

FORM**42**Rev
03/15**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:****10/28/2015****Document Number:****400926209****FIELD OPERATIONS NOTICE**

The Form 42 shall be submitted as required by Rule, Notice to Operators, Policy, or Condition of Approval.
A Form 42 Update shall be submitted to revise the scheduled date or time on a previous Form 42 - Advance Notice of Field Operations.
A Form 42 Update must be for the same well, location, or facility and for the same Field Operation as a previous Form 42.
NOTE: Operator's Contact for Advance Notices of Field Operations should be available 24 hours a day, 7 days a week and should have the most current scheduling information for the operation. Operator's Contact for other notices should be able to respond to questions regarding the reported information.

Update of a previous Form 42 Notice NO**Entity Information**

OGCC Operator Number: <u>10112</u>	Contact Person: <u>Rachel Grant</u>
Company Name: <u>FOUNDATION ENERGY MANAGEMENT LLC</u>	Phone: <u>(918) 526-5592</u>
Address: <u>16000 DALLAS PARKWAY #875</u>	Fax: <u>(918) 585-1660</u>
City: <u>DALLAS</u> State: <u>TX</u> Zip: <u>75248-6607</u>	Email: <u>regulatory@foundationenergy.com</u>

API #: <u>05 - 103 - 10446 - 00</u>	Facility ID: _____	Location ID: _____
Facility Name: <u>COLUMBINE SP FED 11C-14-4-104</u>	<input type="checkbox"/> Submit By Other Operator	
Sec: <u>14</u> Twp: <u>4S</u> Range: <u>104W</u> QtrQtr: <u>SENW</u>	Lat: <u>39.712770</u>	Long: <u>-109.041060</u>

MECHANICAL INTEGRITY TEST – 10-DAY NOTICETest Date: 11/07/2015 Time: 08:00 (HH:MM) Underground Injection Control(UIC) Well? No

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct and complete.

Print Name: <u>Rachel Grant</u>	Email: <u>regulatory@foundationenergy.com</u>
Signature: _____	Title: <u>Sr. HSE/Regulatory Tech.</u> Date: <u>10/28/2015</u>