

**UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF INDIAN AFFAIRS
SOUTHERN UTE AGENCY**

APPLICATION FOR GRANT OF EASEMENT FOR RIGHT-OF-WAY

RIGHT-OF-WAY APPLICATION MUST IDENTIFY [§169.102(a)]:

1. Applicant Name & Address: _____

2. Tract(s) or parcel(s) affected by the right-of-way: _____
3. General location (easement description): _____
Said ROW is to be _____ feet in length; _____ feet in width, & _____ in acres in size;
4. Purpose: _____
5. Term (Renewal, if applicable): _____
6. Identify ownership of permanent improvement associated with the right-of-way & the responsibility for constructing, operating, maintaining, and managing; or removal of permanent improvements under §169.104:

REQUIRED SUPPORTING DOCUMENTS [§169.102(b)]:

1. Accurate legal description of the right-of-way, its boundaries, & parcels associated with the right-of-way;
2. A map of definite location of the right-of-way; (25 CFR 169.102((b)(2); survey plat signed by professional surveyor or engineer showing the location, size, and extent of the ROW and other related parcels, with respect to each affected parcel of individually owned land, tribal land, or BIA land and with reference to the public surveys under 25 U.S.C. §175, 43 U.S.C. § 2 AND § 1764, and showing existing facilities adjacent to the proposed project.)
3. Bond(s), insurance, and/or other security meeting the requirement of §169.103;
4. Record of notice that the right-of-way was provided to all Indian landowners;
5. Record of consent that the right-of-way meets the requirements of §169.107, or a statement documenting a request for a right-of-way without consent under §169.107(b);
6. If applicable, a valuation meeting the requirement of §§169.110, 112, 114;
7. With each application, if the applicant is a corporation, limited liability company, partnership, joint venture, or other legal entity, except a tribal entity, information such as organizational documents, certifications, filing records, and resolutions, demonstrating that:
 - a. The representative has authority to execute the application;
 - b. The right-of-way will be enforceable against the applicant; and
 - c. The legal entity is in good standing and authorized to conduct business in the jurisdiction where the land is located.
8. Current environmental & archaeological reports, surveys, and site assessments, as needed to facilitate compliance with applicable Federal and tribal environmental and land use requirements;
9. If required, a statement from the appropriate tribal authority that the proposed right-of-way is in

conformation with applicable tribal law.

TRIBAL REQUIREMENTS

- (a) To take soil and resource conservation and protection measures, including weed control, on the land covered by the right-of-way.
- (b) To do everything reasonably within its power to prevent and suppress fires on or near the lands to be occupied under the right-of-way.
- (c) The granted right-of-way is not transferable without the express written consent of the Southern Ute Indian Tribe and BIA.
- (d) Compliance with the terms, conditions, or restrictions set out in the Tribal Council consent resolution and in the Tribe’s Right-of-Way Stipulations, signed by GRANTEE.
- (e) The Grant of Easement for Right-of-Way shall be granted conditioned upon the continued measurement of lease product volumes at the wellhead without further reduction in volume as the basis for the payment of Tribal and/or Allotted royalty & Tribal severance tax.

THE APPLICANT FURTHER STIPULATES AND EXPRESSLY AGREES AS FOLLOWS:

To conform and to abide by all applicable requirements with respect to the right-of-way herein applied for. The applicant agrees to conform to and abide by the rules, regulations, and requirements contained in the *Code of Federal Regulations*, Title 25 Indians, Part 169, as amended, and by reference includes such rules, regulations and requirements as a part of this application to the same effect as if the same were herein set out in full.

APPLICANT: _____ (Authorized Signature)
 _____ (Print Name)
 _____ (Applicant Title)
 _____ (Date)

Applicant Point of Contact Information:

Name: _____
 Address: _____
 City/State/Zip Code: _____
 Telephone and Fax #: _____
 Email: _____