

FORM
42

Rev
03/12

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION

Receive Date:

11/19/2012

Document Number:

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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