FORM NO. 2 R 10/09

ARM 36.22.307, 601, 605, 1003, 1004, 1011, 1013, 1103, 1222, 1240, 1301, 1306, 1309, and 1417

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MONTANA BOARD OF OIL & GAS CONSERVATION • BILLINGS

Submit In Quadruplicate To:

MONTANA BOARD OF OIL AND GAS CONSERVATION
2535 ST. JOHNS AVENUE
BILLINGS, MONTANA 59102

SUNDRY NOTICES AND REPORT OF WELLS

Operator NorthWestern Corporation

Address 9 W. Granite

City Butte State MT Zip Code 59701

Telephone 406-497-3521 Fax 406-265-4938

Location of well (1/4-1/4 section and footage measurements):
NW-NW Sec 3, T7S, R21E; 583 FNL, 583' FWL

API Number: 25 | 009 | 21162
State County Well

Well Type (oil, gas, injection, other): Gas Storage

Lease Name: Dry Creek Deep

Type (Private/State/Federal/Tribal/Allotted): Private

Well Number: Dry Creek Deep #1

Unit Agreement Name: Dry Creek Storage

Field Name or Wildcat: Dry Creek

Township, Range, and Section: T7S, R21E, Sec 3

County: Carbon

Indicate below with an X the nature of this notice, report, or other data:

Notice of Intention to Change Plans	☐	Subsequent Report of Mechanical Integrity Test	☐
Notice of Intention to Run Mechanical Integrity Test	☐	Subsequent Report of Stimulation or Treatment	☐
Notice of Intention to Stimulate or to Chemically Treat	✔	Subsequent Report of Perforation or Cementing	☐
Notice of Intention to Perforate or to Cement	☐	Subsequent Report of Well Abandonment	☐
Notice of Intention to Abandon Well	☐	Subsequent Report of Pulled or Altered Casing	☐
Notice of Intention to Pull or Alter Casing	☐	Subsequent Report of Drilling Waste Disposal	☐
Notice of Intention to Change Well Status	☐	Subsequent Report of Production Waste Disposal	☐
Supplemental Well History	☐	Subsequent Report of Change in Well Status	☐
Other (specify) _____	☐	Subsequent Report of Gas Analysis (ARM 36.22.1222)	☐
	☐		☐

Describe Proposed or Completed Operations:

Describe planned or completed work in detail. Attach maps, well-bore configuration diagrams, analyses, or other information as necessary. Indicate the intended starting date for proposed operations or the completion date for completed operations.

Hydraulically fracture stimulate the 2nd and 3rd Fronteir storage zones. See attached. Begin on or after August 27th.

SEE ATTACHED
CONDITIONS OF APPROVAL

BOARD USE ONLY

Approved AUG 20 2025
Date

Name Title Admin/Ref. Engineer

The undersigned hereby certifies that the information contained on this application is true and correct.

8/14/2025
Date Signed (Agent)

Aaron Olson - Manager Gas Growth and Storage
Print Name and Title

Telephone: (406) 497-3521

SUPPLEMENTAL INFORMATION

NOTE: Additional information or attachments may be required by Rule or by special request.

Plot the location of the well or site that is the subject of this notice or report.

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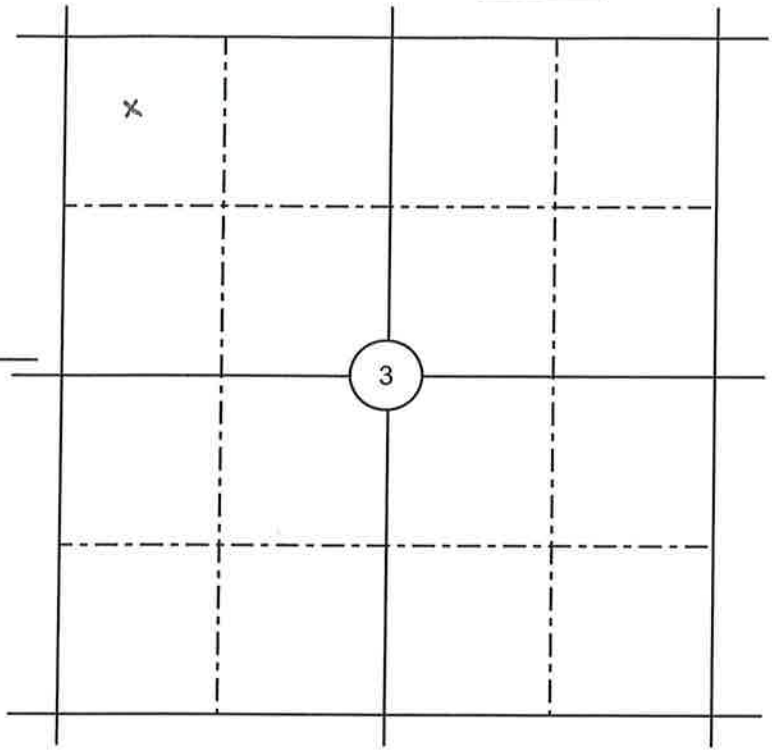
Range 21E

Township 7S



BOARD USE ONLY	CONDITIONS OF APPROVAL

The operator must comply with the following condition(s) of approval:

Failure to comply with the conditions of approval may void this permit.

