

*George*

Submit In Quadruplicate To:

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

**RECEIVED**

**SEP 09 2021**

**SUNDRY NOTICES AND REPORT OF WELLS**

MONTANA BOARD OF OIL & GAS CONSERVATION • BILLINGS

Operator <b>Denbury Onshore, LLC</b>		Lease Name: <b>Unit</b>
Address <b>5851 Legacy Circle, Suite 1200</b>		Type (Private/State/Federal/Tribal/Allotted): <b>Fee</b>
City <b>Plano</b>	State <b>TX</b>	Zip Code <b>75024</b>
Telephone <b>972-673-2000</b>	Fax	Well Number: <b>22-01</b>
Location of well (1/4-1/4 section and footage measurements): <b>NE-NE Sec. 22, T8S - R54E 735' FNL &amp; 659' FEL</b>		Unit Agreement Name: <b>BCCMU</b>
API Number: <b>25   075   21024</b>		Field Name or Wildcat: <b>Bell Creek</b>
State	County	Well
Well Type (oil, gas, injection, other): <b>Injection</b>		Township, Range, and Section: <b>T8S - R54E, Sec. 22</b>
		County: <b>Powder River, MT</b>


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 checked="" 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) <b>Fracture Stimulate</b>	<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 <b>SEP 10 2021</b>	Date
	Name
<b>Petroleum Engineer</b>	Title

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

09/08/2021 

Date Signed (Agent)

**Naomi Johnson - Regulatory Compliance Specialist**

Print Name and Title

Telephone: 972-673-2000



CAS INFORMATION:

Additive	Max Loading / 1000 Gal	Specific Gravity	Additive Quantity	Mass (lbs)
Water (Customer Supplied)	1,000.00	1.00	42,640	355,831
WG-1SLR, GUAR SLURRY	5.00	1.04	214	1,861
BIO-2L, BIOCIDES	0.30	1.00	13	108
SURF PLUS, CNF	2.00	0.94	86	676
NLB-1, CROSSLINKER	1.50	1.35	61	687
B-1, BREAKER	2.00	1.55	86	86.0
B-4E, ENZYME BREAKER	0.15	1.04	7	60
KCI-SUB, KCI SUBSTITUTE	2.00	1.08	86	777
NORTHERN WHITE SAND	6.00	2.65	160,000	100,000

Total Slurry Mass (Lbs)  
**460,086**

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%	355,831	77.34085%
NORTHERN WHITE SAND	Silica Quartz	14808-60-7	100.00%	160,000	21.73566%
WG-1SLR, GUAR SLURRY	Solvent Naphtha (net) heavy aliphatic	64742-47-8	60.00%	1,117	0.24267%
	Guar Gum	9000-30-0	50.00%	930	0.20223%
SURF PLUS, CNF	Dipentene; Limonene	138-86-3	30.00%	202.8	0.04408%
	Ethoxylated Alcohol	68439-46-3	30.00%	202.8	0.04408%
	Mono Phenol Ethoxylated	177081-87-0	30.00%	202.8	0.04408%
	Isopropanol	67-63-0	15.00%	101.4	0.02204%
KCI-SUB, KCI SUBSTITUTE	Choline Chloride	67-48-1	70.00%	543.6	0.11814%
	Water	7732-18-5	30.00%	233.0	0.05163%
NLB-1, CROSSLINKER	Water	7732-18-5	60.00%	412.3	0.08962%
	Potassium Hydroxide	1310-58-3	30.00%	206.2	0.04481%
B-1, BREAKER	Boric Acid	10043-53-3	30.00%	206.2	0.04481%
	Ammonium persulfate	7727-54-0	100.00%	86.0	0.01869%
B-4E, ENZYME BREAKER	Water	7732-18-5	90.00%	54.3	0.01177%
	Sodium Chloride	7647-14-5	10.00%	9.0	0.00196%
	Mananase Enzyme	37388-54-3	2.00%	1.3	0.00026%
BIO-2L, BIOCIDES	Tetrakis(hydroxymethyl) Phosphonium Sulfate	55566-30-8	20.00%	21.7	0.00473%
	Water	7732-18-5	80.00%	86.8	0.01886%

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