

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:  
**11/27/2012**  
Document Number:  
**400350783**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 30680 Contact Person: Nicole Lynch  
Company Name: FOUR STAR OIL & GAS COMPANY Phone: (713) 372-2517  
Address: 1400 SMITH STREET - ROOM 44195 Fax: ( )  
City: HOUSTON State: TX Zip: 77002 Email: nlynch@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: 11/30/2012 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 Pohl Email: april.pohl@chevron.com  
Signature: \_\_\_\_\_ Title: Reg. Specialist Date: 11/27/2012