## **ADDRESS CHANGE AUTHORIZATION FORM**

Owner #		
Owner N	ame	
Last 4 Digits of Social Security # / Taxpayer ID		
	Current Mailing Address	New Mailing Address
Address		
City		
State		
Zip Code		
Phone		
Email		
Please re	turn this form electronically (by signing below	
	Permian Deep Rock Oi Attn: Division Orders	I Company, LLC
	PO Box 11405	
	Midland, TX 79702	
_	es below certify they are the individuals indiion included on this form is correct and true to	icated in the above information and that all to the best of their knowledge and belief.
Owner Si	gnature	 Date
Owner Signature (Both signatures required if jointly owned)		ned) Date

\*Please allow 30 days for processing. For any questions, please contact Owner Relations 432-686-1902.