

Submit In Quadruplicate To:

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

SUNDRY NOTICES AND REPORT OF WELLS

Operator White Rock Oil & Gas, LLC.		Lease Name: Franz
Address 5810 Tennyson Pkwy, Suite 500		Type (Private/State/Federal/Tribal/Allotted): Private
City Plano	State TX	Zip Code 75024
Telephone (214) 981-1400		Fax
Location of well (1/4-1/4 section and footage measurements): NW NE, 660 FNL & 1400 FEL		Well Number: 2-15H
		Unit Agreement Name: APR 15 2025
		Field Name or Wildcat: Elm Coulee
		Township, Range, and Section: 23N, 57E, 15
API Number: 25 083 22218 State County Well		Well Type (oil, gas, injection, other): Oil
		County: Richland

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 checked="" 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) _____	<input 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.

Dual Lateral Cleanout/Liner Installation/Refrac Procedure. Objective - isolate and frac both laterals independently. Procedure, schematics, and chemical disclosure are attached. The intended rig work date is 6/8/2025.

**SEE ATTACHED
CONDITIONS OF APPROVAL**

BOARD USE ONLY	
Approved	APR 21 2025
	Date
	Admin/Ref. Engineer
Name	Title

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

04/09/2025 

Date Signed (Agent)

Sam Lyness (Regulatory Analyst)

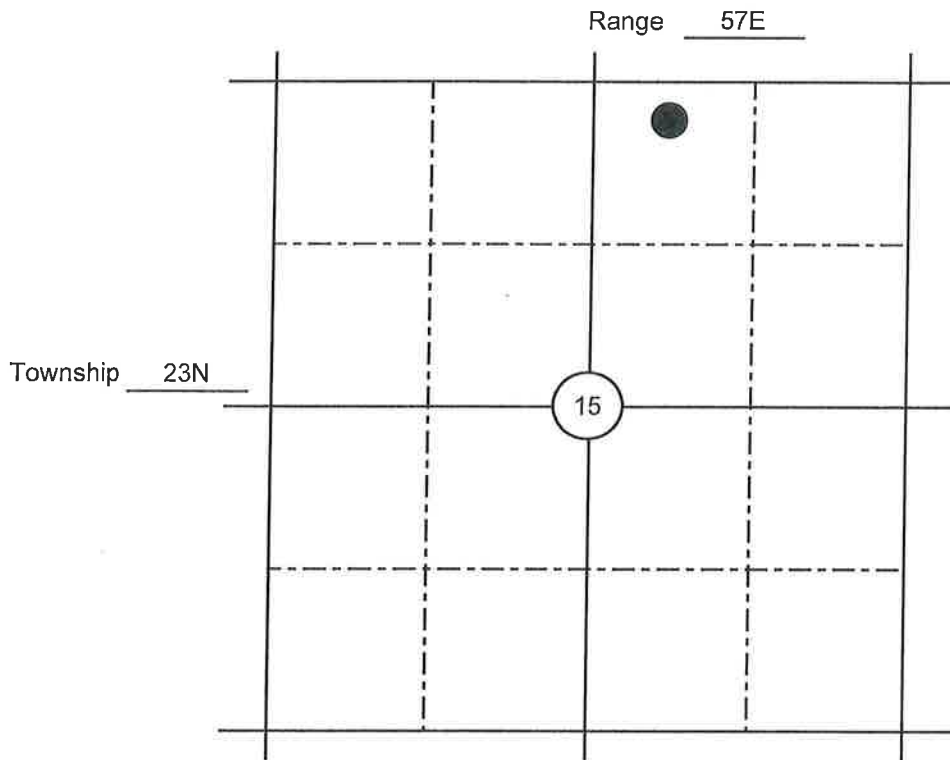
Print Name and Title

Telephone: (214) 306-4308

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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APR 15 2025

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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.

08322218

Fracture Start Date/Time	
Fracture End Date/Time	
State	Montana
County	Richland County
API Number	
Operator Number	
Well Name	25 Stages
Federal Well	No
Tribal Well	No
Longitude	1.0001
Latitude	1.0001
Long/Lat Projection	
True Vertical Depth (TVD)	10,000'
Total Clean Fluid Volume* (gal)	4,604,730
Water Source	Fresh
Water Source TDS	
Water Source Percent	100



Additive	Specific Gravity	Additive Quantity
Water	1.00	4,604,730
Sand (100 Mesh Proppant)	2.65	8,000,000
Sand (40/70 White Proppant)	2.65	3,320,000
Hydrochloric Acid (7.3%)	1.04	13,750
Acid Pack Pro HT	1.10	88
ProSlick 978	1.10	8,348
ProSlick 171	1.02	4,038
HexSonicQ123X	1.04	606
ProCheck 170	1.00	404
-	-	-
-	-	-
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Ingredients Section:

Trade Name	Supplier	Purpose	Ingredients	Chemical Abstract Service Number (CAS #)	Maximum Ingredient Concentration in Additive (% by mass)**	Mass per Component (LBS)
Water	DeSoto	Chemical/Drill Fluid	Water	7732-18-5	100.0%	33,609,822
Sand (100 Mesh Proppant)	ProPac	Proppant	Crystalline Silica (quartz)	14808-26-7	100.0%	8,000,000
Sand (40/70 White Proppant)	ProPac	Proppant	Crystalline Silica (quartz)	14808-26-7	100.0%	3,320,000
Hydrochloric Acid (7.3%)	Spacant	Acidizing	Hydrochloric Acid	7647-01-0	7.30%	8,928
ProSlick 171	ProPac	Surfactant	Water	7732-18-5	99.24%	170,774
			Methyl alcohol	67-56-1	0.00%	13,698
			Sulfonate	16800-43-9	0.00%	4,424
Acid Pack Pro HT	CSH	Acid Treatment	Ethyl alcohol	64-17-5	10.00%	73,698
			Isomethylol sulfonate	9040-39-3	1.75%	9
			Alcohols, C12-14 probability, ethoxylated	84143-56-6	8.00%	40
			Methyl 4-decynoate	34601-34-6	1.00%	5
			Methyl 10-dodecanoate	39207-19-0	1.00%	5
			Sodium xylene sulfonate	1300-24-7	0.25%	7
			Chlorine	7782-50-9	10.00%	80
			Pyridinium, 1-(phenylethynyl), [E]-[Z]-isomers, chloride	68009-18-2	25.00%	726
			Ethylene glycol	107-11-1	42.00%	217
			Water	7732-18-5	9.00%	21
			2-Propanol, 2-phenyl	104-53-2	1.00%	20
			Methanol	67-56-1	2.00%	10
ProSlick 978	ProPac	Friction Reducer	Methyl alcohol	67-56-1	40.00%	19,289
			Surfactant	68601-42-9	10.00%	4,913
HexSonicQ123X	ProSonic	Disinfectant	Chlorine	7782-50-9	15.00%	93
			Allyl (2-ethyl-1-hexyl) dimmonium chloride (N12310)	68-124-82-1	5.00%	267
ProCheck 170	ProPac	Sealant/Reducer	Methyl alcohol	67-56-1	50.00%	172

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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.