

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 **5851 Legacy Circle, Suite 1200**
City **Plano** State **TX** Zip Code **75024**
Telephone **972-673-2000** Fax

Lease Name: **Unit**
Type (Private/State/Federal/Tribal/Allotted):
Fee
Well Number: **35-15R** **APR 20 2021**

Location of well (1/4-1/4 section and footage measurements):
SWSE Sec. 35, T8S - R54E 598' FSL & 1882' FEL

Unit Agreement Name: **BCCMU**
Field Name or Wildcat: **Bell Creek**

API Number:
25 | 075 | 22463
State County Well

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

Township, Range, and Section:
T8S - R54E, Sec. 35
County: **Powder River, MT**

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

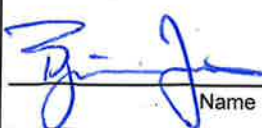
- | | | | |
|---|-------------------------------------|--|--------------------------|
| Notice of Intention to Change Plans | <input type="checkbox"/> | Subsequent Report of Mechanical Integrity Test | <input type="checkbox"/> |
| Notice of Intention to Run Mechanical Integrity Test | <input type="checkbox"/> | Subsequent Report of Stimulation or Treatment | <input type="checkbox"/> |
| Notice of Intention to Stimulate or to Chemically Treat | <input 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 from the service company along with the necessary CAS numbers.

SEE SAGE GROUSE STIPULATIONS

BOARD USE ONLY	
Approved <u>APR 21 2021</u>	Date
	Name
<u>Petroleum Engineer</u>	Title

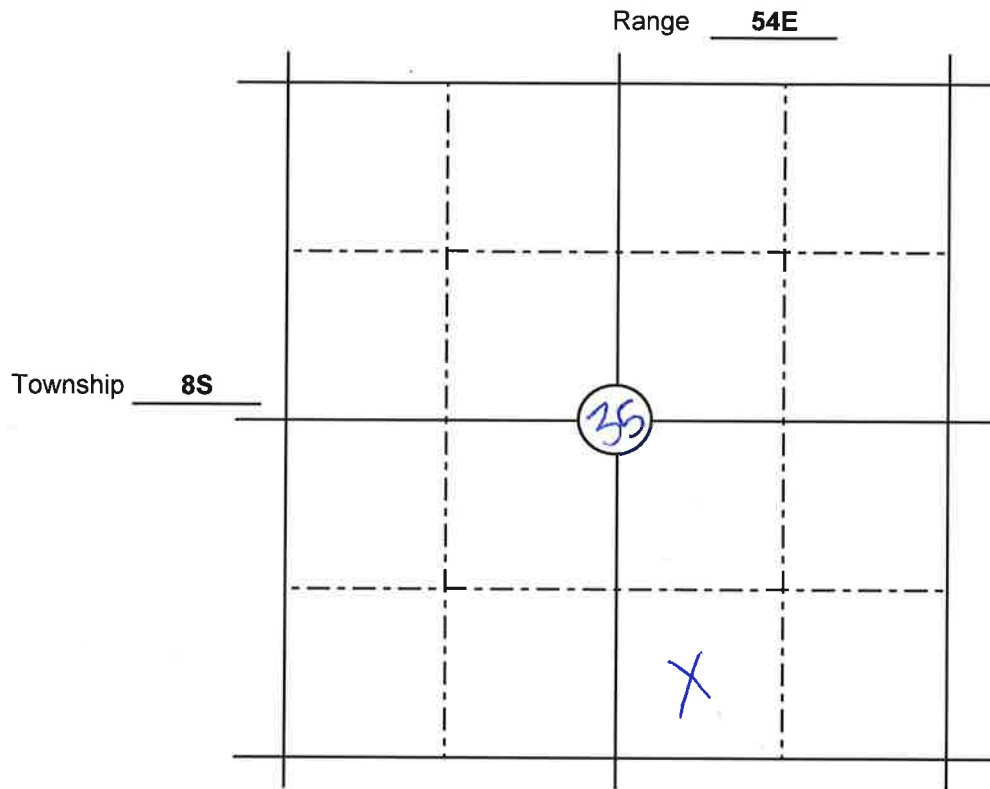
The undersigned hereby certifies that the information contained on this application is true and correct:

<u>04/16/2021</u>	Date
	Signed (Agent)
<u>Naomi Johnson - Regulatory Compliance Specialist</u>	Print Name and Title
Telephone: <u>972-673-2000</u>	

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:

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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APR 20 2021

**MONTANA BOARD OF OIL &
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Failure to comply with the conditions of approval may void this permit.

07522463



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-ISLR, 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)**	Total Component Mass in IIF Fluid (lbs)	Maximum Ingredient Concentration in IIF Fluid (% by mass)**
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-ISLR, 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%
B-1, BREAKER	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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