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KLX Energy Services

8/11/25 CAS INFORMATION: NorthWestern Energy Frontier

Additive	*Max Loading/ 1000 Gal*	*Specific Gravity*	*Additive Quantity*	*Mass (lbs)*	
15% HCl ACID	1,000.00	1.08	1,000	*8,971*	*gal*
CIA-1, CORROSION INHIBITOR (T-Hib AI 5500)	5.00	0.89	5	*37*	*gal*
IC-1L, IRON CONTROL (T-Chem FE 350)	8.00	1.07	8	*71*	*gal*
SURF PLUS, CNF	3.00	0.94	3	*24*	*gal*
				Total Slurry Mass (Lbs)	
				9,103	

Name	Ingredients	Chemical Abstract Service Number (CAS #)	Maximum Ingredient Concentration in Additive (% by mass)*	Total Component Mass in HF Fluid (lbs)	Maximum Ingredient Concentration in HF Fluid (% by mass)**	Comments
15% HCl ACID	Hydrogen Chloride	7647-01-0	15.00%	*1,346*	*14.78224%*	
	Water	7732-18-5	85.00%	*7,625*	*83.76603%*	
SURF PLUS, CNF	Dipentene; Limonene	138-86-3	30.00%	*7.1*	*0.07772%*	
	Ethoxylated Alcohol	68439-46-3	30.00%	*7.1*	*0.07772%*	
	Nonyl Phenol Ethoxylated	127087-87-0	30.00%	*7.1*	*0.07772%*	
	Isopropanol	67-63-0	15.00%	*3.5*	*0.03886%*	
CIA-1, CORROSION INHIBITOR (T-Hib AI 55	Ethylene Glycol	107-21-1	30.00%	*11.1*	*0.12238%*	
	Water	7732-18-5	30.00%	*11.1*	*0.12238%*	
	N,N-Dimethylformamide, anhyd	68-12-12	30.00%	*11.1*	*0.12238%*	
	1-(benzyl)quinolinium Chloride	15619-48-4	5.00%	*1.9*	*0.02040%*	
	Alcohols, C6-C12	68603-15-6	3.00%	*1.1*	*0.01224%*	
	Cinnamaldehyde	104-55-2	3.00%	*1.1*	*0.01224%*	
	Glycol Ether EB	111-76-2	3.00%	*1.1*	*0.01224%*	
	Triethyl Phosphate	78-40-0	3.00%	*1.1*	*0.01224%*	
IC-1L, IRON CONTROL (T-Chem FE 350)	Acetic Acid	64-19-7	40.00%	*28.6*	*0.31389%*	
	Citric Acid	77-92-9	20.00%	*14.3*	*0.15694%*	
	Water	7732-18-5	60.00%	*42.9*	*0.47083%*	
					100.00%	

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KLX Energy Services

8/11/25 CAS INFORMATION: NorthWestern Energy Frontier

Additive	Max Loading/ 1000 Gal	Specific Gravity	Additive Quantity	Mass (lbs)	
Water (Customer Supplied)	1,000.00	1.00	24,780	206,789	gal
WG-1SLR, GUAR SLURRY	5.00	1.04	124	1,078	gal
BIO-2L, BIOCIDE	0.30	1.00	8	67	gal
SURF PLUS, CNF	2.00	0.94	53	417	gal
KCl-2SUB, KCl SUBSTITUTE	2.00	1.08	50	451	gal
XLB-1, CROSSLINKER	1.00	1.35	15	168.99	gal
B-1, BREAKER	2.00	2.55	50	50.0	lb
FA-1, FOAMER	5.00	1.02	124	1,054	gal
B-4LE, ENZYME BREAKER	0.30	1.03	8	69	gal
NORTHERN WHITE SAND	4,200.00	2.65	184,000	184,000	lb
N2	4,022.00	0.01	525,656	38,163	gal
				Total Slurry Mass (Lbs)	
				432,308	

