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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: Charles Nevins	
Address 1200 Smith Street, Ste 680		Type (Private/State/Federal/Tribal/Allotted): Private	
City Houston	State TX	Zip Code 77002	Well Number: 1-12H
Telephone 346-261-1474	Fax		Unit Agreement Name:
Location of well (1/4-1/4 section and footage measurements): SW SE 300' FSL & 2310' FEL (Sec. 12-T23N-R57E)			Field Name or Wildcat: Elm Coulee
API Number:		Well Type (oil, gas, injection, other):	
25	083	22112	Oil
State	County	Well	Township, Range, and Section: Section 12: T23N-R57E
			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"/>		<input type="checkbox"/>

**Describe Proposed or Completed Operations:**

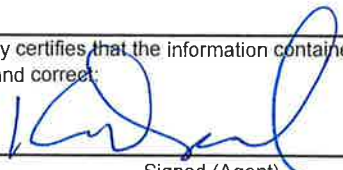
Describe planned or completed work in detail. Attach maps, well-bore configuration diagrams, analyses, or other information as necessary. Indicate the intended starting date for proposed operations or the completion date for completed operations.

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

Please find attached (1) EMEP's Recompletion Procedure for the Charles Nevins 1-12H, and (2) the Fracturing Fluid Disclosure.

BOARD USE ONLY	
Approved	<u>MAR 18 2024</u>
	Date
	<u>Admin/Pl. Engineer</u>
Name	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**

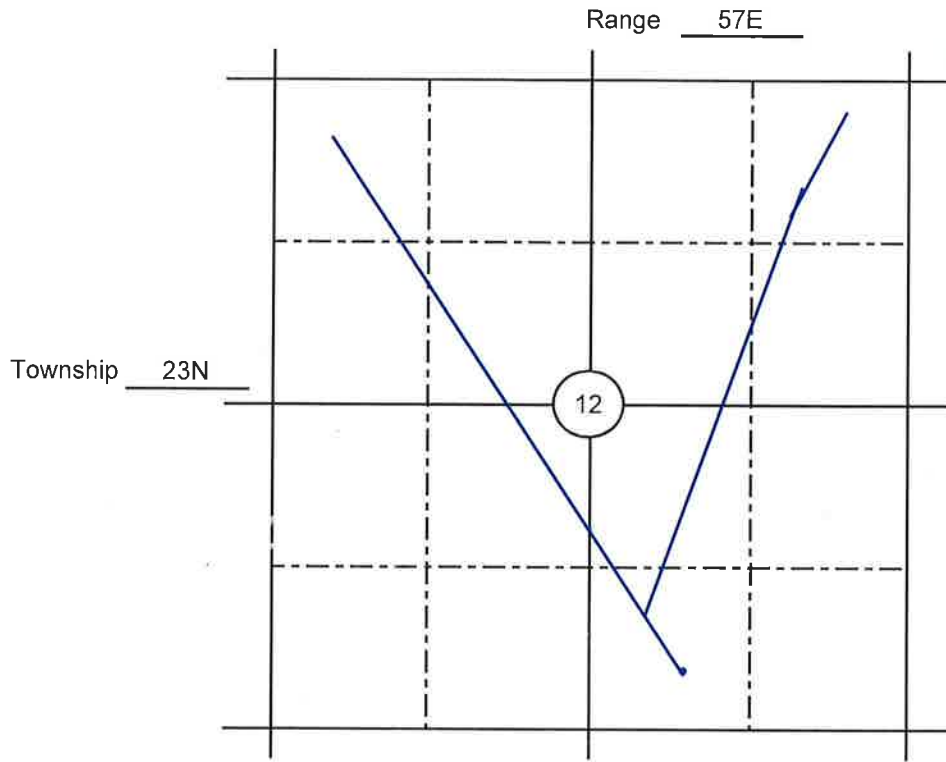
NOTE: Additional information or attachments may be required by Rule or by special request.

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

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**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.

