

Change of Address

Owner Name: _____

Owner Number: _____

Social Security or TIN (last four digits): _____

Old Address: _____

New Address: _____

Phone Number: _____

Email: _____

(Printed Name)

(Signature)

(Date)

Return form to: *Chaparral Energy, L.L.C*
Attn: Division Order Department
701 Cedar Lake Blvd.
Oklahoma City, OK 73114