

Submit In Quadruplicate To:

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

APR 07 2025

MONTANA BOARD OF OIL &  
GAS CONSERVATION • BILLINGS**SUNDRY NOTICES AND REPORT OF WELLS**

Operator MorningStar Operating LLC		Lease Name: Frostbite-Harriet
Address 400 W. 7th Street		Type (Private/State/Federal/Tribal/Allotted): Private
City Fort Worth	State TX	Zip Code 76102
Telephone 817-334-8096	Fax	Well Number: 5-3-HID3
Location of well (1/4-1/4 section and footage measurements): NE NW 210' FNL & 2136' FWL (Sec. 5-T23N-R57E) • Lot 3		Unit Agreement Name:
		Field Name or Wildcat: Wildcat
		Township, Range, and Section: Section 5: T23N-R57E
API Number: 25   083   22655 State County Well	Well Type (oil, gas, injection, other): Oil	County: Richland County

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) Refrac	<input checked="" type="checkbox"/>	Subsequent Report of Gas Analysis (ARM 36.22.1222)	<input type="checkbox"/>
	<input type="checkbox"/>	Subsequent Report of Refrac Operations	<input type="checkbox"/>

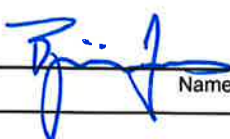
**Describe Proposed or Completed Operations:**

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.


Morning Star Operating ("MSO") respectfully submits this Notice of Intent to perform a refrac.

Please find attached (1) MSO's Recompletion Procedure for the Frostbite-Harriet 5-3HID3, and (2) the Fracturing Fluid Disclosure.

**SEE ATTACHED****CONDITIONS OF APPROVAL**

BOARD USE ONLY	
Approved	APR 11 2025
	Date
	Admin/Pol. Engineer
Name	Title

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

04/04/2025	
Date	Signed (Agent)
Holly Wood, Regulatory Analyst	
Print Name and Title	
Telephone:	817-334-8088

### SUPPLEMENTAL INFORMATION

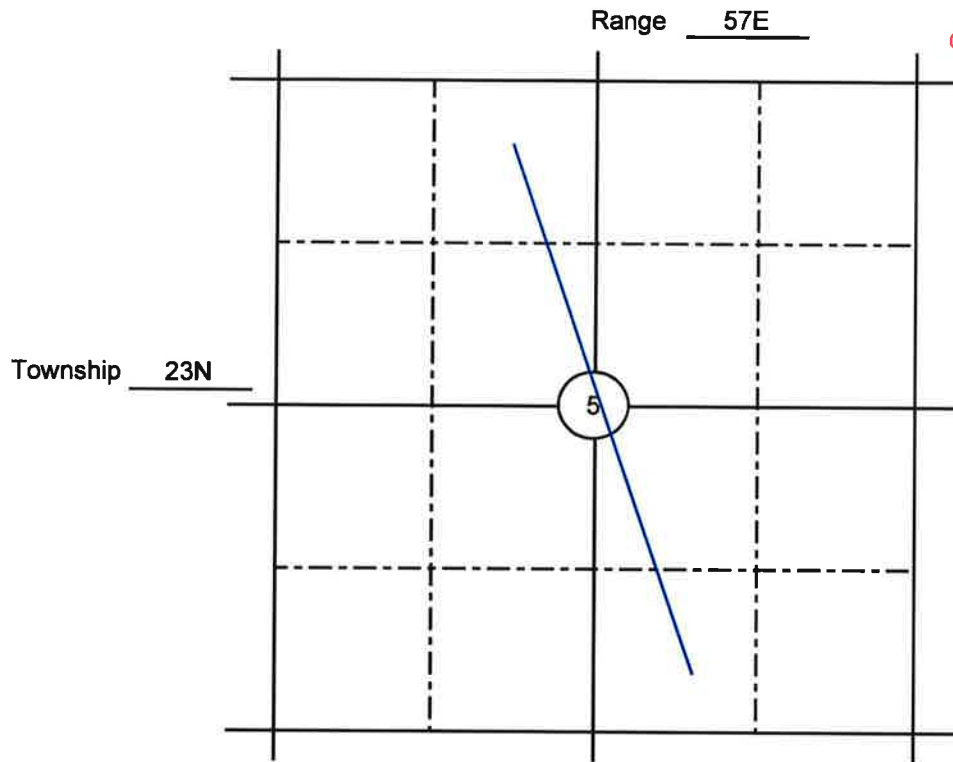
NOTE: Additional information or attachments may be required by Rule or by special request.

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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## Hydraulic Fracturing Fluid Product Component Information Disclosure

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Fracture Date:	6/1/2025
State:	Montana
County:	RICHLAND
API Number:	25-083-22655-00-00
Operator Name:	Morningstar Operating
Well Name and Number:	Frostbite-Harriet 5-3-HB03
Longitude:	-104.435081
Latitude:	47.790894
Long/Lat Projection:	NAD83
Indian/Federal:	none
Production Type:	Oil
True Vertical Depth (TVD):	10,438
Total Water Volume (gal):	3,380,370

