



## CHANGE OF ADDRESS FORM

Owner Number: \_\_\_\_\_

Printed Name: \_\_\_\_\_  
(As it appears on your revenue check or joint interest bill)

SSN or TIN: \_\_\_\_\_

OLD Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NEW Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Note: If this form is signed by anyone other than the owner of record, please provide power of attorney or other agency documentation with this form. If any information is left incomplete or does not match the information in our system, no changes will be made. Your form will be returned to the address on file.

Mail, Fax or Email to:  
Sabre Operating, Inc.  
ATTN: Division Order Department  
P.O. Box 4848  
Wichita Falls, Texas 76308  
Fax: (940) 696-8070  
Email: LM@sabreop.com