



Stephanie Garcia Richard, Commissioner of Public Lands
State of New Mexico

APPLICATION FOR RIGHT-OF-WAY EASEMENT

Dear Commissioner:

(Name of Applicant)

(Designated Field Contact Name)

(Street Address, City, State, Zip Code)

(Field Contact Phone Number)

(Contact Name, Phone Number)

(Field Contact Email Address)

Email Address:

hereby applies for a right-of-way easement for the construction and location of a

(Provide O.D. for pipelines)

Select purpose: \*\*Note that applications for multiple use purposes will not be accepted and must be applied for separately.

Table with 2 columns: Purpose (Telecommunications, Electrical Easement, etc.) and Freshwater/Produced/Treated status (FRESHWATER, PRODUCED/TREATED) with associated questions.

If a pipeline is applied for, please check the following: Buried Surface \_\_\_ P.S.I

Project Name:

It is requested that the right-of-way be \_\_\_\_\_ (must correspond with survey plat) feet wide as indicated on the attached two copies of survey maps or plats with the survey centerline shown in red and length of the right-of-way measured in rods.

It is requested that the right-of-way be for a term of \_\_\_\_\_ years. (Term may not exceed 35 years.)

Registration with NM Secretary of State: Active? In Good Standing? Business ID#: \_\_\_\_\_

Bonding Requirements:

In accordance with 19.2.10.18, one of the following is enclosed to cover payment for damages that might occur to the state land improvements of a surface lessee: (Bond may be in the form of a Surety Bond or Cash Bond.)

- Single improvement damage surety bond in the amount of \$5,000.00. Bond #: \_\_\_\_\_
Blanket improvement damage surety bond in the amount of \$25,000.00. Bond #: \_\_\_\_\_
Cash damage improvement bond submitted in the amount of \$ \_\_\_\_\_
Single surety produced/treated water reclamation bond in the amount of \$25,000.00. Bond #: \_\_\_\_\_
Blanket surety produced/treated water reclamation bond in the amount of \$250,000.00. Bond #: \_\_\_\_\_
Applicant requests that the bond amount for damages to the trust lands be reduced or waived by the Commissioner.

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 (ESRI shape files preferred) or kml/kmz files. Yes \_\_\_\_\_ No \_\_\_\_\_

**\*\*Note that shape files must include the proposed route's centerline, Additional Temporary Workspaces, surface sites, etc. as well as a one-mile buffer layer.**

Digital Files Custodian-Name if other than the applicant: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Pursuant to New Mexico State Land Office fee schedule, enclosed is a check in the amount of \$\_\_\_\_\_ for \_\_\_\_\_ rods (16.5 feet) at \_\_\_\_\_ per rod, plus **\$250.00** application fee.

*\* 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.*

Applicant Signature

\_\_\_\_\_  
Signature of Authorized Agent

By: \_\_\_\_\_  
Print Name of Attorney in Fact or Authorized Agent

Title: \_\_\_\_\_

Agent name and address:  
*(Letter of Authorization attached)*

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

Phone number \_\_\_\_\_

Email Address \_\_\_\_\_