## Hydraulic Fracturing Fluid Composition:

Trade Name	Supplier	Purpose	Ingredients	Chemical Abstract Service Number (CAS #)	Maximum Ingredient Concentration in Additive (% by mass)**	Maximum Ingredient Concentration in HF Fluid (% by mass)**	Ingredient Masa lbs	Comments
Fresh Water	Operator	Base Fluid						Density = 8.34
BE-7	Halliburton	Biocide						
DCA-17008	Halliburton	Acid Corrosion Inhibitor						
DCA-23003	Halliburton	Friction Reducer						
DCA-23010	Halliburton	Friction Reducer						
DCA-28001	Halliburton	Iron Reducing Agent						
DCA-30008	Halliburton	Scale Inhibitor						
DCA-32003	Halliburton	Surfactant						
DCA-32018M	Halliburton	Completion/Stimulation						
HYDROCHLORIC ACID, 28%	Halliburton	Solvent						
Sand-Common White-100 Mesh, SSA-2	Halliburton	Proppant						
Sand-CRC-40/70	Halliburton	Proppant						
Sand-Premium White-40/70	Halliburton	Proppant						
<b>Ingredients</b>								
			Water	7732-18-5	100.00%	91.24630%	28,192,286	
			Crystalline silica, quartz	14808-60-7	100.00%	8.50678%	2,628,331	
			Water	7732-18-5	100.00%	0.19843%	61,309	
			Phenol / formaldehyde resin	9003-35-4	5.00%	0.06507%	25,283	
			Ammonium acrylate-acrylamide polymer	25100-47-0	60.00%	0.05809%	17,949	
			Hexamethylenetetramine	100-97-0	2.00%	0.03403%	10,513	
			Hydrotreated light petroleum distillate	64742-47-8	30.00%	0.02906%	8,977	
			Hydrochloric acid	7647-01-0	30.00%	0.01643%	5,078	
			Methanol	67-56-1	100.00%	0.01215%	3,754	
			Sodium hypochlorite	7681-52-9	30.00%	0.00994%	3,070	
			Amides, tall-oil fatty, N,N-bis(hydroxyethyl)	68155-20-4	30.00%	0.00676%	2,089	
			Oxirane, methyl-, polymer with oxirane, ether with D-glucitol	56449-05-9	30.00%	0.00676%	2,089	
			Sorbitan, mono-8-octadecenoate, (2)	1338-43-8	5.00%	0.00484%	1,496	
			Oleic acid, ethoxylated	9004-96-0	5.00%	0.00484%	1,496	
			Sodium chloride	7647-14-5	5.00%	0.00233%	721	
			Amines, polyethylenepoly-, ethoxylated, phosphonomethylated, sodium salts	70900-18-2	5.00%	0.00233%	721	
			Sodium hydroxide	1310-73-2	5.00%	0.00166%	512	
			Poly(oxy-1,2-ethanediyl), a-hydro-w-hydroxy-, ether with D-glucitol, tetra-(9Z)-9-octadecenoate	61723-83-9	1.00%	0.00097%	299	
			Alcohols, C12-14-secondary, ethoxylated	84133-50-6	1.00%	0.00097%	299	
			Amines, tall-oil alkyl, ethoxylated	61791-28-2	1.00%	0.00097%	299	
			Alcohols, C12-16, ethoxylated	68551-12-2	1.00%	0.00097%	299	
			Diethanolamine	111-42-2	1.00%	0.00023%	70	
			Thiourea, polymer with formaldehyde and 1-phenylethanone	68527-49-1	30.00%	0.00021%	65	
			Mixture of dimer and trimer fatty acids of indefinite composition derived from tall oil	61790-12-3	30.00%	0.00021%	65	
			Glycine, n,n-[[bis(2-bis(carboxymethyl)amino)ethyl]-, pentasodium salt	140-01-2	0.10%	0.00010%	30	
			Sodium bisulfite	7631-90-5	0.10%	0.00010%	30	
			Formaldehyde	50-00-0	0.10%	0.00005%	14	
			Propargyl alcohol	107-19-7	5.00%	0.00003%	11	
			Hexadecene	629-73-2	5.00%	0.00003%	11	
			Alcohols, C14-C15, ethoxylated	68951-67-7	5.00%	0.00003%	11	
			Hydroxylamine hydrochloride	5470-11-1	60.00%	0.00001%	4	
			Citric acid	77-82-9	60.00%	0.00001%	4	
			Acrylamide	79-06-1	0.01%	0.00001%	3	
			2-Propenoic acid, ammonium salt (1:1)	10504-69-0	0.01%	0.00001%	3	
			Ethylene oxide	75-21-8	0.01%	0.00001%	3	
			Acrylamide, sodium acrylate polymer	25987-30-8	30.00%	0.00001%	3	
			Benzenesulfonic acid, C10-16-alkyl derivs., compds. with triethanolamine	68584-25-8	10.00%	0.00000%	1	
			Benzenesulfonic acid, C10-16-alkyl derivs., compds. with 2-propanamine	68584-24-7	10.00%	0.00000%	1	
			Ethoxylated branched C13 alcohol	78330-21-9	5.00%	0.00000%	1	
			Sodium diacetate	126-98-5	5.00%	0.00000%	1	
			Sorbitan monooleate polyoxyethylene derivative	9005-65-6	5.00%	0.00000%	1	
			Silica, amorphous - fumed	7631-86-9	5.00%	0.00000%	1	
			Benzene, C10-16 alkyl derivatives	68648-87-3	1.00%	0.00000%	1	
			Bis(tris(hydroxyethyl)ammonium) sulphate	7376-31-0	1.00%	0.00000%	1	
			Copper dichloride	7447-39-4	1.00%	0.00000%	1	

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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 strung 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 intermediate 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.