

**Lease Assignment Information Coversheet**

*The Commissioner of Public Lands may reject any assignment for a lease that is not in good standing or for other reasons pursuant to New Mexico State Land Office rules. See 19.2.100.41 NMAC. Approval of an assignment does not guarantee that a lease is in good standing with the New Mexico State Land Office. Attach additional sheets if necessary.*

**PART 1: TO BE COMPLETED BY ASSIGNOR**

**Full Assignment**

**Partial Assignment**

**Review and complete the following for each lease to be assigned:**

Lease number (and any assignment): \_\_\_\_\_

Land description (Township, Range, Section, Quarter/Quarter): \_\_\_\_\_

**SPILLS**

Number of open spills reported to New Mexico Oil Conservation Division (OCD): \_\_\_\_\_

For any open spills, list RP number(s): \_\_\_\_\_

Number of spills on lease (if any) not reported to OCD: \_\_\_\_\_

Please provide a description of each unreported spill with as much information as available (date or time frame of spill, nature and volume of spill, location of spill, and any action taken to address spill), and any associated API/facility:

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

**BONDING**

Is Assignor currently bonded with the State Land Office, yes or no: \_\_\_\_\_

If Yes, amount of bond(s) and name of surety: \_\_\_\_\_

Is Assignor requesting the release of the bond, yes or no: \_\_\_\_\_

**COMPLIANCE**

Has Assignor received or been the subject of any Notices of Violation, warning letters, compliance orders, lawsuits, or administrative proceedings, or entered into any settlement agreements, from/with OCD or SLO with respect to the lease at any point in time?

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

**INACTIVE WELLS**

If Yes, number of total wells under Assignor's operatorship: \_\_\_\_\_

Number of inactive wells under Assignor's operatorship: \_\_\_\_\_

Number of inactive wells on the lease (inactive per OCD rule 19.15.25.8 NMAC): \_\_\_\_\_

For each well on the lease, identify (1) its API and (2) its operator of record with OCD:

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If any well(s) on the lease are operated by a party other than Assignor- what business relationship, if any, does Assignor have with the well operator(s):

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### **OIL & GAS-RELATED INFRASTRUCTURE**

Please detail all infrastructure on the lease (e.g. batteries, pits compressors, etc.):

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### **ROYALTY and RENTAL PAYMENTS**

Is Assignor current on royalty payments, yes or no? \_\_\_\_\_

If no, how much is owed? \_\_\_\_\_ When will this amount be paid? \_\_\_\_\_

Are rental payments current, yes or no? \_\_\_\_\_

What is the annual rental payment on the lease? \_\_\_\_\_

## **PART 2: TO BE COMPLETED BY ASSIGNEE**

### **BUSINESS STATUS**

If a corporate entity, is Assignee authorized by the New Mexico Secretary of State to do business in the State of New Mexico, yes or no? \_\_\_\_\_

### **BONDING**

Is Assignee currently bonded with the State Land Office, yes or no: \_\_\_\_\_

If Yes, amount of bond(s) and name of surety: \_\_\_\_\_

### **COMPLIANCE**

Has Assignee received or been the subject of any Notices of Violation, warning letters, compliance orders, lawsuits, or administrative proceedings, or entered into any settlement agreements, from/with OCD or SLO within the past five years, yes or no? \_\_\_\_\_

If Yes, describe (by reference to date, nature of action, etc.): \_\_\_\_\_

Is Assignee an operator of record of wells in New Mexico, on file with OCD, yes or no? \_\_\_\_\_

**INACTIVE WELLS**

If Yes, number of total wells under Assignee’s operatorship \_\_\_\_\_

Number of inactive wells under Assignee’s operatorship \_\_\_\_\_

Number of inactive wells **on the lease** (inactive per OCD rule 19.15.25.8 NMAC): \_\_\_\_\_

For each well on the lease, identify (1) its API and (2) its operator of record with OCD:

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

If any well(s) on the lease are operated by a party other than Assignee - what business relationship, if any, does Assignee have with each such well operator(s):

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

For each inactive well on the lease, detail plans to bring each the well into production or plug and abandon:

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

**OIL & GAS-RELATED INFRASTRUCTURE**

Is Assignee assuming liability for any and all infrastructure on the lease (including pits, ponds, compressors, tank batteries etc), yes or no? \_\_\_\_\_

Acknowledgment: Assignee shall be liable for all infrastructure on a lease that is assigned to Assignee, regardless of whether the infrastructure is listed herein. Initial \_\_\_\_\_

**SPILLS**

Has Assignee reviewed the spill information contained in Part 1, yes or no? \_\_\_\_\_

Has Assignee performed separate due diligence as to spills on the lease, yes or no? \_\_\_\_\_

Acknowledgment: The State Land Office makes no representations as to any spills and/or releases currently on the lease by approving the assignment. The Assignee assumes all liability for any spills, releases, and reclamation of the lease. Initial \_\_\_\_\_

**ROYALTY PAYMENTS**

Is Assignee current on any royalty payments due to the State Land Office, yes or no? \_\_\_\_\_

If no, how much is owed? \_\_\_\_\_ When will that amount be paid? \_\_\_\_\_

**Submitting incomplete and/or inaccurate coversheets may result in the rejection or delay of any assignment(s) submitted to the Land Office, along with any other remedy available to the Land Office.**

*I hereby affirm and attest, under penalty of perjury, that \_\_\_\_\_  
(Assignor Company / Representative ) has performed reasonable due diligence concerning the lease(s) to be assigned, and that the foregoing statements are true and correct to the best of my knowledge and belief.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Print or Type)

\_\_\_\_\_  
Assignor Company Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email

*I hereby affirm and attest, under penalty of perjury, that \_\_\_\_\_  
(Assignee Company / Representative ) has performed reasonable due diligence concerning the leases to be assigned, and that the foregoing statements are true and correct to the best of my knowledge and belief.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Print or Type)

\_\_\_\_\_  
Assignee Company Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email