



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

OGCC Operator Number: <u>10112</u>	Contact Name and Telephone:
Name of Operator: <u>FOUNDATION ENERGY MANAGEMENT LLC</u>	Name: <u>Amanda Jones</u>
Address: <u>5057 KELLER SPRINGS RD STE 650</u>	Phone: <u>(972) 7072540</u> Fax: <u>()</u>
City: <u>ADDISON</u> State: <u>TX</u> Zip: <u>75001</u>	Email: <u>ajones@foundationenergy.com</u>

OPERATOR COMMENTS AND SUBMITTAL

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

Signed: _____ Print Name: Amanda Jones
Title: PRODUCTION ANALYST Date: 4/7/2022 Email: ajones@foundationenergy.com

By checking this box, operator is requesting an updated Delinquent Report, AFTER the Form 7 has been processed

Operator Comments:

ALLEN 1-15 2-2022

Monthly Report of Operations

Submitted Items Summary Totals:

Submitted: 1 In Process: 1 Modified: 0 Deleted: 0

Total 1 In Process

No	API #	Well Name	Formation Code	Well Status
Report Month: 02/2022				
1	121-09483-00	ALLEN 1-15 1	NBRR	PR

Total 0 Modified

No	API #	Well Name	Formation Code	Well Status
Report Month: /				
-	-			

Total 0 Deleted

No	API #	Well Name	Formation Code	Well Status
Report Month: /				
-	-			

Attachment List

<u>Att Doc Num</u>	<u>Name</u>
403006846	Imported Data
403006847	Imported Data
403006848	Imported Data

Total Attach: 3 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)