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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-Florence
Address 1200 Smith Street, Ste 680		Type (Private/State/Federal/Tribal/Allotted): Private
City Houston	State TX	Zip Code 77002
Telephone 346-261-1474	Fax	Well Number: 33-14H
Location of well (1/4-1/4 section and footage measurements): SE SW 351' FSL & 2090' FWL (Sec. 33-T23N-R58E).		Unit Agreement Name:
		Field Name or Wildcat: Elm Coulee
API Number: 25   083   22478		Township, Range, and Section: Section 33; T23N-R58E
State	County	Well
Well Type (oil, gas, injection, other): Oil		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"/>

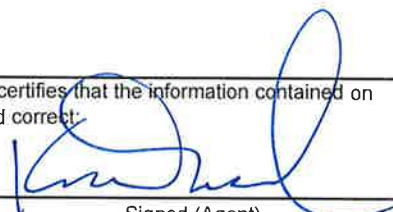
**Describe Proposed or Completed Operations:**  
 Describe planned or completed work in detail. Attach maps, well-bore configuration diagrams, analyses, or other information as necessary. Indicate the intended starting date for proposed operations or the completion date for completed operations.  
 EMEP Operating, LLC ("EMEP") respectfully submits this Notice of Intent to perform a refrac.  
 Please find attached (1) EMEP's Recompletion Procedure for the Leghorn-Florence 33-14H, and (2) the Fracturing Fluid Disclosure.

**BOARD USE ONLY**

Approved MAR 19 2024  
 Date

 Name  
 Admin/Pl. 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**

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.

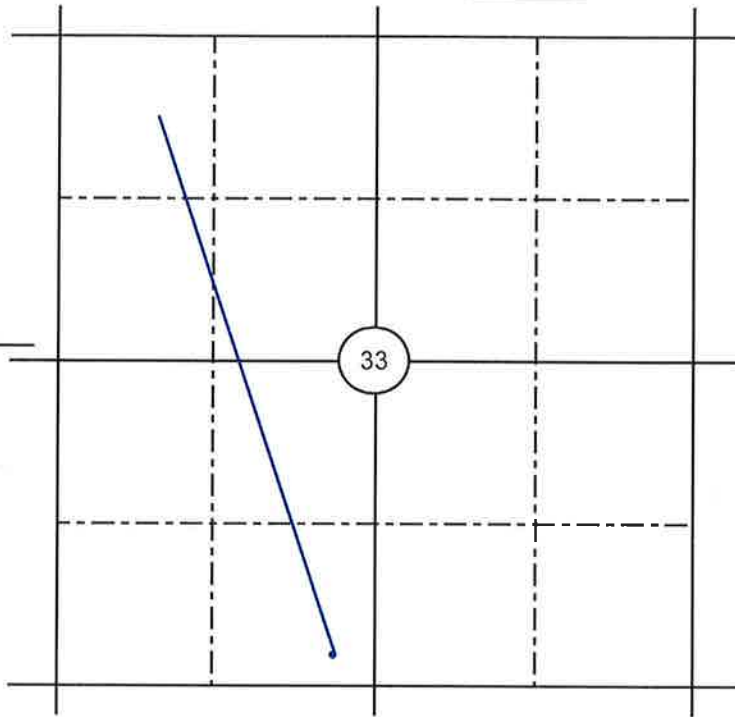
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MONTANA BOARD OF OIL & GAS CONSERVATION • BILLINGS

Range 58E

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.

08322478

BEGIN DATA : Data Indicator System : Disclosure TYPE  
 Fracture Date: MT  
 State: Richland  
 County: 25-083-22478  
 API Number: Eagle Mountain Energy  
 Operator Name: E2212688  
 Leghorn-Florence 33-14H  
 Well Name and Number: -104.283304  
 Longitude: -47.704766  
 Latitude:  
 Federal Well:  
 Indian Well:  
 Leasing Production:  
 Long-Term Production:  
 Location: NAD83  
 True Vertical Depth (TVD): 10,387  
 Total Water Volume (gal): 3,105,126  
 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
Slind (Proppant)	CWS	Propping Agent					
BioSulur GD23x	CWS	BioSulur					
CalSurf™ 8401	CWS	Surfactant					
CalSurf™ 8421	CWS	Surfactant					
CalMisc™ 8834	CWS	Friction Reducer					
DynaScale™ 3515	CWS	Scale Inhibitor					
			1,2-hydroxyazelaic acid-polyethylene glycol copolymer	70142-34-6	0.70%	188.26	
			Acrylamide	75-06-1	0.10%	13.29	
			alcohols, C12-14-secondary, ethoxylated	84113-50-6	0.50%	132.47	
			Alcohol C10-C16 Ethoxylates	69002-97-1	40.00%	2,360.76	
			Alkyl dimethyl benzyl ammonium chloride	69444-85-1	3.00%	211.76	
			Aluminum oxide	1344-28-1	4.00%	12,000.00	
			Ammonium acrylate	10904-69-0	0.10%	26.88	
			ammonium chloride	12175-02-9	1.40%	376.52	
			Aspartic acid	84476-38-6	0.10%	2,325.00	
			BioSulur	1302-27-8	0.10%	27,000.00	
			Calcite	471-34-1	1.00%	90,000.00	
			Chromite Sand	98072-82-3	30.00%	2,623,500.00	
			Chrysotile mica (Quartz)	14808-60-7	100.00%	16.14	
			Dodecane trimethylammonium acetate acid, pentasaccharum ball	140-01-2	0.06%	0.81	
			Dodecane	123-91-1	0.00%	5,109.97	
			Dicellene (Petroleum), Hydroxylated	84742-47-6	19.00%	3,341.18	
			Ethoxylated Alcohols, C10-16	85302-97-1	30.00%	0.08	
			Ethylene oxide	15-10-8	0.00%	847.02	
			Glutaraldehyde	1310-34-1	12.00%	2,325.00	
			Gothite	12173-60-3	0.10%	2,250.00	
			Ilmenite	98072-84-7	0.10%	225.00	
			isopropanol	67-63-0	60.00%	53.79	
			Methanol	67-56-1	60.00%	10,089.39	
			Organic Acid Salt	Proprietary	15.00%	18.38	
			paraffinic oils	84742-26-0	2.00%	2,670.38	
			Phenol-formaldehyde copolymer	9003-35-4	4.00%	12,000.00	
			poly(ox-1, 2-ethanediyl), -alpha,-hydro-omega,-hydroxy,-ether with D-glucitol (2:1), trim-(82-9-octadecanoate	61723-43-9	0.00%	188.26	
			Polyethylene glycol	25322-49-3	0.00%	0.81	
			Polymer	26100-47-0	32.00%	8,006.27	
			polyoxyethylene monoolate	9004-96-0	2.40%	645.47	
			Potassium acetate	5004-96-0	0.00%	8.07	
			Sodium hydrogensulfite	7631-90-5	0.60%	161.37	
			Sorbitol oleate	7732-18-5	100.00%	268.05	
Water:	Operator and CWS	Base Fluid and Mix Water	Water			25,945,785.08	

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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.