



HIGHPOINT OPERATING CORPORATION
ADDRESS CHANGE FORM

PREVIOUS ADDRESS AND CONTACT INFORMATION

NAME: (LAST) (FIRST) (MIDDLE INITIAL)

PAYEE # (Located on your monthly revenue check stub)

PREVIOUS ADDRESS AND CONTACT INFORMATION

FIRST LINE ADDRESS

SECOND LINE ADDRESS

CITY, STATE, ZIP

HOME TELEPHONE NO.

CELL PHONE NO.

OFFICE TELEPHONE NO.

NEW ADDRESS AND CONTACT INFORMATION

FIRST LINE ADDRESS

SECOND LINE ADDRESS

CITY, STATE, ZIP

HOME TELEPHONE NO.

CELL PHONE NO.

OFFICE TELEPHONE NO.

EFFECTIVE DATE OF ADDRESS CHANGE

AUTHORIZATION

Please process the above address change information effective on date above.
I confirm that I am a registered owner of the account referenced above.

SIGNATURE:

DATE:

PLEASE RETURN THIS FORM TO:

HighPoint Operating Corporation
Attn: Revenue Department (Address Change)
1099 18th Street, Suite 2300
Denver, CO 80202
Royalty Relations Number: (303) 312-8579
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