**08322112**

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BEGIN DATA  
 System - : Disclosure TYPE  
 Fracture Date: MIT  
 State: Michigan  
 County: Richland  
 API Number: 25-083-22112  
 Operator Name: Eagle Mountain Energy  
 Operator Number: E2712588  
 Well Name and Number: Charles Nevins 1-12H  
 Longitude: -104.345011  
 Latitude: 47.782174  
 Federal Well: NAD83  
 Indian Well:  
 Long Lat Projection:  
 Fracture End Date: 10.387  
 True Vertical Depth (TVD):  
 Total Water Volume (gall): 3,354,347  
 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
Surfactant	Surfactant	Surfactant	12-hydroxystearic acid-polyethylene glycol copolymer	70142-34-6	0.70%	374.34	
Surfactant	Surfactant	Surfactant	Acrylamide	79-45-6	0.10%	51.48	
Surfactant	Surfactant	Surfactant	Alcohol C12-14-secodary, ethoxylated	81-83-6	0.10%	287.38	
Surfactant	Surfactant	Surfactant	Alcohol C15-C16 Ethoxylates	86022-97-1	40.00%	2,852.45	
Surfactant	Surfactant	Surfactant	Alkyl dimethyl benzyl ammonium chloride	8424-85-1	3.00%	228.95	
Surfactant	Surfactant	Surfactant	Aluminum oxide	1344-38-1	0.00%	12,835.00	
Surfactant	Surfactant	Surfactant	Ammonium acrylate	10624-66-0	0.10%	47.89	
Surfactant	Surfactant	Surfactant	Ammonium chloride	12125-102-8	1.45%	748.67	
Surfactant	Surfactant	Surfactant	Ammonium chloride	54476-38-6	0.10%	2,480.00	
Surfactant	Surfactant	Surfactant	Aspartic acid	1302-27-8	0.10%	22,400.00	
Surfactant	Surfactant	Surfactant	Calcite	471-34-1	1.00%	96,000.00	
Surfactant	Surfactant	Surfactant	Chromite Sand	98072-82-3	30.00%	2,798,400.00	
Surfactant	Surfactant	Surfactant	Crystalline silica (Quartz)	14808-62-7	100.00%	1,600.00	
Surfactant	Surfactant	Surfactant	Diethylene triaminopentaacetic acid, pentasodiumsalt	140-01-2	0.05%	32.09	
Surfactant	Surfactant	Surfactant	Dioxane	123-91-1	0.00%	1.60	
Surfactant	Surfactant	Surfactant	Distillate (Petroleum), Hydrorefined Light	64742-47-8	19.00%	10,160.57	
Surfactant	Surfactant	Surfactant	Ethoxylated Alcohol, C10-16	68002-97-1	30.00%	3,828.68	
Surfactant	Surfactant	Surfactant	Ethylene oxide	75-21-6	0.00%	0.16	
Surfactant	Surfactant	Surfactant	Guaraldehyde	111-33-8	12.00%	915.78	
Surfactant	Surfactant	Surfactant	Guar gum	1310-14-1	0.10%	2,480.00	
Surfactant	Surfactant	Surfactant	Illite	12173-60-3	1.05%	2,400.00	
Surfactant	Surfactant	Surfactant	Invertase	98072-84-7	0.10%	240.00	
Surfactant	Surfactant	Surfactant	Invertase	87-63-0	0.20%	106.95	
Surfactant	Surfactant	Surfactant	Magnesium chloride	7782-50-5	80.00%	1,066.51	
Surfactant	Surfactant	Surfactant	Organic Acid Salt	Proprietary	15.00%	887.41	
Surfactant	Surfactant	Surfactant	Organic Acid Salt	Proprietary	7.70%	4,117.70	
Surfactant	Surfactant	Surfactant	Paraffinic oils	9003-35-2	15.00%	12,850.00	
Surfactant	Surfactant	Surfactant	Poly(oxo-1,2-ethanediylo), alpha-hydro-omega-hydroxy-ether with D-glucitol (2:1), tetra-(6:2)-9-octadecenoate	61723-93-9	4.00%	374.34	
Surfactant	Surfactant	Surfactant	Polyethylene glycol	25322-68-3	0.05%	374.34	
Surfactant	Surfactant	Surfactant	Polymer	25110-47-0	32.00%	17,132.54	
Surfactant	Surfactant	Surfactant	polyoxyethylene monooleate	8004-86-0	2.40%	1,283.44	
Surfactant	Surfactant	Surfactant	Potassium acetate	127-08-2	0.03%	16.04	
Surfactant	Surfactant	Surfactant	Sodium hydrogensulphite	7831-90-5	0.60%	300.86	
Surfactant	Surfactant	Surfactant	Sorbic oleate	1338-43-8	1.00%	534.77	
Water	Operator and CVS	Base Fluid and Mix Water	Water	7732-18-5	100.00%	28,032,842.06	

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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.