

SHUT-IN GAS ROYALTY PAYMENT FORM
New Mexico State Land Office
Oil, Gas, & Minerals Division

P.O Box 1148	310 Old Santa Fe Trail
Santa Fe, NM 87504-1148	Santa Fe, NM 87501-2708

Make check payable to: NEW MEXICO COMMISSIONER OF PUBLIC LANDS

Party Submitting Form: ☐ Lessee ☐ Com Well Operator

Payment For:

Lease Number: _____ **Assignment Number:** _____

Well Name: _____ **Well Number:** _____

A.P.I Number: _____ - _____ - _____ **Pool I.D. Number:** _____

Section _____ **Township** _____ **Range** _____ **Unit/Lot** _____

Note: A separate form must be submitted for each well.

Well Participating in Communitization Agreement: Y ☐ N ☐

Note: For com wells, a separate form must be submitted for each lease shut-in that is associated with the com. Only one fee per well is required.

If YES, Communitization Agreement Name: _____

Well Participating in Unit Agreement: Y ☐ N ☐

If YES, Unit Agreement Name: _____

Shut- In Reason: ☐ Lack of market for gas from well(s)
☐ Inability of lessee to obtain gas pipeline connection for well(s)

*Attach supporting documentation for shut in reason indicated to this form.

Date Well Shut-In: _____

Is well capable of producing in paying quantities: Y ☐ N ☐

If yes, please provide supporting documentation in order for this application to be processed.

Date of Lease: _____ **Date of Stipulation:** _____

Shut-In Amount: _____

Payor: _____

Representative: _____

Address: _____

Representative Telephone Number: _____

Representative Email: _____

**SUBMITTAL OF ACCURATE AND COMPLETE INFORMATION IS REQUIRED TO
PROCESS THE TYPE OF APPLICATION INDICATED ABOVE.**

CERTIFICATION: I hereby certify that the information submitted with this application for administrative approval is accurate and complete to the best of my knowledge. Submission of materially false or incomplete information is grounds for termination of shut-in in addition to any other remedies the New Mexico State Land Office may have. I also understand that no action will be taken on this application until all the required information and notifications are submitted to the Division.

NOTE: Statement must be completed by a representative with managerial or supervisory capacity. If submitting as a lease shut-in, complete as lessee. If submitting as a com shut-in, complete as com operator.

Printed Name

Signature

Title

Date

**Please be advised that payments will be drafted from your account immediately upon receipt.
Please contact Rubel Salazar with questions or concerns at (505) 827 – 5730
or by email: rsalazar@nmslo.gov**