

## ADDRESS CHANGE AUTHORIZATION FORM

Please complete the below required information and return the completed form to Owl Operating via mail, or email. For your protection, address changes will *not* be accepted by telephone. All address change requests must include the owner's signature. If known, you are encouraged to provide your Owner Number and/or last four digits of your Social Security Number (SSN) or Tax Identification Number (TIN) for verification purposes.

Please allow up to 60 days for address changes. Address changes will be applied to all correspondence, royalties, rentals, and shut-in payments issued by Owl Operating unless otherwise directed. If you have questions regarding your address change request, please contact our Owner Relations Department at (432) 201-4773 or owners@owloperating.com.

Owner Name:			
Designation (Corpor	ate Officer, Trustee, Execut	or, Power of Attorney, etc.): _	
Owner Number:		_	
Confirm TIN or SSN (	(last 4 digits):	<u>-</u>	
Phone Number:		_	
E-mail Address:			
NEW ADDRESS:			
City:	State:	Zip:	
$\square$ <mark>I confirm the add</mark>	<mark>ress below is my previous a</mark>	<mark>ddress</mark> .	
OLD ADDRESS:			
City:	State:	Zip:	
I authorize Owl Ope	rating to change my address	s as directed.	
_			
Owner/s or Autho	rized Representative Signat	ure/s (Required)	Date