

FORM
42

Rev
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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:

11/19/2012

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NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 10394 Contact Person: Angie Galvan
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API #: 05 - 123 - 36243 - 00 Facility ID: _____ Location ID: _____
Facility Name: Waves 1H
Sec: 23 Twp: 7N Range: 60W QtrQtr: SWSW Lat: 40.554040 Long: -104.068900

BLOW OUT PREVENTER TEST – 24-Hour notice

Test Date: 11/20/2012 Time: 09:00 (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: Angie Galvan Email: Angie.Galvan@stxra.com
Signature: _____ Title: Regulatory Analyst Date: 11/19/2012