



STATE OF NEW MEXICO
Energy, Minerals and
Natural Resources Department

Mining Act Reclamation Program
Mining and Minerals Division
1220 South St. Francis Drive
Santa Fe, NM 87505
Telephone: (505) 476-3400
Fax No.: (505) 476-3402

**MINING ACT RECLAMATION PROGRAM
ANNUAL REPORT OF MINING OPERATIONS**

The permittee shall submit a report for the preceding calendar year on or before **April 30th** of each calendar year after a permit has been issued in accordance with the New Mexico Mining Act Rules (the Rules). Data in this report covers activities related to calendar year **2009**.

Name of Company / Permittee: _____ **Permit Number:** _____
Project Name: _____

Disturbance and Reclamation:

- A. New acres disturbed during the calendar year (Jan. - Dec. 2009) _____
- B. Acres reclaimed during calendar year (Jan. - Dec. 2009) _____
 - 1. Of total acres reclaimed, how many acres were seeded or planted during the previous calendar year (Jan. - Dec. 2009) _____
 - 2. Approximate time of year seeded or planted _____
- C. Acres released from financial assurance calendar year (Jan. - Dec. 2009) _____
- D. Total Cumulative Disturbed Acreage (all years) _____
- E. Total Cumulative Reclaimed Acreage (all years) _____

If new disturbance has occurred, or reclamation conducted, during calendar year 2009 , maps must be provided with this annual report, identifying the location of the disturbed areas and/or areas of reclaimed land and the year in which the work was done. If possible, please provide these maps in electronic format. For smaller sites (< 10 acres), pdf format is acceptable; however, for larger sites (> 10 acres), dwg format is preferred. If you are going to use dwg format, please contact the permit lead prior to discuss the type of projection and coordinate system you will be using. **Note: Submitting hard copies of this form and any related maps is still acceptable.**

Financial Assurance (Collateral-Real Property Only):

Indicate the current market value of any collateral (real property only) posted as financial assurance in accordance with 19.10.12 NMAC. _____

Compliance Status:

Indicate compliance status for all existing State and Federal environmental permits held by the permittee for this operation.

Permit No.	Permit Name	Issuing Agency	Status	Expiration Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I hereby affirm that the information provided is true, complete and correct.

Signature _____ Date _____

For electronic submittals: By typing your name on the signature line, you acknowledge that you are submitting this as an electronic signature. The Mining Act Reclamation Program accepts your annual report digitally in lieu of receiving your annual report by U.S. Mail or by fax.

PLEASE COMPLETE THE FOLLOWING LEGIBLY:

Name: _____ Company Name: _____
 Title: _____ Address: _____
 Email address: _____
 Phone number: _____ Fax number: _____