

County Road H

County Road 155

County Road I

58.3 (1A)
CP-2

#1003
9/30/2008
CP10

#1
127.41
CRP
NHSL

(B) 69+
CP-10

#5
5.52
NC

#1715
9/30/2010
CP2

#2
158.94
CRP
NHSL

CP10
#3
15.48
CRP
NHSL

Other/Ag
6.02

USDA Farm: 298
FSA Tract: 434
Hale County

Wetland Determination Identifiers

- Restricted Use
- Limited Restrictions
- ⑩ Except from Conservation Compliance Provisions

Wetland identifiers do not represent the size, shape, or specific determination of the area. Refer to your original Memorandum (CP-102) and attached maps for exact wetland boundaries and labels, or contact NRCS.

Farmland Ac.: 313.37
Cropland Ac.: 301.83

0 310 620 Feet



Crop Year: _____

Map Created: 11/29/2010

CRP-1
(03-26-04)U.S. DEPARTMENT OF AGRICULTURE
Commodity Credit Corporation1 ST & CO CODE & ADMIN.
LOCATION

48 189

2 SIGN-UP NUMBER

20

CONSERVATION RESERVE PROGRAM CONTRACT

NOTE: The authority for collecting the following information is Pub L 107-171. This authority allows for the collection of information without prior OMB approval mandated by the Paperwork Reduction Act of 1995. The time required to complete this information collection is estimated to average 4 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

7. COUNTY OFFICE ADDRESS (Include Zip Code):

Hale County FSA Office
P.O. Box 1300
Plainview, Texas 79073-1300

3. CONTRACT NUMBER

1715D

4 ACRES FOR ENROLLMENT

156.0

5. FARM NUMBER

298

6. TRACT NUMBER(S)

434

8. OFFER (Select one)

GENERAL



ENVIRONMENTAL PRIORITY

9. CONTRACT PERIOD

FROM:
(MM-DD-YYYY)

TO

(MM-DD-YYYY)

10-01-2000

09-30-2015

TELEPHONE NUMBER (Include Area Code): (806) 296-6315

THIS CONTRACT is entered into between the Commodity Credit Corporation (referred to as "CCC") and the undersigned owners, operators, or tenants (who may be referred to as "the Participant"). The Participant agrees to place the designated acreage into the Conservation Reserve Program ("CRP") or other use set by CCC for the stipulated contract period from the date the Contract is executed by the CCC. The Participant also agrees to implement on such designated acreage the Conservation Plan developed for such acreage and approved by the CCC and the Participant. Additionally, the Participant and CCC agree to comply with the terms and conditions contained in this Contract, including the Appendix to this Contract, entitled Appendix to CRP-1, Conservation Reserve Program Contract (referred to as "Appendix"). By signing below, the Participant acknowledges that a copy of the Appendix for the applicable sign-up period has been provided to such person. Such person also agrees to pay such liquidated damages in an amount specified in the Appendix if the Participant withdraws prior to CCC acceptance or rejection. The terms and conditions of this contract are contained in this Form CRP-1 and in the CRP-1 Appendix and any addendum thereto. BY SIGNING THIS CONTRACT PRODUCERS ACKNOWLEDGE RECEIPT OF THE FOLLOWING FORMS: CRP-1; CRP-1 Appendix and any addendum therein; CRP-2 or CRP-2C, if applicable; and, if applicable, CRP-15.

Please Initial

10A. Rental Rate Per Acre

\$

37.00

B. Annual Contract Payment

\$

5,778

C. First Year Payment

\$

5,778

11. Identification of CRP Land (See Page 2 for additional space)

A. Tract No.

B. Field No.

C. Practice No.

D. Acres

E. Total Estimated Cost-Share

434

2

CP-2

156.0

10,147

(Item 10C applicable only to continuous signup when the first year payment is prorated.)

12. PARTICIPANTS

A(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):

Martha Poer Wood
5 Hick Sherwood, 950 CR 1
Wilson, TX 79381-2315

(2) SHARE

100%

(3) SOCIAL SECURITY NUMBER:

SIGNATURE

DATE (MM-DD-YYYY)

(If more than three individuals are signing, continue on attachment.)

B(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):

(2) SHARE

%

(3) SOCIAL SECURITY NUMBER:

(4) SIGNATURE

DATE (MM-DD-YYYY)

(If more than three individuals are signing, continue on attachment.)

C(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):

(2) SHARE

%

(3) SOCIAL SECURITY NUMBER:

(4) SIGNATURE

DATE (MM-DD-YYYY)

(If more than three individuals are signing, continue on attachment.)

(If more than three individuals are signing, continue on attachment.)

