

Submit In Quadruplicate To:

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

**RECEIVED****MAR 21 2025****SUNDRY NOTICES AND REPORT OF WELLS****MONTANA BOARD OF OIL &  
GAS CONSERVATION • BILLINGS**

Operator White Rock Oil &amp; Gas, LLC.

Address 5810 Tennyson Pkwy, Suite 500

City Plano State TX Zip Code 75024

Telephone (214) 981-1400 Fax

Location of well (1/4-1/4 section and footage measurements):

NE NW, 350 FNL &amp; 2600 FWL

Lease Name:

Steinbeisser

Type (Private/State/Federal/Tribal/Allotted):

Private

Well Number:

21-23H

Unit Agreement Name:

Field Name or Wildcat:

Elm Coulee

Township, Range, and Section:

23N, 57E, 23

API Number:

**25** | **083** | **22127**

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 ☐Notice of Intention to Run Mechanical Integrity Test ☐Notice of Intention to Stimulate or to Chemically Treat ☐Notice of Intention to Perforate or to Cement ☐Notice of Intention to Abandon Well ☐Notice of Intention to Pull or Alter Casing ☒Notice of Intention to Change Well Status ☐Supplemental Well History ☐Other (specify) ☐Subsequent Report of Mechanical Integrity Test ☐Subsequent Report of Stimulation or Treatment ☐Subsequent Report of Perforation or Cementing ☐Subsequent Report of Well Abandonment ☐Subsequent Report of Pulled or Altered Casing ☐Subsequent Report of Drilling Waste Disposal ☐Subsequent Report of Production Waste Disposal ☐Subsequent Report of Change in Well Status ☐Subsequent Report of Gas Analysis (ARM 36.22.1222) ☐**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 starting date is 4/14/2025.

**SEE ATTACHED****CONDITIONS OF APPROVAL****BOARD USE ONLY**Approved **APR 01 2025**  
Date  
Name**Admin/Pet. Engineer**  
Title

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

3/18/2025

Date

Signed (Agent)

Sam Lyness (Regulatory Analyst)

Print Name and Title

Telephone: (214) 981-1400

### SUPPLEMENTAL INFORMATION

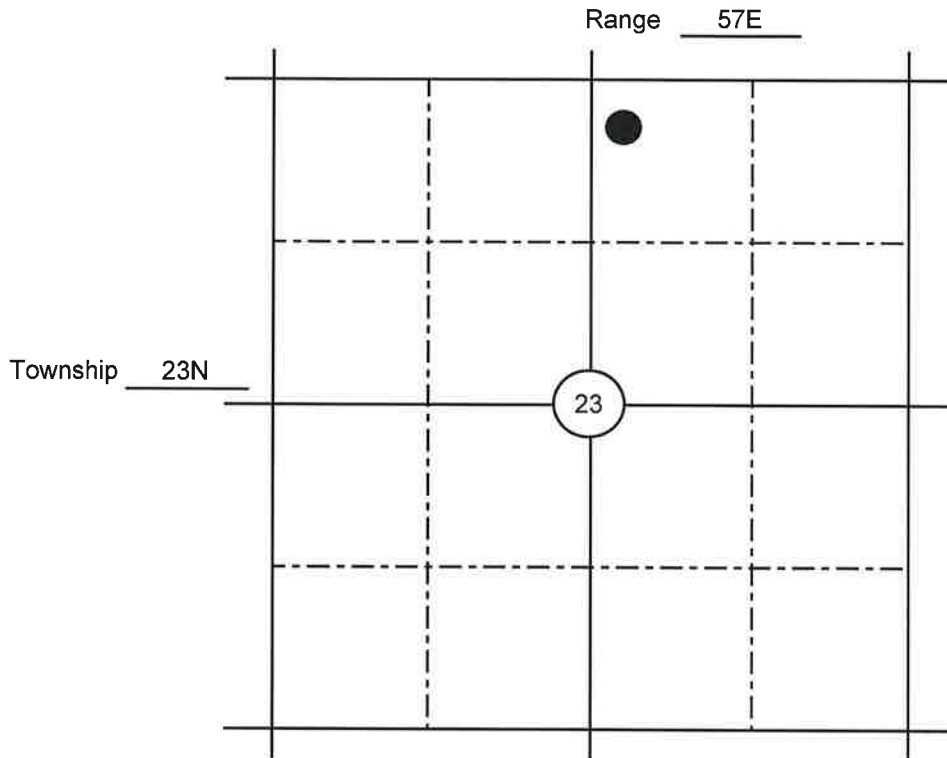
NOTE: Additional information or attachments may be required by Rule or by special request.

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

RECEIVED

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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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## 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.