

CHANGE OF ADDRESS FORM

I, _____, authorize Cobra Oil & Gas Corporation and/or its affiliates/subsidiaries to change the address on my owner account.

Owner Number: _____
 (Your Owner Number is listed under the name and address section of your revenue check stub.)

Last 4 Digits of Social Security #/Taxpayer ID: _____

Name on the Account: _____

Your Name (if you are not the owner): _____
 (If not previously provided, please attach documentation establishing your relationship with the Account Owner for Cobra's review.)

OLD ADDRESS	NEW ADDRESS
Address	Address
City/Locality/Village	City/Locality/Village
State/Province/Region	State/Province/Region
Zip	Zip
Country	Country
	Phone
	Email

Apply this address change to my: Check/Revenue Address Correspondence Address
 If neither selected, both addresses will be updated.

All fields must be complete or the change of address cannot be processed. After Cobra's receipt and approval, the change of address will become effective within thirty (30) days.

TERMS OF ACCEPTANCE & SIGNATURE

I, the requestor for this Change of Address Form, warrant the truthfulness of the information provided in this submission.

BY: _____

TITLE: _____

DATE: _____

Email this completed form to: info@cobraogc.com
 or mail to: Cobra Oil & Gas Corporation
 P. O. Box 8206
 Wichita Falls, TX 76307-8206