TO: Commissioner of Public Lands
Lands Post Office Box 1148
Santa Fe, New Mexico 87504-1148

FROM: (Company Name)

I, (Company / Corporation Name), whose address

is listed above, am a citizen, or eligible to become a citizen of the United States, over the age of twenty-one years (or a corporation qualified to
do business in New Mexico) do hereby make application for a mineral lease for the exploration, development and production of Salt (NaCl)
upon the following described lands, or such portion thereof as may be available for leasing, situated in the County of ____________, State of
New Mexico:

SUBDIVISION SECTION TOWNSHIP RANGE

containing __________ acres, more or less; and do tender as first annual rental, the sum of $1.00 per acre ($40.00 minimum) together with an
application fee of $250.00. The appraised value of this land for mineral purposes is $________________________ (state actual value, if
known; if
speculative, insert the words "purely speculative"). Attached is a sworn appraisal of the land and minerals by a disinterested party familiar with the
land.

The estimated tonnage or amount to be produced and general plan of operations are as follows:

FOR LAND OFFICE USE ONLY
Lease No.: __________________
New: __________________ Renewal: ____________
STID No.: __________________
Phone: ____________________

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

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.
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**Cultural Resource Protection:**

Parties are expected to review and abide by the laws and rules related to the protection of cultural properties, including the Cultural Properties Protection Rule (19.2.24 NMAC). Please indicate whether you have signed the enclosed Acknowledgment Form.

Yes [ ] No [ ]

The NMSLO Cultural Resources Cover Sheet (Exhibit _____________ ) provided to you by the archaeological consultant is attached to your application and indicates whether:

an ARMS Inspection [ ] or an Archaeological Survey [ ] has been conducted for this project.

(see 19.2.24.9 & 19.2.24.10 NMAC for exceptions of certain categories of activity that do not require an ARMS inspection or survey).

Does your project involve federal or other state agencies? Yes [ ] No [ ]

In addition to complying with the requirements of the Cultural Properties Protection Rule, parties also must comply with all other applicable state and federal laws and rules, including laws and rules pertaining to endangered and threatened species and habitat protection.

**Digital Files:**

Digital information of your project’s location is required. Acceptable formats: shapefiles (preferred), gps coordinates, kml/kmz files or georeferenced AutoCAD files.

Yes [ ] No [ ]

Digital Files Custodian-Name if other than the applicant: ________________________________

Email: ________________________________ Phone Number: ________________________________

I, ________________________________, the above applicant, do solemnly swear, or (Company / Corporation Name)

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

______________________________
Applicant

By: ________________________________
Attorney in Fact or Authorized Agent

______________________________
(Title of Authorized Agent)
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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) (name(s) of person(s))

______________________________
Signature of Notarial Officer

(Seal) Printed Name: __________________________
(Notary)

My commission expires: ______________________

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)) 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: ______________________

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