

FORM**42**Rev
01/20**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:

05/11/2020

Document Number:

402394893**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>JOHN GAGNER</u>
Company Name: <u>FOUNDATION ENERGY MANAGEMENT LLC</u>	Phone: <u>(918) 526-5546</u>
Address: <u>5057 KELLER SPRINGS RD STE 650</u>	Fax: <u>()</u>
City: <u>ADDISON</u> State: <u>TX</u> Zip: <u>75001</u>	Email: <u>JGAGNER@FOUNDATIONENERGY.COM</u>

API #: <u>05 - 125 - 06103 - 00</u>	Facility ID: _____	Location ID: _____
Facility Name: <u>ALLISON 1-32</u>	<input type="checkbox"/> Submit By Other Operator	
Sec: <u>32</u> Twp: <u>1S</u> Range: <u>44W</u> QtrQtr: <u>SWNE</u>	Lat: <u>39.928160</u>	Long: <u>-102.323841</u>

FLOWLINE ABANDONMENT COMPLETED - 90-day noticeOn-Location Flowline was abandoned per Rule 1105 on this date: 03/11/2020

If a pressure test was conducted as part of the abandonment, a copy of the pressure test shall be submitted with the Report of Abandonment, Form 6 - Subsequent.

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

Print Name: ALYSSA BEARD Email: REGULATORY@FOUNDATIONENERGY.COMSignature: _____ Title: HSE MANAGER Date: 05/11/2020