

FORM  
42  
Rev  
03/12



OGCC RECEPTION  
Receive Date:  
**11/19/2012**  
Document Number:  
**2543908**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 30680 Contact Person: APRIL E POHL  
Company Name: FOUR STAR OIL & GAS COMPANY Phone: (505) 333-1941  
Address: 1400 SMITH STREET - ROOM 44195 Fax: (505) 334-7134  
City: HOUSTON State: TX Zip: 77002 Email: APRIL.POHL@CHEVRON.COM  
API #: 05 - 067 - 08092 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: SAM BURCH 26  
Sec: 10 Twp: 32N Range: 9W QtrQtr: SESE Lat: 37.028107 Long: -107.808323

**NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required**

Date of Treatment: 12/17/2012 Time: 08:00 (HH:MM)

This form must be signed by an authorized agent of the entity making assertion.

I certify under penalty of perjury that this report has been examined by me and to the best of my knowledge is true, correct and complete.

Print Name: APRIL E POHL Email: APRIL.POHL@CHEVRON.COM  
Signature: APRIL E POHL Title: REGULATORY SPECIALIST Date: 11/15/2012