

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 & 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 NE, 350 FNL & 720 FEL

Lease Name:

BR

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

Private

Well Number:

41-6H 43

Unit Agreement Name:

Field Name or Wildcat:

Elm Coulee

Township, Range, and Section:

24N, 53E, 6

API Number:

25 | **083** | **22454**

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.

BR 41-6H 43 Lateral Cleanout/Liner Installation/Refrac Procedure. Objective – isolate and frac one of the two laterals. 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 02 2025

Date


 Name


 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

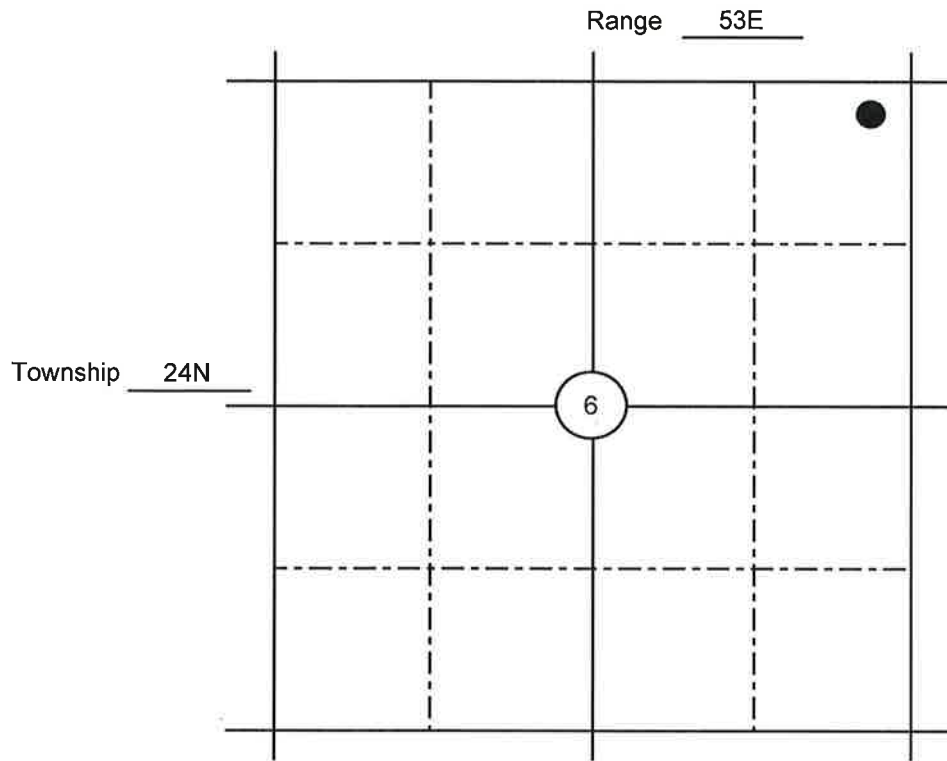
NOTE: Additional information or attachments may be required by Rule or by special request.

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

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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.

08322454

Fracture Start Date/Time	
Fracture End Date/Time	
State	Montana
County	Richland County
API Number	
Operator Name	
Well Name	25 Stages
Federal Well	No
Trifed Well	No
Longitude	1.0001
Latitude	1.0001
Long/Lat Projection	
True Vertical Depth (TVD)	10,000'
Total Clean Fluid Volume (gal)	4,034,730
Water Source	Fresh
Water Source TDS	
Water Source Percent	100



Additive	Specific Gravity	Additive Quantity
Water	1.00	4,034,730
Sand (100 Mesh Proppant)	2.65	830,000
Sand (40/70 White Proppant)	2.65	3,320,000
Hydrochloric Acid (7.5%)	1.04	8,928
Acid Pack Pro III	1.30	50
ProSlick 978	1.30	3,245
ProSlick 171	1.02	4,035
ProSlick Q123X	1.06	106
ProSlick 170	1.03	401
-	-	-
-	-	-
-	-	-
-	-	-
-	-	-
-	-	-
-	-	-
-	-	-
-	-	-
-	-	-

Ingredients Section:

Trade Name	Supplier	Purpose	Ingredients	Chemical Abstract Service Number (CAS #)	Maximum Ingredient Concentration in Additive (% by mass)**	Mass per Component (LBS)
Water	Operator	Carrier/Clean Fluid	Water	7732-18-5	100.00%	33,669,827
Sand (100 Mesh Proppant)	Unifrac	Proppant	Crystalline Silica (quartz)	14808-60-7	100.00%	830,000
Sand (40/70 White Proppant)	ProSlick	Proppant	Crystalline Silica (quartz)	14808-60-7	100.00%	3,320,000
Hydrochloric Acid (7.5%)	Reagent	Acidization	Hydrochloric Acid	7647-01-0	7.50%	8,928
ProSlick 171	ProSlick	Surfactant	Water	7732-18-5	92.50%	110,118
			Methyl alcohol	67-56-1	40.00%	13,698
			Surfactant	68013-42-9	10.00%	3,424
			Ethyl Alcohol	64-17-5	10.00%	13,698
Acid Pack Pro III	CNSI	Acid Inhibitor	Sodium decanoate, ethoxylated	10040-30-5	1.75%	9
			Aromatic, C12 - 14 secondary, ethoxylated	84133-30-6	8.00%	40
			Methyl 2-acetamido	25611-41-6	1.00%	3
			Methyl 2-sulfamoyl	49272-17-0	1.00%	3
			Sodium xylene sulfonate	1300-73-7	0.25%	1
			Caric Acid	77-92-9	10.00%	50
			Pyridinium, 1-phenylmethyl-, 11 Me salts, chloride	68019-18-2	25.00%	126
			Ethylene glycol	107-21-1	42.00%	212
			Water	7732-18-5	5.00%	25
			2-Propenal, 3-phenyl	101-55-2	4.00%	20
ProSlick 978	ProSlick	Friction Reducer	Methanol	67-56-1	2.00%	10
			Methyl Alcohol	67-56-1	40.00%	19,259
			Surfactant	68013-42-9	10.00%	4,815
ProSlick Q123X	ProSlick	Biocide	Chloraldehyde	111-30-8	15.00%	785
			Alkyl dimethyl benzyl ammonium chloride (C12-16)	68124-85-1	5.00%	262
ProSlick 170	ProSlick	Sonic Inhibitor	Methyl alcohol	67-56-1	5.00%	174

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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.