

Submit In Quadruplicate To:

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

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FEB 29 2024

SUNDRY NOTICES AND REPORT OF WELLS

MONTANA BOARD OF OIL &
GAS CONSERVATION • BILLINGS

Operator EMEP Operating, LLC Address 1200 Smith Street, Ste 680 City Houston State TX Zip Code 77002 Telephone 346-261-1474 Fax		Lease Name: Bridgette Type (Private/State/Federal/Tribal/Allotted); Surface Fee; Minerals Fee/Fed <i>(private)</i> <i>(private)</i> Well Number: 1-6H Unit Agreement Name: Field Name or Wildcat: Elm Coulee Township, Range, and Section: Section 6: T21N-R60E County: Richland County
Location of well (1/4-1/4 section and footage measurements): NW NW 200' FNL & 250' FWL (Sec. 6-T21N-R60E)		
API Number: 25 083 22532 State County Well	Well Type (oil, gas, injection, other): Oil	

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>Refrac</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.
EMEP Operating, LLC ("EMEP") respectfully submits this Notice of Intent to perform a refrac.
Please find attached (1) EMEP's Recompletion Procedure for the Bridgette 1-6H, and (2) the Fracturing Fluid Disclosure.

**SEE ATTACHED
CONDITIONS OF
APPROVAL**

BOARD USE ONLY

Approved MAR 21 2024
Date

[Signature] Name Admin/Pl. Engineer Title

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

2/27/2024
Date

[Signature]
Signed (Agent)

Kyle D. Dubiel - Vice President BD, Land and Legal
Print Name and Title

Telephone: 346-261-1474

SUPPLEMENTAL INFORMATION

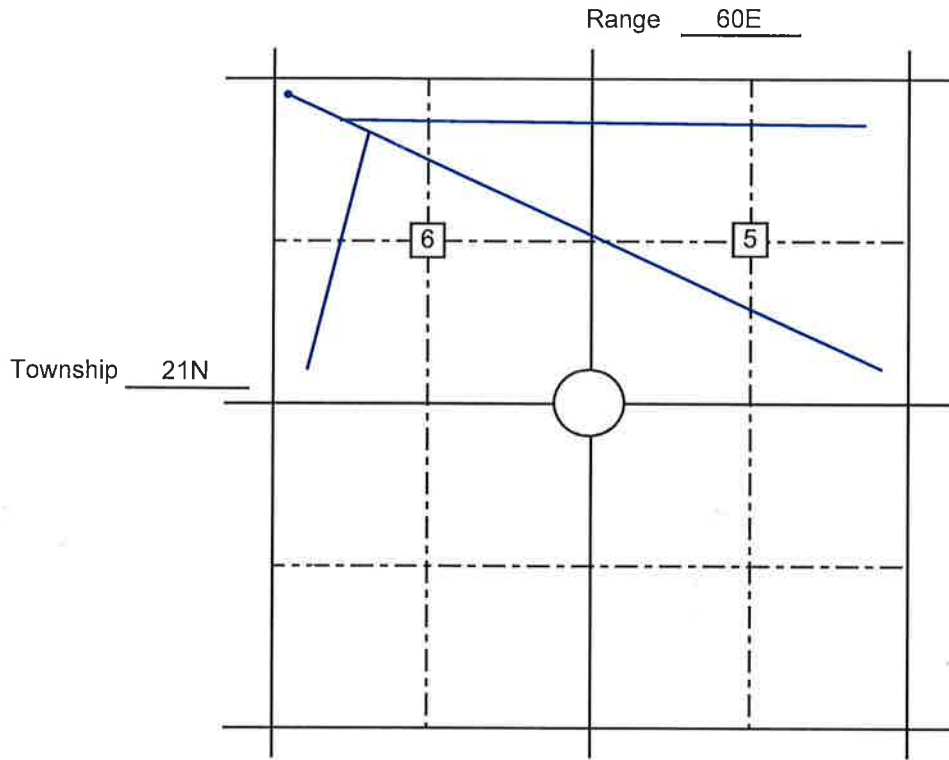
NOTE: Additional information or attachments may be required by Rule or by special request.

Plot the location of the well or site that is the subject of this notice or report.

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**MONTANA BOARD OF OIL &
GAS CONSERVATION • BILLINGS**



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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BEGIN DATA : Data Indicator : Disclosure TYPE

System	MT
Fracture Date	25-083-22532
State	Rehland
County	Eagle Mountain Energy
API Number	E2212588
Operator Name	Bridgette 1-6H
Well Name and Number	-104.076508
Longitude	47.61591
Latitude	
Federal Well	
Indian Well	
LongLat Projection	NAD83
Fracture End Date	10.391
True Vertical Depth (TVD)	8,068.475
Total Water Volume (gal)	
Well Type	
Water Source	