13. CCC USE ONLY - Payments according to the shares are approved.

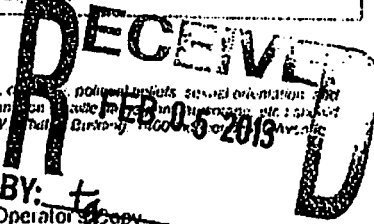
A. SIGNATURE OF CCC REPRESENTATIVE

B. DATE (MM-DD-YYYY)

4/29/13

NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is the Food Security Act of 1985 (Pub. L. 99-198), as amended and the Farm Security and Rural Investment Act of 2002 (Pub. L. 107-171) and regulations promulgated at 7 CFR Part 1410 and the Internal Revenue Code (26 USC 6109). The information requested is necessary for CCC to consider and process the offer to enter into a Conservation Reserve Program Contract, to assist in determining eligibility, and to determine the correct parties to the contract. Furnishing the requested information is voluntary. Failure to furnish the requested information will result in determination of ineligibility for certain program benefits and other financial assistance administered by USDA agency. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal law enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 641, 651, 1001, 15 USC 714a, and 31 USC 3729 may be applicable to the information provided. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326W, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5864 (voice or TDD). USDA is an equal opportunity provider and employer.

☒ Original - County Office Copy☐ Owner's Copy☐ Operator's CopyBY: *ty*

CRP-1
(03-26-04)U.S. DEPARTMENT OF AGRICULTURE
Commodity Credit Corporation1. ST. & CO. CODE & ADMIN
LOCATION

48 189

2. SIGN-UP NUMBER

26

CONSERVATION RESERVE PROGRAM CONTRACT

NOTE: The authority for collecting the following information is Pub. L. 107-171. This authority allows for the collection of information without prior OMB approval mandated by the Paperwork Reduction Act of 1995. The time required to complete this information collection is estimated to average 4 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

7. COUNTY OFFICE ADDRESS (Include Zip Code).

Hale County FSA Office
P.O. Box 1300
Plainview, Texas 79073-1300

3. CONTRACT NUMBER

1715C

4. ACRES FOR ENROLLMENT

2.8

5. FARM NUMBER

298

6. TRACT NUMBER(S)

434

8. OFFER (Select one)

GENERAL

☒

9. CONTRACT PERIOD

FROM:
(MM-DD-YYYY)

TO:

(MM-DD-YYYY)

10-01-2000

09-30-2015

TELEPHONE NUMBER (Include Area Code): (806) 296-6315

THIS CONTRACT is entered into between the Commodity Credit Corporation (referred to as "CCC") and the undersigned owners, operators, or tenants (who may be referred to as "the Participant"). The Participant agrees to place the designated acreage into the Conservation Reserve Program ("CRP") or other use set by CCC for the stipulated contract period from the date the Contract is executed by the CCC. The Participant also agrees to implement on such designated acreage the Conservation Plan developed for such acreage and approved by the CCC and the Participant. Additionally, the Participant and CCC agree to comply with the terms and conditions contained in this Contract, including the Appendix to this Contract, entitled Appendix to CRP-1, Conservation Reserve Program Contract (referred to as "Appendix"). By signing below, the Participant acknowledges that a copy of the Appendix for the applicable sign-up period has been provided to such person. Such person also agrees to pay such liquidated damages in an amount specified in the Appendix if the Participant withdraws prior to CCC acceptance or rejection. The terms and conditions of this contract are contained in this Form CRP-1 and in the CRP-1 Appendix and any addendum thereto. BY SIGNING THIS CONTRACT PRODUCERS ACKNOWLEDGE RECEIPT OF THE FOLLOWING FORMS: CRP-1; CRP-1 Appendix and any addendum thereto; CRP-2 or CRP-2C, if applicable; and, if applicable, CRP-15.

Please Initial!

10A. Rental Rate Per Acre

\$

37.00

B. Annual Contract Payment

\$

104

C. First Year Payment

\$

104

(Item 10C applicable only to continuous signup when
the first year payment is prorated.)

11. Identification of CRP Land (See Page 2 for additional space)

A. Tract No.

B. Field No.

C. Practice No.

D. Acres

E. Total Estimated
Cost-Share

434

2

CP-2

2.8

182

12. PARTICIPANTS

A(1). PARTICIPANT'S NAME AND ADDRESS (Zip Code):

Martha Poer Wood
1 Rick Sherwood, 950 CR 1
Wilson, TX 75581-2315

(2) SHARE

100%

(3) SOCIAL SECURITY NUMBER:

(4) SIGNATURE

DATE (MM-DD-YYYY)

(If more than three individuals are signing, continue on attachment)

B(1). PARTICIPANT'S NAME AND ADDRESS (Zip Code):

(2) SHARE

%

(3) SOCIAL SECURITY NUMBER:

(4) SIGNATURE

DATE (MM-DD-YYYY)

(If more than three individuals are signing, continue on attachment)

C(1). PARTICIPANT'S NAME AND ADDRESS (Zip Code):

