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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: Leghorn-Satra	
Address 1200 Smith Street, Ste 680		Type (Private/State/Federal/Tribal/Allotted): Private	
City Houston	State TX	Zip Code 77002	Well Number: 33-16H
Telephone 346-261-1474	Fax		Unit Agreement Name:
Location of well (1/4-1/4 section and footage measurements): SE SE 320' FSL & 550' FEL (Sec. 33-T23N-R58E)		Field Name or Wildcat: Elm Coulee	
API Number: 25 083 22196		Township, Range, and Section: Section 33: T23N-R58E	
State	County	Well	County: Richland County
Well Type (oil, gas, injection, other): Oil			

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"/>


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 Leghorn-Satra 33-16H, and (2) the Fracturing Fluid Disclosure.

**SEE ATTACHED
CONDITIONS OF
APPROVAL**

BOARD USE ONLY	
Approved MAR 19 2024	Date
	Name
Admin/Reg. Engineer	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

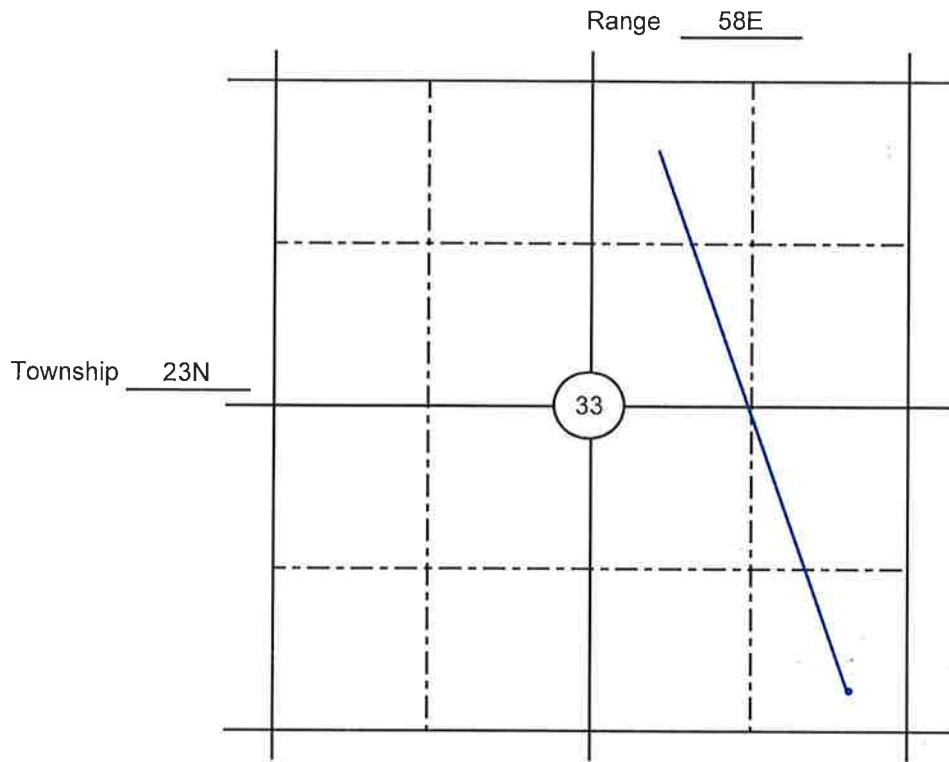
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NOTE: Additional information or attachments may be required by Rule or by special request.

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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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BEGIN DATA
 System - Disclosure TYPE
 Fracture Date:
 State: MT
 County: Richland
 API Number: 25-083-22196
 Operator Name: Eagle Mountain Energy
 Operator Number: E2212588
 Well Name and Number: Leghorn-Salm 33-16H
 Longitude: -104.2731282
 Latitude: 47.7045184
 Federal Well:
 Indian Well:
 Long/Lat Projection: NAD83
 Fracture End Date: 10.417
 True Vertical Depth (TVD): 3,102.241
 Total Water Volume (gal):
 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
Sand (Proppant)	CWS	Proppant					
BiSurfite 60123x	CWS	Biociding Agent					
CalSurfite 8401	CWS	Surfactant					
CalSurfite 8421	CWS	Surfactant					
CalMisc 6834	CWS	Fraction Reducer					
DynaScale 3515	CWS	Scale Inhibitor					
			12-hydroxystearic acid-polyethylene glycol copolymer	70142-34-6	0.70%	188.07	
			Acrylamide	70142-34-6	0.10%	26.67	
			alcohol, C12-14-secondary, ethoxylated	84133-80-6	0.30%	134.34	
			Alcohol C10-C16 Ethoxylates	69092-97-7	40.00%	2,369.79	
			Alkyl dimethyl benzyl ammonium chloride	69424-85-1	2.00%	211.78	
			Aluminum oxide	1344-28-1	4.00%	12,000.00	
			Ammonium acrylate	19604-68-0	1.10%	28.47	
			ammonium chlorides	12125-92-9	1.40%	36.47	
			Acetate	64476-38-6	0.10%	3.35	
			Bicarbonate	1302-27-8	0.10%	2,335.00	
			Calcite	471-34-1	1.00%	21,000.00	
			Chromite Sand	86072-82-3	30.00%	90,000.00	
			Crystalline silica (Quartz)	14808-60-7	100.00%	2,623,500.00	
			Dioethylene triminetanoic acid, pentasodiumsalt	140-61-2	16.12		
			Dioxane	123-91-1	0.00%	0.81	
			Dipalmitate (pentaoleum), Hydroxymethyl Light	64742-47-8	19.00%	5,104.86	
			Ethoxylated Alcohol, C10-16	68092-97-1	30.00%	3,541.18	
			Ethylene oxide	75-21-8	0.00%	0.08	
			Guanidylthide	111-30-9	12.00%	847.02	
			Guar	1310-14-1	0.10%	2,325.00	
			Guar gum	12173-60-3	1.00%	2,250.00	
			Guar gum	86072-94-7	0.10%	225.00	
			Guar gum	67-83-0	0.20%	53.74	
			Organic Acid Salt	67-56-1	60.00%	10,086.93	
			Paraffinic oils	69999-99-9	15.00%	616.99	
			Phenol-formaldehyde copolymer	8063-55-0	7.10%	2,088.82	
			poly(cis-1,2-ethanediyl), alpha-hydro-omega-hydroxy, ether with D-glucitol (2:1), tetra(82:9-octadecenoate)	61723-63-9	4.00%	12,000.00	
			Polyethylene glycol	25322-68-3	0.00%	188.07	
			Polymer	26100-47-0	32.00%	8,527.31	
			polyoxyethylene monoolate	9004-96-0	2.40%	644.33	
			Potassium acetate	127-08-2	0.03%	8.06	
			Sodium hydrogen sulfite	7631-90-5	0.60%	161.21	
			Sorbitan oleate	1338-43-8	1.00%	268.68	
Water	Operator and CWS	Base Fluid and Mix Water	Water	7732-18-5	100.00%	25,916,671.99	

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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.