grant made by the Commissioner.

I, \_\_\_\_\_, the above applicant, do solemnly swear, or affirm, that each  
print name (on behalf of Company/Corporation Name)

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

\_\_\_\_\_  
Applicant signature

By: \_\_\_\_\_  
Attorney in Fact or Authorized Agent signature

\_\_\_\_\_  
(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) (print name(s) of person(s))

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

(Seal)

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

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

**OR**

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)) (print

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: \_\_\_\_\_