



NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: <u>10394</u>	Contact Person: <u>Angie Galvan</u>
Company Name: <u>CONDOR ENERGY TECHNOLOGY LLC</u>	Phone: <u>(775) 577-5323</u>
Address: <u>3315 HIGHWAY 50</u>	Fax: <u>(281) 815-2882</u>
City: <u>SILVER SPRINGS</u> State: <u>NV</u> Zip: <u>89429</u>	Email: <u>Angie.Galvan@stxra.com</u>
API #: <u>05 - 123 - 35357 - 01</u> Facility ID: _____	Location ID: _____
Facility Name: <u>Ford Family Trust 2H</u>	
Sec: <u>31</u> Twp: <u>7N</u> Range: <u>59W</u> QtrQtr: <u>SWSW</u>	Lat: <u>40.525180</u> Long: <u>-104.030850</u>

BLOW OUT PREVENTER TEST – 24-Hour notice

Test Date: 04/26/2012 Time: 12:00 (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: <u>Angie Galvan</u>	Email: <u>Angie.Galvan@stxra.com</u>
Signature: <u>Angelina Galvan</u>	Title: <u>Regulatory Analyst</u> Date: <u>04/24/2012</u>