(2) SHARE

%

(3) SOCIAL SECURITY NUMBER:

(4) SIGNATURE

DATE (MM-DD-YYYY)

(If more than three individuals are signing, continue on attachment)

13. CCC USE ONLY - Payments according
to the shares are approved.

A. SIGNATURE OF CCC REPRESENTATIVE

B. DATE (MM-DD-YYYY)

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☒ Original - County Office Copy☐ Owner's Copy☐ Operator's Copy

RECEIVED
FEB 05 2013
BY: [Signature]

CRP-1 (07-23-10) U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation CONSERVATION RESERVE PROGRAM CONTRACT <small>NOTE: The authority for collecting the following information is Pub. L. 107-171. This authority allows for the collection of information without prior OMB approval mandated by the Paperwork Reduction Act of 1995. The time required to complete this information collection estimated to average 4 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.</small>		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">1. ST. & CO. CODE & ADMIN. LOCATION 48189</td> <td style="width:50%;">2. SIGN-UP NUMBER 43</td> </tr> <tr> <td>3. CONTRACT NUMBER 10178</td> <td>4. ACRES FOR ENROLLMENT 142.3</td> </tr> <tr> <td>5. FARM NUMBER 0000298</td> <td>6. TRACT NUMBER(S) 0000434</td> </tr> <tr> <td colspan="2"> 8. OFFER (Select one) GENERAL <input checked="" type="checkbox"/> FROM: (MM-DD-YYYY) 10/01/2012 ENVIRONMENTAL PRIORITY <input type="checkbox"/> TO: (MM-DD-YYYY) 09/30/2022 </td> </tr> </table>		1. ST. & CO. CODE & ADMIN. LOCATION 48189	2. SIGN-UP NUMBER 43	3. CONTRACT NUMBER 10178	4. ACRES FOR ENROLLMENT 142.3	5. FARM NUMBER 0000298	6. TRACT NUMBER(S) 0000434	8. OFFER (Select one) GENERAL <input checked="" type="checkbox"/> FROM: (MM-DD-YYYY) 10/01/2012 ENVIRONMENTAL PRIORITY <input type="checkbox"/> TO: (MM-DD-YYYY) 09/30/2022													
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7. COUNTY OFFICE ADDRESS (Include Zip Code): HALE COUNTY FARM SERVICE AGENCY 304 S GARLAND ST PLAINVIEW, TX 79072-9500 TELEPHONE NUMBER (Include Area Code): (806)296-6315 x2		<p><small>THIS CONTRACT is entered into between the Commodity Credit Corporation (referred to as "CCC") and the undersigned owners, operators, or tenants (who may be referred to as "the Participant"). The Participant agrees to place the designated acreage into the Conservation Reserve Program ("CRP") or other use set by CCC for the stipulated contract period from the date the contract is executed by the CCC. The Participant also agrees to implement on such designated acreage the Conservation Plan developed for such acreage and approved by the CCC and the Participant. Additionally, the Participant and CCC agree to comply with terms and conditions contained in this Contract, including the Appendix to this Contract, entitled Appendix to CRP-1, Conservation Reserve Program Contract (referred to as "Appendix"). By signing below, the Participant acknowledges that a copy of the Appendix for the applicable sign-up period has been provided to such person. Such person also agrees to pay such liquidated damages in an amount specified in the Appendix if the Participant withdraws prior to CCC acceptance or rejection.</small></p> <p>The terms and conditions of this contract are contained in this Form CRP-1 and in the CRP-1 Appendix and any addendum thereto. BY SIGNING THIS CONTRACT PRODUCERS ACKNOWLEDGE RECEIPT OF THE FOLLOWING FORMS: CRP-1, CRP-1 Appendix and any addendum thereto, CRP-2 or CRP-2C, if applicable; and, if applicable, CRP-15.</p>																					
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A(1). PARTICIPANTS NAME AND ADDRESS (Zip Code): MARTHA POER WOOD 950 COUNTY ROAD 1 WILSON, TX 79381-2315		(2) SHARE 100.00% (3) SOCIAL SECURITY NUMBER: (4) SIGNATURE <i>Martha Poer Wood</i> (MM-DD-YYYY) 4/3/12 <small>(If more than three individuals are signing, continue on attachment.)</small>																					
B(1). PARTICIPANTS NAME AND ADDRESS (Zip Code): N/A		(2) SHARE % (3) SOCIAL SECURITY NUMBER: (4) SIGNATURE (MM-DD-YYYY) <small>(If more than three individuals are signing, continue on attachment.)</small>																					
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<div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Original - County Office Copy <input type="checkbox"/> Owner's Copy <input type="checkbox"/> Operator's Copy </div>																							

POA OK

DATE: 4-3-12

INITIAL: *tg*

Date Printed: 04-03-12