Trade Name	Supplier	Purpose	Ingredients	Chemical Abstract Service Number (CAS #)	Maximum Ingredient Concentration in Additive (% by mass)*	Mass of Additive (lbs)	Comment
Sand (Proppant)	CWS	Propping Agent					
BrSulite G0123x	CWS	Biocide					
CalSurf™ 6401	CWS	Surfactant					
CalSurf™ 6421	CWS	Surfactant					
CalMas™ 6534	CWS	Friction Reducer					
DynaScale™ 3515	CWS	Scale Inhibitor					
			12-hydroxystearic acid-polyethylene glycol copolymer	70149-34-6	0.75%	374.34	
			Acrylamide	75-065	0.10%	53.48	
			Alcohols, C12-14-secondary, ethoxylated	84133-60-6	0.65%	287.36	
			Alcohol C10-C16 Ethoxylates	88002-97-1	4.00%	4,915.09	
			Alkyl dimethyl benzyl ammonium chloride	89424-28-1	3.00%	413.09	
			Aluminum oxide	1344-28-1	4.00%	23,233.85	
			Ammonium acrylate	10604-68-0	0.10%	53.48	
			Ammonium chloride	12125-02-9	1.40%	748.67	
			Anatite	54476-38-6	0.10%	4,495.00	
			Borite	1302-27-8	0.10%	40,600.00	
			Calcite	471-34-1	1.00%	174,000.00	
			Chromite Sand	471-34-1	1.00%	174,000.00	
			Crystalline silica (Quartz)	5-072-82-3	30.00%	5,072,100.00	
			Diethylene tetrampentaacetic acid, pentasodiumsalt	14808-60-7	100.00%		
			Dioxane	140-01-2	0.06%	32.09	
			Diatina (Petroleum), hydrogenated Light	123-91-1	0.06%	1.60	
			Ethoxylated Alcohol, C12-16	54742-47-8	19.00%	10,180.57	
			Ethylene oxide	68002-97-1	30.00%	8,922.65	
			Guar/hydroxy	75-21-8	0.00%	0.16	
			Guar/hydroxy	111-39-8	12.00%	1,655.84	
			Illmenite	1310-14-1	0.10%	4,495.00	
			Isocrotonal	13173-60-3	1.00%	4,350.00	
			Melband	85072-94-7	0.10%	435.00	
			Organic Acid Salt	67-58-3	0.20%	106.95	
			Paraffinic oils	91-85-9	60.00%	19,721.49	
			Phenol-formaldehyde copolymer	6742-56-0	19.00%	1,207.44	
			poly(ox-1, 2-oxiraneolyl, alpha-hydro-omega-hydroxy-ether with D-glucitol (2,1), tetra-(2,1,9-octadecanolate	9003-36-4	4.00%	4,117.70	
			Polyethylene glycol	61723-33-9	0.70%	23,300.00	
			Polyethylene glycol	25322-68-3	0.05%	31.60	
			polyoxyethylene monooleate	25100-47-0	32.00%	17,112.64	
			Potassium acetate	9004-96-0	2.40%	1,283.44	
			Sodium hydrogensulfite	127-08-2	0.03%	16.04	
			Sorbic acid	7631-90-5	0.60%	320.86	
			Sorbic oleate	1338-43-8	1.00%	534.77	
			Water	7732-18-6	100.00%	50,697,475.12	

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MONTANA BOARD OF OIL AND GAS ATTACHMENT TO FORM 2 “CONDITIONS OF APPROVAL”

A. Field Inspector must be notified at least **24 hours** in advance of the start of fracture stimulation operation.

B. 36.22.1106 SAFETY AND WELL CONTROL REQUIREMENTS – HYDRAULIC FRACTURING

(1) New and existing wells which will be stimulated by hydraulic fracturing must demonstrate suitable and safe mechanical configuration for the stimulation treatment proposed.

(2) Prior to initiation of fracture stimulation, the operator must evaluate the well. If the operator proposes hydraulic fracturing through production casing or through intermediate casing, **the casing must be tested to the maximum anticipated treating pressure**. If the casing fails the pressure test it must be repaired or the operator must use a temporary casing string (fracturing string).

(a) If the operator proposes hydraulic fracturing through a fracturing string, it must be stung into a liner or run on a packer set not less than 100 feet below the cement top of the production or intermediate casing and must be tested to not less than maximum anticipated treating pressure minus the annulus pressure applied between the fracturing string and the production or immediate casing.

(3) A casing pressure test will be considered successful if the pressure applied has been held for 30 minutes with no more than ten percent pressure loss.

(4) A **pressure relief valve(s)** must be installed on the treating lines between pumps and wellhead to limit the line pressure to the test pressure determined above; the well **must be equipped with a remotely controlled shut-in device** unless waived by the board administrator should the factual situation warrant.

(5) **The surface casing valve must remain open** while hydraulic fracturing operations are in progress; the annular space between the fracturing string and the intermediate or production casing must be monitored and may be pressurized to a pressure not to exceed the pressure rating of the lowest rated component that would be exposed to pressure should the fracturing string fail.

History: 82-11-111, MCA; IMP, 82-11-111, MCA; NEW, 2011 MAR p. 1686, Eff. 8/26/11.

C. 36.22.1010 WORK-OVER, RECOMPLETION, WELL STIMULATION – NOTICE AND APPROVAL

(1) Within 30 days following completion of the well work, a subsequent report of the actual work performed must be submitted on Form No. 2.