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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 Address 1200 Smith Street, Ste 680 City Houston State TX Zip Code 77002 Telephone 346-261-1474 Fax		Lease Name: Flik-Amestoy
Location of well (1/4-1/4 section and footage measurements): NW NW 220' FNL & 820' FWL (Sec. 12-T25N-R53E)		Type (Private/State/Federal/Tribal/Allotted): Private
API Number: 25 083 22357 State County Well		Well Number: 12-4H
Well Type (oil, gas, injection, other): Oil		Unit Agreement Name:
		Field Name or Wildcat: Elm Coulee
		Township, Range, and Section: Section 12: T25N-R53E
		County: Richland County

Indicate below with an X the nature of this notice, report, or other data:

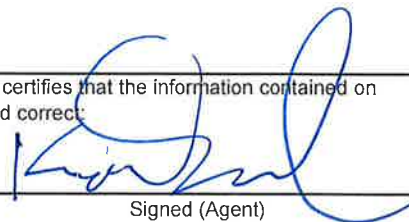
Notice of Intention to Change Plans	<input type="checkbox"/>	Subsequent Report of Mechanical Integrity Test	<input type="checkbox"/>
Notice of Intention to Run Mechanical Integrity Test	<input type="checkbox"/>	Subsequent Report of Stimulation or Treatment	<input type="checkbox"/>
Notice of Intention 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 Flik-Amestoy 12-4H, and (2) the Fracturing Fluid Disclosure.

BOARD USE ONLY	
Approved	<u>MAR 22 2024</u> Date
	<u>Admin/lt. Engineer</u> 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

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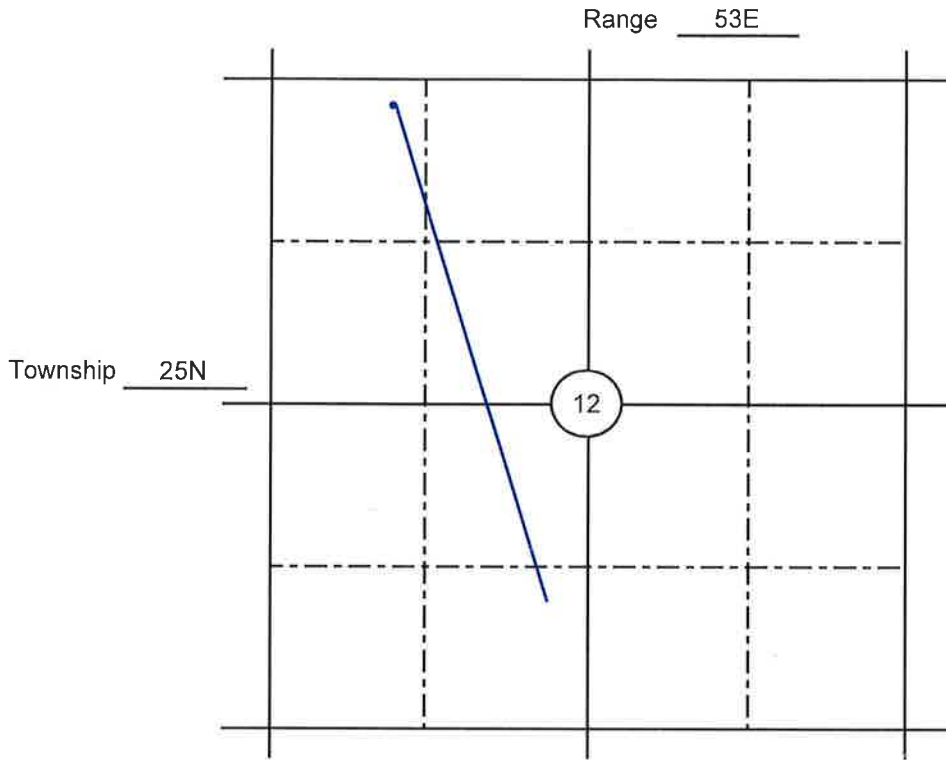
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SUPPLEMENTAL INFORMATION

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.



