



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

OGCC Operator Number: <u>10394</u>	Contact Name and Telephone:
Name of Operator: <u>CONDOR ENERGY TECHNOLOGY LLC</u>	Name: <u>Angie Galvan</u>
Address: <u>2203 TIMBERLOCH PLACE STE 220</u>	Phone: <u>(281) 7165730</u> Fax: <u>(281) 8152882</u>
City: <u>THE WOODLANDS</u> State: <u>TX</u> Zip: <u>77380</u>	Email: <u>angie.galvan@stxra.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: Angie Galvan

Title: Regulatory Analyst Date: 10/28/2015 Email: angie.galvan@stxra.com

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

Operator Comments:

Monthly Report of Operations

Submitted Items Summary Totals:

Submitted: 5 Approved: 5 Modified: 1 Deleted: 0

Total 5 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 09/2015				
1	123-35357-01	FORD FAMILY TRUST 2H	NBRR	PR
2	123-36316-00	LOGAN 2H	NBRR	PR
3	123-37069-00	STATE 16-7-60 1H	N-COM	PR
4	123-36243-00	WAVES 1H	NBRR	PR
5	087-08172-00	WICKSTROM 18-2H	NBRR	PR

Total 1 Modified

No	API #	Well Name	Formation Code	Well Status
Report Month: 09/2015				
3	123-37069-00	STATE 16-7-60 1H	N-COM	PR

Total 0 Deleted

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

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400923595	Form 07 SUBMITTED
400925904	Monthly Report Of Operations
400951441	ERROR REPORT

Total Attach: 3 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)