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FEB 29 2024

Submit In Quadruplicate To:

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

MONTANA BOARD OF OIL &
 GAS CONSERVATION - BILLINGS

SUNDRY NOTICES AND REPORT OF WELLS

Operator EMEP Operating, LLC		Lease Name: Coyote-Denny
Address 1200 Smith Street, Ste 680		Type (Private/State/Federal/Tribal/Allotted): Private
City Houston	State TX	Well Number: 10-16H
Zip Code 77002	Telephone 346-261-1474	Unit Agreement Name:
Location of well (1/4-1/4 section and footage measurements): SE SE 540' FSL & 370' FEL (Sec. 10-T23N-R57E)		Field Name or Wildcat: Elm Coulee
API Number: 25 083 22387	Well Type (oil, gas, injection, other): Oil	Township, Range, and Section: Section 10: T23N-R57E
State TX County 083 Well 22387		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 checked="" 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.

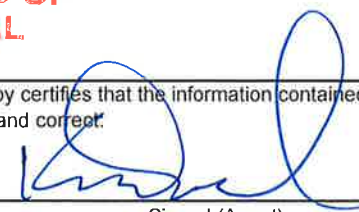
EMEP Operating, LLC ("EMEP") respectfully submits this Notice of Intent to perform a refrac.

Please find attached (1) EMEP's Recompletion Procedure for the Coyote-Denny 10-16H, and (2) the Fracturing Fluid Disclosure.

**SEE ATTACHED
 CONDITIONS OF
 APPROVAL**

BOARD USE ONLY	
Approved <u>MAR 11 2024</u>	Date
	Name
<u>Admin/Pet. Engineer</u>	Title

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

2/27/2024 Date  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.

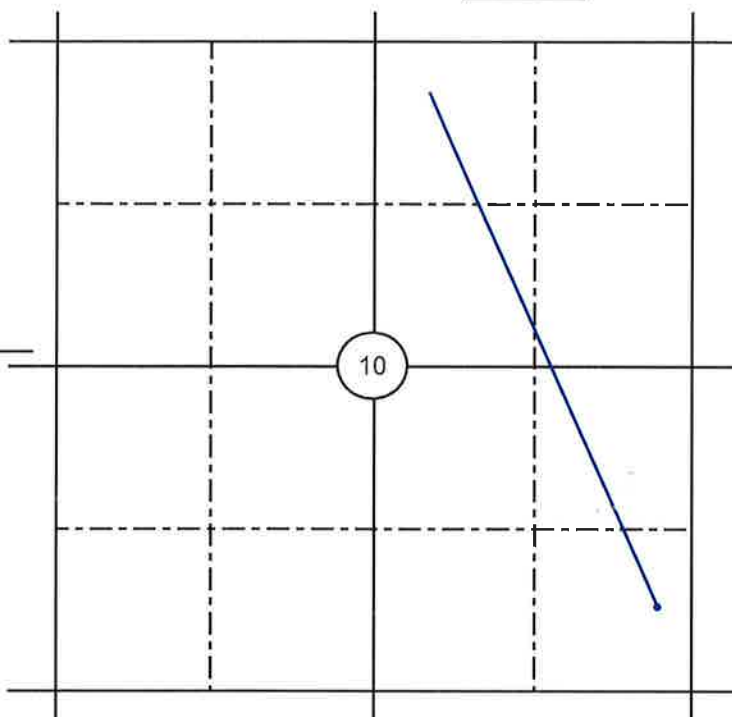
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MONTANA BOARD OF OIL &
GAS CONSERVATION • BILLINGS

Range 57E

Township 23N



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	
Fracture Date:	MT
County:	Richland
API Number:	15-084-22387
Operator Name:	Empire Mountain Energy
Operator Number:	12712688
Well Name and Number:	Crysole-Denny 10-15H
Longitude:	-104.385319
Latitude:	47.752869
Federal Well:	
Indian Well:	NA083
LongLat Projection:	
Fracture End Date:	10.376
Total Water Volumes (gall):	3,102,493
Well Type:	
Water Source:	

Trade Name	Supplier	Purpose	Ingredients	Chemical Abstract Service Number (CAS #)	Maximum Ingredient Concentration in Additive (% by mass)**
Sand (Proppant)	CWS	Propping Agent			
Biosolve GD123x	CWS	Bioocide			
CalSurf 9401	CWS	Surfactant			
CalSurf 9421	CWS	Surfactant			
CalSurf 9634	CWS	Friction Reducer			
Dynascale 3515	CWS	Scale Inhibitor			
			12-hydroxyoleic acid-polyethylene glycol copolymer	70142-34-8	0.70%
			Acrylamide	79-06-1	0.10%
			Alkyl dimethyl benzyl ammonium chloride	84133-99-6	0.50%
			Alkyl dimethyl benzyl ammonium chloride	89262-81-1	4.00%
			Aluminum oxide	1344-28-1	3.00%
			Ammonium acrylate	10904-69-0	0.10%
			Ammonium chloride	12125-02-8	1.45%
			Aspartic acid	64476-38-8	0.10%
			Bicarbonate	1302-27-8	0.10%
			Calcite	471-34-1	1.00%
			Chromite Sand	98072-82-3	30.00%
			Crystalline silica (Quartz)	14808-60-7	100.00%
			Dierthylene triaminopentanoic acid, pentaacodium salt	140-01-2	16.12
			Dioxane	123-91-2	0.06%
			Distillates (Petroleum), Hydrotreated Light	84742-47-8	18.00%
			Ethoxylated Alcohol, C10-18	88002-97-1	30.00%
			Ethylene oxide	75-21-8	0.00%
			Glutaraldehyde	111-30-8	12.00%
			Gonite	1310-14-1	0.10%
			Illite	12172-80-3	1.00%
			Ironwhite	89072-84-7	0.10%
			Isopropylalcohol	67-63-0	0.20%
			Methanol	67-58-1	60.00%
			Organic Acid Salt	Proprietary	15.00%
			Pearlino Oil	84742-85-0	7.70%
			Polyoxyethylene copolymer	8905-33-8	4.00%
			Polyoxy-1,2-ethanediyl, alpha-methyl, alpha-hydroxy-omega-hydroxy-ether with D-glucosyl (2:1), tetra-(6:2,5-octadecanoate)	25122-49-8	0.70%
			Polymer	25122-49-8	32.00%
			Polyoxyethylene monoacetate	8004-98-0	2.40%
			Potassium acetate	127-08-2	0.03%
			Sodium hydrogensulphite	7631-80-5	0.60%
			Sorbitan oleate	1338-43-8	1.00%
			Water	7732-18-5	100.00%
Water	Operator and CWS	Base Fluid and Mix Water			

Comment	Mass of Additive (lbs)
	188.07
	26.87
	134.34
	2,360.79
	211.76
	12,000.00
	48.97
	37.87
	2,328.03
	21,000.00
	90,000.00
	2,833,500.00
	16.12
	0.91
	5,104.88
	3,841.18
	0.08
	847.62
	2,326.00
	226.00
	53.74
	10,088.93
	616.99
	2,068.62
	12,000.00
	188.07
	0.91
	8,464.03
	644.03
	8.96
	161.21
	268.68
	25,918,774.93

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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.