

## **CONTACT INFORMATION UPDATE**

| DATE:                                                                                  |                 | OWNER NUMBER: |                 |
|----------------------------------------------------------------------------------------|-----------------|---------------|-----------------|
| NAME:                                                                                  |                 |               |                 |
|                                                                                        | First           | M.I.          | Last            |
| NAME:                                                                                  |                 |               |                 |
|                                                                                        | First           | M.I.          | Last            |
| ESTATE/TRUST:                                                                          | (If Applicable) |               |                 |
|                                                                                        |                 |               |                 |
| COMPANY NAME:                                                                          | (If Applicable) |               |                 |
|                                                                                        |                 |               |                 |
| REMITTANCE ADDRESS:                                                                    |                 |               |                 |
| REMITTANCE ADDRESS.                                                                    | Street Address  |               | Apartment/Unit# |
|                                                                                        |                 |               |                 |
|                                                                                        | City            | State         | Zip Code        |
| PREVIOUS ADDRESS:                                                                      |                 |               |                 |
|                                                                                        | Street Address  |               | Apartment/Unit# |
|                                                                                        |                 |               |                 |
|                                                                                        | City            | State         | Zip Code        |
| PRIMARY PHONE:                                                                         |                 | LAST 4        |                 |
|                                                                                        |                 | DIGITS OF     |                 |
| EMAIL ADDRESS:                                                                         |                 | – TAX ID:     |                 |
|                                                                                        |                 |               |                 |
| NOTE: WHEN MORE THAN ONE OWNER IS INVOLVED, ALL SIGNATURES ARE REQUIRED TO             |                 |               |                 |
| ACTIVATE THE CHANGES RE                                                                | EQUESTED ABOVE. |               |                 |
|                                                                                        |                 |               |                 |
| SIGNATURE:                                                                             |                 |               |                 |
|                                                                                        |                 |               |                 |
| SIGNATURE:                                                                             |                 |               |                 |
| TO PROCESS THIS REQUEST, PLEASE DO ONE OF THE FOLLOWING:                               |                 |               |                 |
| FAX TO OWNER RELATIONS (918) 301-4720                                                  |                 |               |                 |
| SCAN AND EMAIL TO: OWNERRELATIONS@RIMROCKRESOURCE.COM                                  |                 |               |                 |
| MAIL TO: RIMROCK RESOURCE OPERATING, LLC<br>20 E 5TH ST, SUITE 1300<br>TULSA, OK 74103 |                 |               |                 |