



NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: <u>10112</u>	Contact Person: <u>Matt Stark</u>
Company Name: <u>FOUNDATION ENERGY MANAGEMENT LLC</u>	Phone: <u>(972) 977-4692</u>
Address: <u>16000 DALLAS PARKWAY #875</u>	Fax: <u>()</u>
City: <u>DALLAS</u> State: <u>TX</u> Zip: <u>75248-6607</u>	Email: <u>mstark@foundationenergy.com</u>
API #: <u>05 - 103 - 11892 - 00</u> Facility ID: _____	Location ID: _____
Facility Name: <u>Banta Ridge Federal 5-18-1-103</u>	
Sec: <u>18</u> Twp: <u>1S</u> Range: <u>103W</u> QtrQtr: <u>Lot 4</u>	Lat: <u>39.957422</u> Long: <u>-109.005472</u>

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 11/20/2012 Time: 10:00 (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: Matt Stark Email: mstark@foundationenergy.com
Signature: Matt Stark Title: Drilling Engineer Date: 11/19/2012