

CHANGE OF ADDRESS (COA)

I, _____ hereby authorize Anadarko Petroleum Corporation and/or its
(Print Name)
subsidiaries to change the address on my account.

Owner Number (located in the upper right-hand corner of your check detail)	
Social Security Number/Taxpayer ID	
Name on the Account:	
Name, if not owner: (please attach copy of Power-of-Attorney or other supporting documentation)	

OLD ADDRESS

Street address:	
City:	
State:	
Zip	

NEW ADDRESS

Street address:	
City:	
State:	
Zip	
Phone Number(s):	

When properly executed, the COA will become effective within thirty (30) days after its receipt.

By: _____ Date: _____
(Signature)

Email Address: _____

Please fax this form or return to:

Anadarko Petroleum Corporation
ATTN: ESM / Business Associates
P. O. Box 1330
Houston, TX 77251-9874
FAX: (832) 636-5048