

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

FOR LAND OFFICE USE ONLY

Lease No.: _____

New: _____ Renewal: _____

STID No.: _____

Phone: _____

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

Date of Application: _____

FROM: _____ (Company Name)

_____ (Contact Name)

_____ (Street Address/PO Box)

_____ (City, State, Zip)

_____ (Phone #)

_____ (Email Address)

I, _____, whose address
(Company / Corporation Name)

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:

<u>SUBDIVISION</u>	<u>SECTION</u>	<u>TOWNSHIP</u>	<u>RANGE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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:

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. Rev. 12/22

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)

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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