

Submit In Quadruplicate To:

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

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MAR 24 2023

SUNDRY NOTICES AND REPORT OF WELLS

MONTANA BOARD OF OIL &
GAS CONSERVATION - BILLINGS

Operator Denbury Onshore, LLC		Lease Name: Unit
Address 5851 Legacy Circle, Suite 1200		Type (Private/State/Federal/Tribal/Allotted): Fee <i>Federal</i>
City Plano State TX Zip Code 75024	Well Number: 57-06	
Telephone 972-673-2000 Fax	Unit Agreement Name: BCCMU	
Location of well (1/4-1/4 section and footage measurements): SE-NW 1980' FNL & 1888' FWL		Field Name or Wildcat: Bell Creek
API Number: 25 075 21322		Township, Range, and Section: Sec 7-9S-54E
State 25 County 075 Well 21322	Well Type (oil, gas, injection, other): Oil	County: Powder River

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"/>

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, wellbore schematics, treatment plan and CAS numbers for additional information.

BOARD USE ONLY	
Approved <u>MAR 30 2023</u>	Date
<i>PT</i>	Accepted for record purposes only
Name	Title

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

03/23/2023 *Naomi Johnson*
Date Signed (Agent)

Naomi Johnson - Regulatory Compliance Specialist
Print Name and Title

Telephone: 972-673-2000

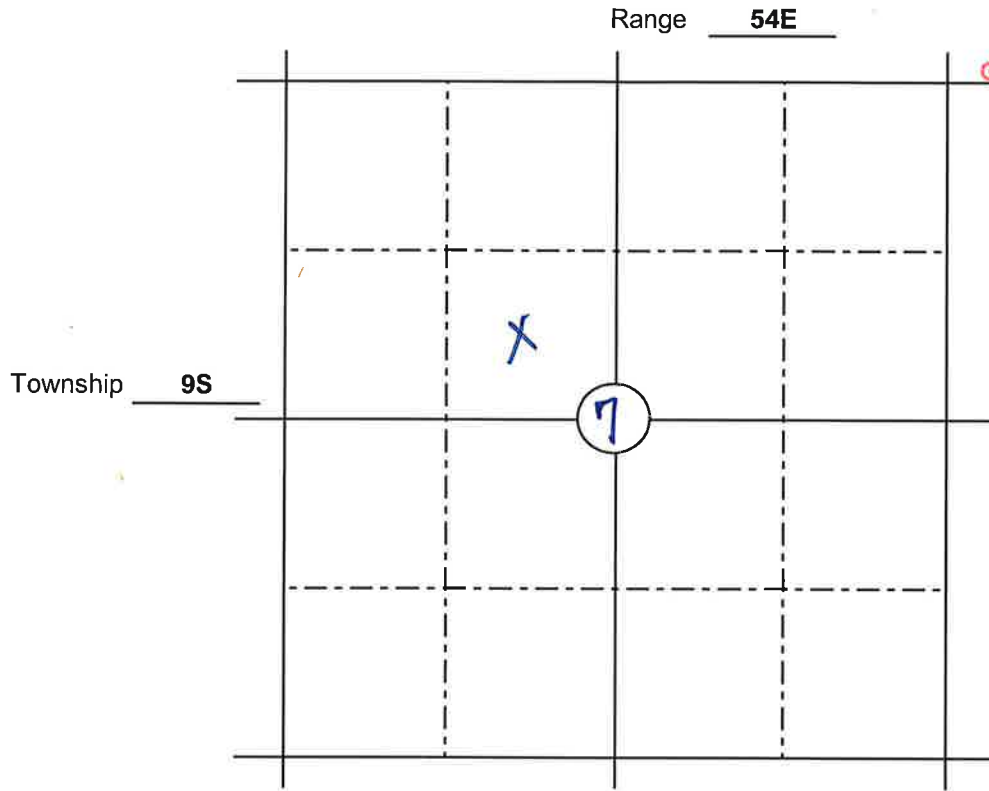
SUPPLEMENTAL INFORMATION

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.

