



CHANGE OF ADDRESS FORM

Please complete this form to request a change of address. Your tax identification number and signature are required to process this request.

To report a name or ownership change, additional information is required. Please contact the Division Order department at (918) 699-5719 for assistance.

Owner Name _____

Owner Number _____ SSN/Tax ID No. _____

Old Address _____

City _____ State _____ Zip _____

New Address _____

City _____ State _____ Zip _____

Phone (____) _____ Fax (____) _____

E-Mail _____

Requested By:

Print Name _____

Signature _____ Date _____

Please Sign, Date and Return Completed Forms by Mail, Fax, or E-Mail:

Mail

Cimarex Energy Co.
Attn: Name & Address Clerk
202 S Cheyenne Ave., Suite 1000
Tulsa, OK 74103

Fax

Cimarex Energy Co.
Attn: Name & Address Clerk
(918) 699-5759

E-Mail

Cimarex Energy Co.
Attn: Name & Address Clerk
nameandaddress@cimarex.com