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 : Data Indicator
 : Disclosure TYPE

Fracture Date: MT
 State: MT
 County: Richland
 API Number: 25-083-22357
 Operator Name: Eagle Mountain Energy
 Operator Number: E2212588
 Well Name and Number: Filk-Arrestdy 12-4H
 Longitude: -104.82402
 Latitude: 47.939626
 Federal Well: NAD83
 Indian Well:
 Long/Lat Projection:
 Fracture End Date: 9.540
 True Vertical Depth (TVD):
 Total Water Volume (gal): 3.089 019
 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	Propping Agent					
Br-Solite GQ123x	CWS	Bioicide					
CalSurf™ 8401	CWS	Surfactant					
CalSurf™ 8421	CWS	Surfactant					
CrVasc™ 6634	CWS	Friction Reducer					
DynaScale™ 3515	CWS	Scale Inhibitor					
			12-hydroxybenzoic acid-polyethylene glycol copolymer	70142-34-6	0.76%	167.45	
			Acrylamide	79-95-3	0.10%	26.76	
			alcohol, C12-14-secondary, ethoxylated	64133-50-6	0.89%	133.89	
			Alcohol C16-C18 Ethoxylates	68002-97-1	40.00%	2,343.62	
			Alkyl dimethyl benzyl ammonium chloride	68424-85-1	4.00%	210.86	
			Aluminum oxide	1344-28-1	4.00%	12,000.00	
			Ammonium acrylate	10624-69-0	0.10%	374.90	
			ammonium chloride	12125-02-9	1.40%	2,325.00	
			Asatize	84476-38-6	0.10%	374.90	
			BioBite	1302-27-8	0.10%	2,325.00	
			Calcite	471-34-1	1.05%	21,000.00	
			Chromite Sand	98072-82-3	30.00%	90,000.00	
			Crystalline silica (Quartz)	140-01-2	100.00%	2,623,500.00	
			Dithylene tetrakisacetate acid pentasodiumsalt	140-01-2	0.06%	16.07	
			Dioxane	123-91-1	0.00%	0.80	
			Distillate (Petroleum), Hydroreated Light	64742-47-8	19.00%	5,087.92	
			Ethoxylated Alcohol, C12-16	68002-97-1	30.00%	3,522.93	
			Ethylene oxide	75-21-8	0.05%	0.08	
			Glutaraldehyde	111-30-8	12.00%	842.66	
			Guanite	1310-14-1	0.10%	2,325.00	
			Ilmenite	12173-80-3	1.00%	2,250.00	
			Isopropanol	68072-84-7	0.10%	225.00	
			Methanol	67-58-0	0.20%	63.56	
			Organic Acid Salt	81-58-1	60.00%	10,035.99	
			oxalic acid	6203-35-7	15.00%	614.33	
			oxalic acid	6203-35-7	7.70%	2,061.95	
			Prenol-formaldehyde copolymer	8038-38-0	4.00%	12,000.00	
			poly(oxy-1, 2-ethanediyl), alpha-hydro-omega-hydroxy-ether with D-glucitol (2:1), tetra-(8Z)-8-octadecenoate	81723-83-6	0.00%	18.45	
			Polyethylene glycol	25322-68-3	0.00%	18.45	
			Polymer	26100-47-0	32.00%	8,589.73	
			polyoxyethylene monoolate	9004-96-0	2.40%	621.88	
			Potassium acetate	127-08-2	0.03%	8.03	
			Sodium hydrogensulphite	7531-92-6	0.60%	160.67	
			Sorbitan oleate	1338-43-8	1.00%	267.79	
Water	Operator and CWS	Base Fluid and Mix Water	Water	7732-18-5	100.00%	25,806,203.04	

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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.