Name	Ingredients	Chemical Abstract Service Number (CAS #)	Maximum Ingredient Concentration in Additive (% by mass)**	Total Component Mass in HF Fluid (lbs)	Maximum Ingredient Concentration in HF Fluid (% by mass)**	Comments
Water (Customer Supplied)	Water	7732-18-5	100.00%	206,789	47.83377%	
NORTHERN WHITE SAND	Silica Quartz	14808-60-7	100.00%	184,000	42.56227%	
WG-1SLR, GUAR SLURRY	Solvent Naptha (pet.) heavy aliphatic	64742-47-8	55.00%	593	0.13718%	
	Guar Gum	9000-30-0	45.00%	485	0.11224%	
SURF PLUS, CNF	Dipentene; Limonene	138-86-3	30.00%	125.0	0.02891%	
	Ethoxylated Alcohol	68439-46-3	30.00%	125.0	0.02891%	
	Nonyl Phenol Ethoxylated	127087-87-0	30.00%	125.0	0.02891%	
	Isopropanol	67-63-0	15.00%	62.5	0.01446%	
KCl-2SUB, KCl SUBSTITUTE	Choline Chloride	67-48-1	70.00%	316.0	0.07310%	
	Water	7732-18-5	30.00%	135.4	0.03133%	
XLB-1, CROSSLINKER	Water	7732-18-5	60.00%	101.4	0.02345%	
	Potassium Hydroxide	1310-58-3	30.00%	50.7	0.01173%	
	Boric Acid	10043-35-3	30.00%	50.7	0.01173%	
B-1, BREAKER	Ammonium persulfate	7727-54-0	100.00%	50.0	0.01157%	
B-4LE, ENZYME BREAKER	Water	7732-18-5	84.99%	58.4	0.01352%	
	Sodium chloride	7647-14-5	15.00%	10.3	0.00239%	
	Sodium hydroxide	1310-73-2	0.01%	0.0	0.00000%	
	beta-D-Mannanase	37288-54-3	0.001%	0.0	0.00000%	
BIO-2L, BIOCIDE	Tetrakis(hydroxymethyl) Phosphonium Sulfate	55566-30-8	20.00%	13.4	0.00309%	
	Water	7732-18-5	80.00%	53.4	0.01235%	
FA-1, FOAMER	Methyl Alcohol	67-56-1	25.00%	263.6	0.06098%	
	Water	7732-18-5	25.00%	263.6		
	Ethylene Glycol	107-21-1	20.00%	210.9	0.04878%	
	2-Butoxyethanol	111-76-2	20.00%	210.9	0.04878%	
	Glycerol	56-81-5	10.00%	105.4	0.02439%	
N_2	Nitrogen	7727-37-9	100.00%	38,163	8.82783%	

100.00%

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MONTANA BOARD OF OIL AND GAS ATTACHMENT TO FORM 2 "CONDITIONS OF APPROVAL"

A. Field Inspector must be notified at least **24 hours** in advance of the start of fracture stimulation operation.

B. 36.22.1106 SAFETY AND WELL CONTROL REQUIREMENTS – HYDRAULIC FRACTURING

(1) New and existing wells which will be stimulated by hydraulic fracturing must demonstrate suitable and safe mechanical configuration for the stimulation treatment proposed.

(2) Prior to initiation of fracture stimulation, the operator must evaluate the well. If the operator proposes hydraulic fracturing through production casing or through intermediate casing, **the casing must be tested to the maximum anticipated treating pressure**. If the casing fails the pressure test it must be repaired or the operator must use a temporary casing string (fracturing string).

> (a) **If the operator proposes hydraulic fracturing though a fracturing string, it must be stung into a liner or run on a packer set not less than 100 feet below the cement top of the production or intermediate casing and must be tested to not less than maximum anticipated treating pressure minus the annulus pressure applied between the fracturing string and the production or immediate casing.**

(3) A casing pressure test will be considered successful if the pressure applied has been held for 30 minutes with no more than ten percent pressure loss.

(4) A **pressure relief valve(s)** must be installed on the treating lines between pumps and wellhead to limit the line pressure to the test pressure determined above; the well **must be equipped with a remotely controlled shut-in device** unless waived by the board administrator should the factual situation warrant.

(5) **The surface casing valve must remain open** while hydraulic fracturing operations are in progress; the annular space between the fracturing string and the intermediate or production casing must be monitored and may be pressurized to a pressure not to exceed the pressure rating of the lowest rated component that would be exposed to pressure should the fracturing string fail.

History: 82-11-111, MCA; IMP, 82-11-111, MCA; NEW, 2011 MAR p. 1686, Eff. 8/26/11.

C. 36.22.1010 WORK-OVER, RECOMPLETION, WELL STIMULATION – NOTICE AND APPROVAL

(1) Within 30 days following completion of the well work, a subsequent report of the actual work performed must be submitted on From No. 2.