



Change of Name / Address Form
PLEASE ALLOW 4-6 WEEKS TO PROCESS THE REQUEST

To request changes related to your XTO owner number, please complete the form below. Mail or fax your completed form, with the appropriate documentation (marriage certificate, divorce decree, etc.) to:

XTO Energy Inc.
Attn: Division Orders
LOC 116, 22777 Springwoods Village Parkway
Spring, Texas 77389
817.887.5836 Fax
Toll Free 1.866.886.2613 Interest Owner Relations
Email: divorder@xtoenergy.com

NAME CHANGE

Owner Number _____

Old Name (Last Name, First Name, Middle Name) _____

New Name (Last Name, First Name, Middle Name) _____

ADDRESS CHANGE

Name (Last Name, First Name, Middle Name) _____

Owner Number _____ Day Time Phone Number **(REQUIRED)** _____

OLD ADDRESS

City State Zip Code _____

NEW ADDRESS

City State Zip Code _____

Owner's Signature (REQUIRED) Date **Owner Last four of TIN or SS# (Required)**

2nd Owner's Signature (REQUIRED) Date **2nd Owner Last four of TIN or SS# (Required)**

NOTE: If title is held jointly, BOTH PARTIES MUST SIGN, DATE, and include THE LAST 4 DIGITS OF SOCIAL SECURITY or TIN NUMBERS.

EMAIL