



## 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  
1700 Lincoln Street Suite 3700  
Denver, CO 80203

**Fax**

Cimarex Energy Co.  
Attn: Name & Address Clerk  
(303) 569-7404

**E-Mail**

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