

George

FORM NO. 2 R 10/09

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

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 Denbury Onshore LLC
Address 5320 Legacy Drive
City Plano State TX Zip Code 75024
Telephone 972-673-2000 Fax

Lease Name:
Unit
Type (Private/State/Federal/Tribal/Allotted):
Federal

Well Number:
15-11

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Location of well (1/4-1/4 section and footage measurements):
NE-SW SECTION 15, T8S - R54E 1980' FSL & 1980' FWL

Unit Agreement Name:
BCCMU

DEC 05 2019

Field Name or Wildcat:
Bell Creek

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Township, Range, and Section:
T8S - R54E, Sec. 15

API Number:
25 | 075 | 21077
State County Well

Well Type (oil, gas, injection, other):
Injection

County:
Powder River, MT

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

Notice of Intention to Change Plans	<input type="checkbox"/>	Subsequent Report of Mechanical Integrity Test	<input type="checkbox"/>
Notice of Intention to Run Mechanical Integrity Test	<input type="checkbox"/>	Subsequent Report of Stimulation or Treatment	<input type="checkbox"/>
Notice of Intention to Stimulate or to Chemically Treat	<input checked="" type="checkbox"/>	Subsequent Report of Perforation or Cementing	<input type="checkbox"/>
Notice of Intention to Perforate or to Cement	<input type="checkbox"/>	Subsequent Report of Well Abandonment	<input type="checkbox"/>
Notice of Intention to Abandon Well	<input type="checkbox"/>	Subsequent Report of Pulled or Altered Casing	<input type="checkbox"/>
Notice of Intention to Pull or Alter Casing	<input type="checkbox"/>	Subsequent Report of Drilling Waste Disposal	<input type="checkbox"/>
Notice of Intention to Change Well Status	<input type="checkbox"/>	Subsequent Report of Production Waste Disposal	<input type="checkbox"/>
Supplemental Well History	<input type="checkbox"/>	Subsequent Report of Change in Well Status	<input type="checkbox"/>
Other (specify) <u>Fracture Stimulate</u>	<input checked="" type="checkbox"/>	Subsequent Report of Gas Analysis (ARM 36.22.1222)	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

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.
Denbury requests approval to fracture stimulate the subject well. Please see attached procedure and wellbore diagram for additional information. A treatment schedule has been provided along with the necessary CAS numbers.

BOARD USE ONLY

Approved DEC 06 2019
Date

 Name
Naomi Johnson Title
Regulatory Compliance Specialist

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

12/04/2019 
Date Signed (Agent)

Naomi Johnson - Regulatory Compliance Specialist

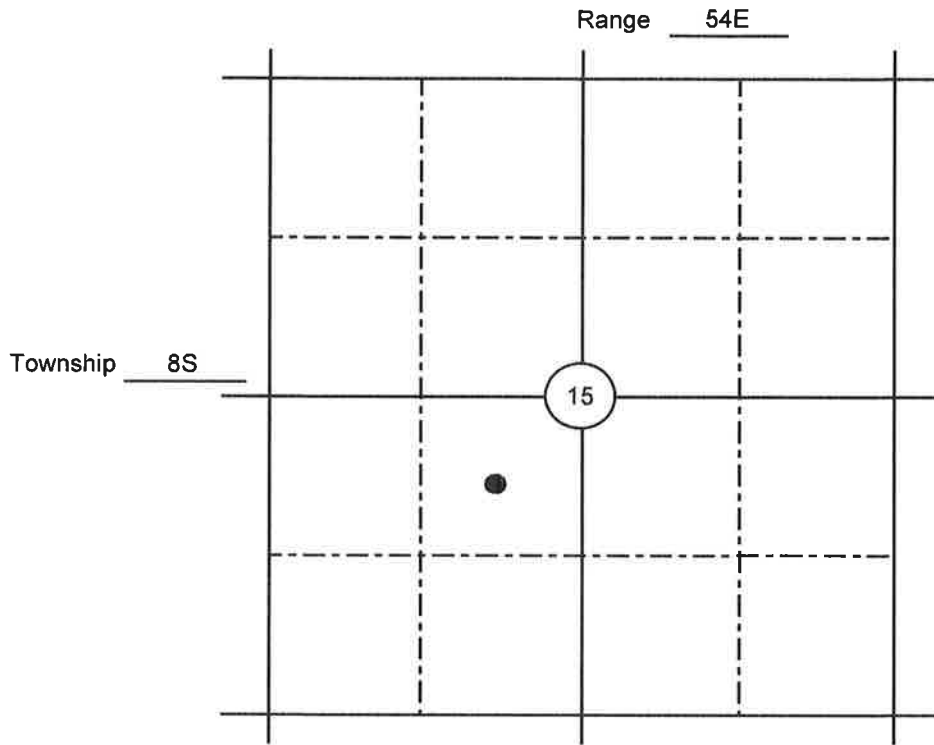
Print Name and Title

Telephone: 972-673-2000

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.



BOARD USE ONLY

CONDITIONS OF APPROVAL

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

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

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PRESSURE PUMPING LLC

CAS INFORMATION:

Additive	Max Loading/ 1000 Gal	Specific Gravity	Additive Quantity	Mass (lbs)
Water (Customer Supplied)	1,000.00	1.00	12,100	101,075
WG-1SLR, GUAR SLURRY	5.00	1.01	01	530
BIO-2L, BIOCID	0.30	1.00	4	33
NE/S-1 NON EMULSIFIER-SURFACTANT	2.00	0.95	26	198
XLB-1, CROSSLINKER	1.50	1.35	16	180
B-1, BREAKER	2.00	1.66	26	35
B-4LE, ENZYME BREAKER	0.30	1.03	4	34.4
KCI-2SUB, KCI SUBSTITUTE	2.00	1.08	26	176
NORTHERN WHITE SAND	4,000.00	1.65	20,000	30,000

Total Slurry Mass (Lbs)

122,703

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)**
Water (Customer Supplied)	Water	7732-18-5	100.00%	101,075	0.270001%
NORTHERN WHITE SAND	Silica Quartz	14808-80-7	100.00%	30,000	16.29955%
WG-1SLR, GUAR SLURRY	Solvent Naptha (pet.) heavy aliphatic	64742-47-8	60.00%	310	0.25937%
	Guar Gum	9000-30-0	50.00%	263	0.21614%
NE/S-1 NON EMULSIFIER-SURFACTANT	Methanol	67-58-1	30.00%	60	0.04851%
KCI-2SUB, KCI SUBSTITUTE	Choline Chloride	67-48-1	70.00%	158.0	0.12878%
	Water	7732-18-5	30.00%	67.7	0.05519%
XLB-1, CROSSLINKER	Water	7732-18-5	60.00%	100.2	0.08813%
	Potassium Hydroxide	1310-58-3	30.00%	54.1	0.04487%
	Boric Acid	10043-35-3	30.00%	54.1	0.04487%
B-1, BREAKER	Azoxetium persulfate	7727-54-0	100.00%	25.0	0.02037%
	Water	7732-18-5	90.00%	30.9	0.02523%
B-4LE, ENZYME BREAKER	Sodium Chloride	7647-14-5	15.00%	5.2	0.00428%
	Mannurase Enzymes	37288-54-3	2.00%	0.7	0.00056%
BIO-2L, BIOCID	Tetrasis(hydroxyethyl) Phosphonium Sulfate	55588-30-8	10.00%	6.7	0.00548%
	Water	7732-18-5	80.00%	26.7	0.02176%

100.00%

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