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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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FLUID DESCRIPTION

Fluid 1: 20# XLink
Fluid 2: 20# Linear

MATERIAL'S	U.O.M.	LOADING PER/1000 GALLONS									Totals
		Fluid 1	Fluid 2	Fluid 3	Fluid 4	Fluid 5	Fluid 6	Fluid 7	Fluid 8	Fluid 9	
WG-1SLR, Slurried Guar Gel	gal	5.00	5.00								435
BIO-2L, Liquid Biocide (THPS)	gal	0.30	0.30								27
Surf Plus (Surfactant/W E/Remediation)	gal	2.00	2.00								174
XLB-1, Self Buffered Borate Crosslinker	gal	1.50									122
B-1, Oxidizer Breaker (AP)	lb	2.00	2.00								174
B-4LE, High pH/Low Temp. <140°F Enzyme Breaker	gal	0.15	0.15								14
KCL-2Sub, KCl Substitute (anionic tolerant)	gal	2.00	2.00								174
											0
											0
											0
											0
											0
											0
											0
											0

Pump Schedule

Maximum Pressure (psig) 5,000
Est. Treating Pressure (psi) 4,500

Permeability: _____

STG No.	Prepact Lbs/Gal	Stage Gallons	Fluid Type or Comment	Prepact Type or Stage Description	Stage/Bbls Prepact	Clean Rate (bpm)	Clean Bbls.	Slurry Rate (bpm)	Slurry Bbls.	Stage Time	Lbs. Prep per minute
1		3,500	20# Linear	Pre-Pad		10.0	83	10.0	83	8.33	
2		25,000	20# Xlink	Pad		25.0	595	25.0	595	23.88	
3	1.00	6,000	20# Xlink	SLF, 16/30 White	6,000	23.9	143	25.0	149	5.97	1.004
4	2.00	9,000	20# Xlink	SLF, 16/30 White	18,000	22.9	214	25.0	234	9.35	1.924
5	3.00	11,800	20# Xlink	SLF, 16/30 White	33,000	22.0	262	25.0	298	11.91	2.771
6	4.00	13,000	20# Xlink	SLF, 16/30 White	52,000	21.2	310	25.0	366	14.64	3.552
7	5.00	12,200	20# Xlink	SLF, 16/30 White	61,000	20.4	290	25.0	357	14.27	4.275
8	6.00	5,000	20# Xlink	SLF, 16/30 White	30,000	19.7	119	25.0	152	6.06	4.947
9		2,293	20# Linear	Flush Est.		25.0	55	25.0	55	2.18	

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3/22/23 CAS INFORMATION: Denbury Bell Creek Muddy

Additive	Max Loading/ 1000 Gal	Specific Gravity	Additive Quantity	Mass (lbs)
Water (Customer Supplied)	1,000.00	1.00	86,993	725,957
WG-ISLR, GUAR SLURRY	5.00	1.04	435	3,783
BIO-2L, BIOCID	0.30	1.00	27	225
SURF PLUS, CNF	2.00	0.94	174	878
KCI-2SUB, KCI SUBSTITUTE	2.00	1.08	174	878
B-1, BREAKER	2.00	2.55	174	174
B-4LE, ENZYME BREAKER	0.15	1.03	14	120.3
XLB-1, CROSSLINKER	1.50	1.35	122	1,374
NORTHERN WHITE SAND	6,000.00	2.65	200,000	200,000
				Total Slurry Mass (Lbs)
				933,389

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%	725,957	77.77641%
NORTHERN WHITE SAND	Silica Quartz	14808-60-7	100.00%	200,000	21.42729%
WG-ISLR, GUAR SLURRY	Solvent Naptha (pet.) heavy aliphatic	64742-47-8	60.00%	2,270	0.24315%
	Guar Gum	9000-30-0	50.00%	1,491	0.20262%
SURF PLUS, CNF	Dipentene; Limonene	138-86-3	30.00%	263.4	0.02822%
	Ethoxylated Alcohol	68439-46-3	30.00%	263.4	0.02822%
	Nonyl Phenol Ethoxylated	127087-87-0	30.00%	263.4	0.02822%
	Isopropanol	67-63-0	15.00%	131.7	0.01411%
KCI-2SUB, KCI SUBSTITUTE	Choline Chloride	67-48-1	70.00%	614.6	0.06585%
	Water	7732-18-5	30.00%	263.4	0.02822%
XLB-1, CROSSLINKER	Water	7732-18-5	60.00%	824.7	0.08835%
	Potassium Hydroxide	1310-58-3	30.00%	412.3	0.04418%
	Boric Acid	10043-35-3	30.00%	412.3	0.04418%
B-1, BREAKER	Ammonium persulfate	7727-54-0	100.00%	174.0	0.01864%
B-4LE, ENZYME BREAKER	Water	7732-18-5	90.00%	108.3	0.01160%
	Sodium Chloride	7647-14-5	15.00%	18.1	0.00193%
	Mannanase Enzymes	57288-54-3	2.00%	2.4	0.00026%
BIO-2L, BIOCID	Tetrakis(hydroxymethyl) Phosphonium Sulfate	55566-30-8	20.00%	45.1	0.00483%
	Water	7732-18-5	80.00%	180.3	0.01931%

100.00%