

Submit In Quadruplicate To:  
**MONTANA BOARD OF OIL AND GAS CONSERVATION**  
2535 ST. JOHNS AVENUE  
BILLINGS, MONTANA 59102

**RECEIVED**

**MAY 05 2023**

**SUNDRY NOTICES AND REPORT OF WELLS**

Operator White Rock Oil & Gas, LLC		Lease Name: <b>MONTANA BOARD OF OIL &amp; GAS CONSERVATION • BILLINGS</b>
Address 5810 Tennyson Parkway, Suite 500		BR
City Plano	State TX	Type (Private/State/Federal/Tribal/Allotted):
Zip Code 75024		Private
Telephone 214-981-1400	Fax	Well Number:
Location of well (1/4-1/4 section and footage measurements):		44-15H 52
465 FSL 940 FEL SESE		Unit Agreement Name:
		Field Name or Wildcat:
		Elm Coulee
API Number:		Township, Range, and Section:
25   083   22090	Well Type (oil, gas, injection, other):	25N-52E-15
State County Well	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 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 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) <u>Chemical disclosure</u>	<input checked="" type="checkbox"/>	Subsequent Report of Gas Analysis (ARM 36.22.1222)	<input type="checkbox"/>
	<input type="checkbox"/>		<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.

White Rock is submitting this chemical disclosure for frac approval.

**SEE ATTACHED  
CONDITIONS OF  
APPROVAL**

BOARD USE ONLY	
Approved <u>JUN 07 2023</u>	Date
	Name
<u>Admin/Pet. Engineer</u>	Title

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

05/03/2023	
Date	Signed (Agent)
Eric Linthicum, Regulatory Manager	
Print Name and Title	
Telephone: _____	214-666-4826

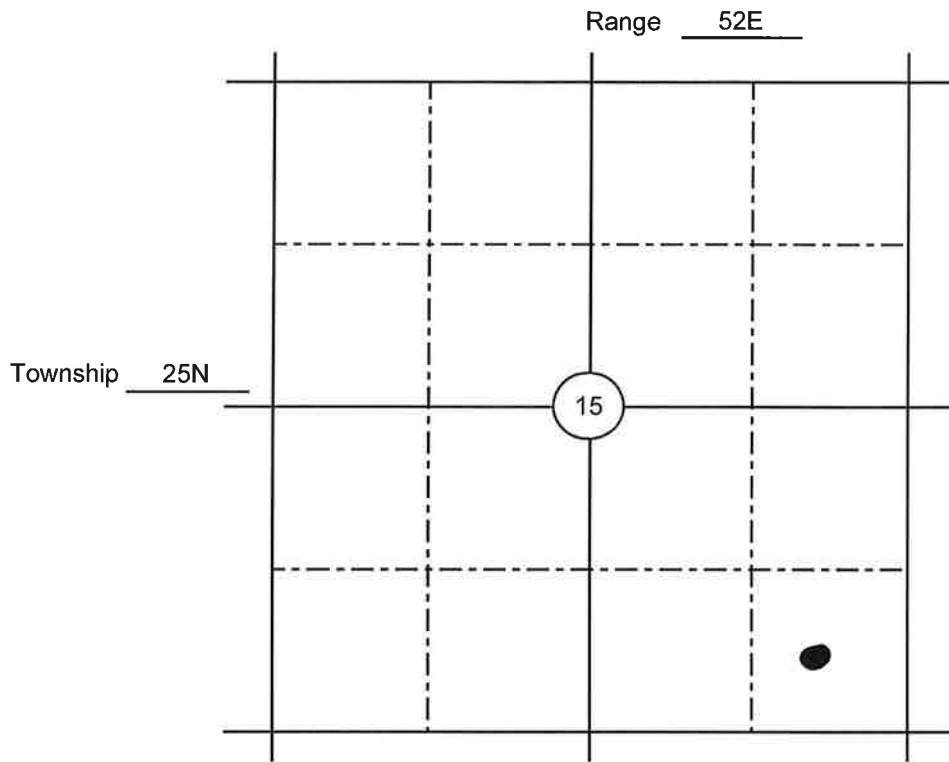
**SUPPLEMENTAL INFORMATION**

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



**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.

08322090



## 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.