

FORM  
42  
Rev  
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OGCC RECEPTION

Receive Date:  
**06/06/2013**

Document Number:  
**400429629**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 10394 Contact Person: Angie Galvan  
Company Name: CONDOR ENERGY TECHNOLOGY LLC Phone: (281) 716-5730  
Address: 3315 HIGHWAY 50 Fax: ( )  
City: SILVER SPRINGS State: NV Zip: 89429 Email: Angie.Galvan@stxra.com  
API #: 05 - 123 - 37069 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: State 16-7-60 1H  
Sec: 16 Twp: 7N Range: 60W QtrQtr: SWSW Lat: 40.568730 Long: -104.105290

**BLOW OUT PREVENTER TEST – 24-Hour notice**

Test Date: 06/08/2013 Time: 07:00 (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: 06/06/2013