

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		Lease Name: Unit
Address 5851 Legacy Circle, Suite 1200		Type (Private/State/Federal/Tribal/Allotted):
City Plano	State TX	Zip Code 75024
Telephone 972-673-2000	Fax	Well Number: 2309
Location of well (1/4-1/4 section and footage measurements): NE-SE Sec. 23 1980' FSL & 660' FEL		Unit Agreement Name: BCCMU
		Field Name or Wildcat: Bell Creek
API Number: 25 075 21053		Township, Range, and Section: Sec 23 - T8S-R54E
Well Type (oil, gas, injection, other): Injection - TA		County: Powder River
State 25	County 075	Well 21053

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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 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) <u>Fracture Stimulate</u>	<input checked="" type="checkbox"/>	Subsequent Report of Gas Analysis (ARM 36.22.1222)	<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 report has been included along with the necessary CAS numbers.

SEE SAGE CROUSE STIPULATIONS

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

4/19/2021 

Date Signed (Agent)

Naomi Johnson - Regulatory Compliance Specialist

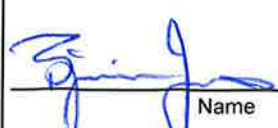
Print Name and Title

Telephone: 972-673-2690

BOARD USE ONLY

Approved APR 21 2021

Date

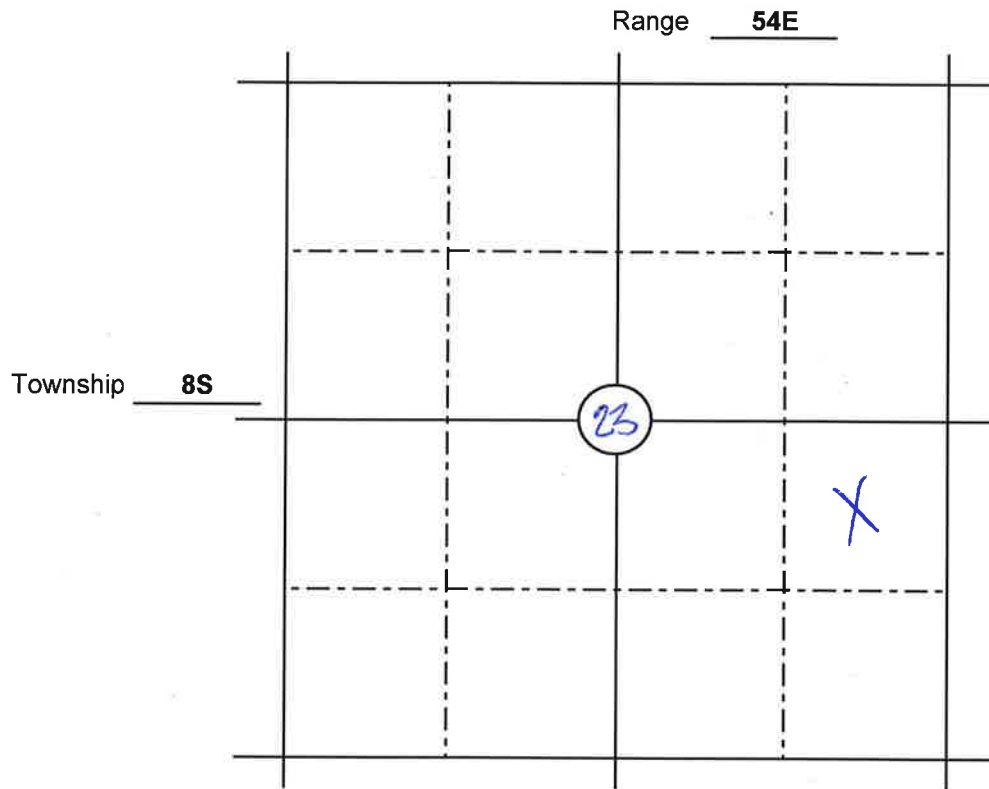
 Name

Petroleum Engineer Title

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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CONDITIONS OF APPROVAL

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

No discretionary
maintenance/production between
4:00 - 8:00 am and 7:00 - 10:00 pm
from March 15th to July 15th

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



PRESSURE PUMPING LLC

CAS INFORMATION:

Additive	Max Loading/ 1000 Gal	Specific Gravity	Additive Quantity	Mass (lbs)
Water (Customer Supplied)	1,000.00	1.00	83,240	694,638
WG-1SLR, GUAR SLURRY	5.00	1.04	417	3,626
BIO-2L, BIOCID	0.30	1.00	25	209
SURF PLUS, CNF	2.00	0.94	167	1,313
XLB-1, CROSSLINKER	1.50	1.35	122	1,374
B-1, BREAKER	2.00	2.55	167	167
B-4LE, ENZYME BREAKER	0.15	1.03	13	111.7
KCI-2SUB, KCI SUBSTITUTE	2.00	1.08	167	1,508
NORTHERN WHITE SAND	6,000.00	2.65	200,000	200,000
				Total Slurry Mass (Lbs)
				902,946

Name	Ingredients	Chemical Abstract Service Number (CAS #)	Maximum Ingredient Concentration in Additive (% by mass) ^{1,2}	Total Component Mass in IIF Fluid (lbs)	Maximum Ingredient Concentration in IIF Fluid (% by mass) ^{3,4}
Water (Customer Supplied)	Water	7732-18-5	100.00%	694,638	76.93014%
NORTHERN WHITE SAND	Silica Quartz	14808-60-7	100.00%	200,000	22.14971%
WG-1SLR, GUAR SLURRY	Solvent Naptha (pet.) heavy aliphatic	64742-47-8	60.00%	2,176	0.24095%
	Guar Gum	9000-30-0	50.00%	1,813	0.20079%
SURF PLUS, CNF	Dipentene; Limonene	138-86-3	30.00%	393.8	0.04362%
	Ethoxylated Alcohol	68439-46-3	30.00%	393.8	0.04362%
	Nonyl Phenol Ethoxylated	127087-87-0	30.00%	393.8	0.04362%
	Isopropanol	67-63-0	15.00%	196.9	0.02181%
KCI-2SUB, KCI SUBSTITUTE	Choline Chloride	67-48-1	70.00%	1,055.5	0.11690%
	Water	7732-18-5	30.00%	452.4	0.05010%
XLB-1, CROSSLINKER	Water	7732-18-5	60.00%	824.7	0.09133%
	Potassium Hydroxide	1310-58-3	30.00%	412.3	0.04566%
	Boric Acid	10043-35-3	30.00%	412.3	0.04566%
	Ammonium persulfate	7727-54-0	100.00%	167.0	0.01850%
B-4LE, ENZYME BREAKER	Water	7732-18-5	90.00%	100.6	0.01114%
	Sodium Chloride	7647-14-5	15.00%	16.8	0.00186%
	Mannanase Enzymes	37288-54-3	2.00%	2.2	0.00025%
BIO-2L, BIOCID	Tetrakis(hydroxymethyl) Phosphonium Sulfate	55566-30-8	20.00%	41.7	0.00462%
	Water	7732-18-5	80.00%	166.9	0.01848%

100.00%

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