AGRICULTURAL LESSEE DAMAGE/ACCESS PAYMENT REPORTING FORM

In accordance with Paragraph 20 of the Agricultural Lease, a lessee shall within 30 days of receipt notify the State Land Office of any and all payments it receives from any person or entity for damages to leased state trust land or improvements or charges made to a third party to access the leased lands. As specified below, the notification must include the date the payment was received, the total amount of the payment, the name of the party making the payment and the property damage or access that is the basis for the payment. A lessee is also required to promptly notify the State Land Office of any known illegal dumping, fire, or spills of oil or produced water affecting the leased trust lands. (Please call 505-827-5760 to report dumping, a spill or fire).

Lessee Information:
Name:__________________________________________________________
Mailing Address:__________________________________________________________________________
Phone Number: Work: Home: _____________ Cell:__________________________
Email:__________________________________________________________________________
Preferred Method of Contact: _________________________________________________
Agricultural Lease #: _______________________________________________

Payment Information: The following information will tell us more about who paid you, the payment amount, and what the payment was for. Provide as much detail as possible.
Name of Person/Entity Receiving Payment : _______________________________________________
Payee Contact Name and Phone #:_______________________________________________________
Payee Address:________________________________________________________________________
Name of Person/Entity Making Payment:_______________________________________________
Amount of Payment:____________________________________________________________________
Date(s) of Payment:____________________________________________________________________
Township, range, section, and section subdivision of location on state trust land for which payment was made:

Nature of payment: Provide the nature of the payment received (i.e., access charge, surface damage to land, damage to an improvement, other).

Select one of the following:

Provide detailed description of purpose or reason for payment below:

Use this area to provide additional information, if needed:

Pursuant to 19.2.8.21 NMAC and Paragraph 20 of the Agricultural Lease, if a lessee is involved in litigation with any other person or entity for damages connected with their leased trust lands, the lessee must notify the State Land Office as soon as practicable. This notice requirement does not apply to litigation involving only the lessee’s personal or real property. The notice must be in writing, describe the litigation, and give the case name and court docket number; and the notice must be mailed by certified mail to the Commissioner of Public Lands, Office of General Counsel, P.O. Box 1148, Santa Fe, New Mexico 87504. This form should NOT be used to provide notice regarding litigation.

For questions email: SRDleasing@slo.state.nm.us or call 505-827-5876

Please return form to:
New Mexico State Land Office
Attn.: Agricultural Leasing Bureau
P.O. Box 1148
Santa Fe, NM 87504-1148