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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: Ed & Paul	
Address 1200 Smith Street, Ste 680		Type (Private/State/Federal/Tribal/Allotted): Private	
City Houston	State TX	Zip Code 77002	Well Number: 1-17H
Telephone 346-261-1474	Fax	Unit Agreement Name:	
Location of well (1/4-1/4 section and footage measurements): SW NW 2205' FNL & 700' FWL (Sec. 17-T25N-R53E).		Field Name or Wildcat: Elm Coulee	
API Number: 25 083 22824 State County Well		Well Type (oil, gas, injection, other): Oil	
		Township, Range, and Section: Section 17: 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"/> Notice of Intention to Run Mechanical Integrity Test <input type="checkbox"/> Notice of Intention to Stimulate or to Chemically Treat <input checked="" type="checkbox"/> Notice of Intention to Perforate or to Cement <input checked="" type="checkbox"/> Notice of Intention to Abandon Well <input type="checkbox"/> Notice of Intention to Pull or Alter Casing <input type="checkbox"/> Notice of Intention to Change Well Status <input type="checkbox"/> Supplemental Well History <input type="checkbox"/> Other (specify) <u>Refrac</u> <input checked="" type="checkbox"/>	Subsequent Report of Mechanical Integrity Test <input type="checkbox"/> Subsequent Report of Stimulation or Treatment <input type="checkbox"/> Subsequent Report of Perforation or Cementing <input type="checkbox"/> Subsequent Report of Well Abandonment <input type="checkbox"/> Subsequent Report of Pulled or Altered Casing <input type="checkbox"/> Subsequent Report of Drilling Waste Disposal <input type="checkbox"/> Subsequent Report of Production Waste Disposal <input type="checkbox"/> Subsequent Report of Change in Well Status <input type="checkbox"/> Subsequent Report of Gas Analysis (ARM 36.22.1222) <input type="checkbox"/>
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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 Ed & Paul 1-17H, and (2) the Fracturing Fluid Disclosure.

**SEE ATTACHED
CONDITIONS OF
APPROVAL**

BOARD USE ONLY	
Approved <u>MAR 11 2024</u>	Date
	Name
	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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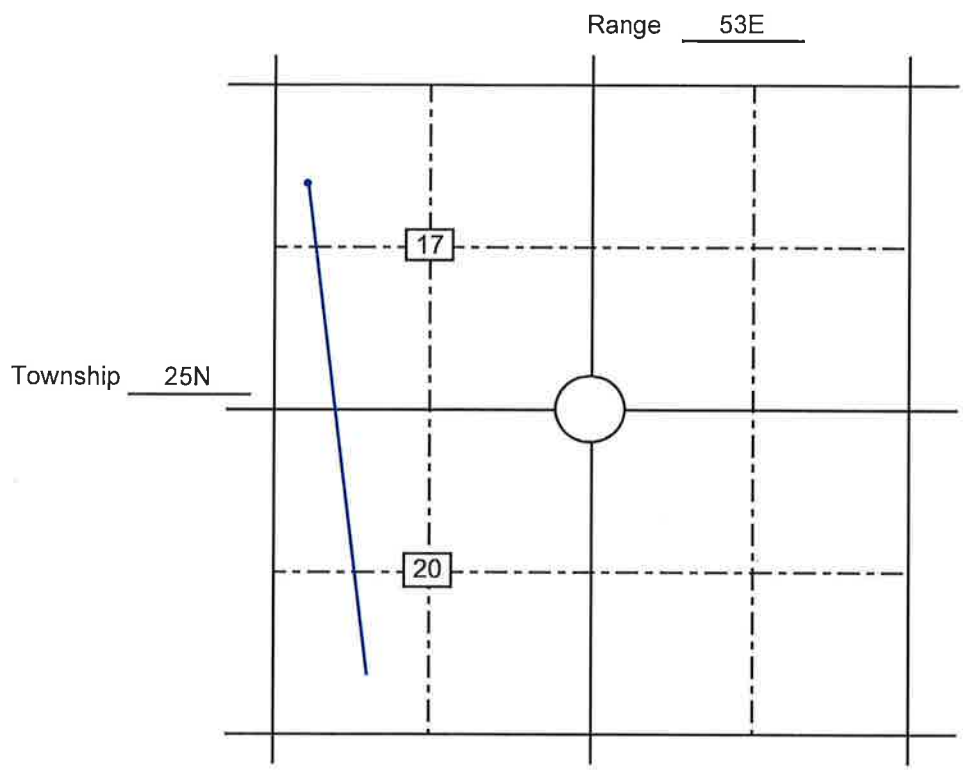
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SUPPLEMENTAL INFORMATION

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
 System: Disclosure TYPE
 Fracture Date: MT
 County: Richland
 API Number: 25-083-22624
 Operator Name: Engco Mountain Energy
 Well Name and Number: E22-2588
 Longitude: -104.970866
 Latitude: 47.919775
 Federal Well: NAD83
 LongLat Projection: NAD83
 Fracture End Date: 8.392
 True Vertical Depth (TVD): 5,375.517
 Total Water Volume (gall):
 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
Barite (Floppant)	CWS	Flopping Agent					
Barite	CWS	Flopping Agent					
CaSO ₄ 8421	CWS	Flopping Agent					
CaSO ₄ 8421	CWS	Flopping Agent					
DynaScale™ 3515	CWS	Scale Inhibitor					
			12-hydroxystearic acid-polyethylene glycol copolymer	70169-34-6	0.70%	333.92	
			Acrylamide	72-98-5	0.10%	47.65	
			alcohol, C12-14-secondary, ethoxylated	84139-50-6	0.65%	238.23	
			Alcohol C10-C16 Ethoxylates	69092-97-1	4.00%	4,088.79	
			Alkyl dimethyl benzyl ammonium chloride	69424-85-1	3.00%	2,871.0	
			Aluminum oxide	1344-28-1	4.00%	20,580.0	
			Ammonium acrylate	10654-69-0	0.10%	47.65	
			ammonium chloride	12125-02-9	1.40%	667.04	
			Apatite	64476-38-6	0.10%	4,030.00	
			Biotite	1302-27-9	0.10%	4,030.00	
			Calcite	471-34-1	0.05%	36,400.00	
			Chromite Sand	98072-82-3	30.00%	156,000.00	
			Crystalline silica (Quartz)	14808-60-7	100.00%	4,547,400.00	
			Diethylene triaminopentaacetic acid, pentasodiumsalt	140-01-2	28.59	28.59	
			Dioxane	123-91-1	0.06%	1.43	
			Disilates (Petrochem), Hydroretined Light	84762-47-8	18.00%	9,052.73	
			Ethoxylated Alcohol, C10-16	69092-97-1	30.00%	6,133.18	
			Ethylene oxide	75-21-8	0.00%	0.14	
			Guanaraldehyde	111-90-8	12.00%	1,467.01	
			Glycerol	1310-14-1	0.10%	4,030.00	
			Illite	12173-60-3	1.00%	3,990.00	
			Ironite	86072-84-7	0.10%	390.00	
			Ironite	87-49-0	0.20%	95.29	
			Magnesium	74-39-9	60.00%	17,471.89	
			Organic Acid Salt	64762-85-0	15.00%	1,069.45	
			paraffinic oils	9003-35-0	4.00%	3,685.74	
			Precol-formaldehyde copolymer	61723-93-9	0.70%	20,580.00	
			poly(oxo-1, 2-ethanediy), alpha-hydro-omega-hydroxy-ether with D-glucitol (2:1), intra-(6Z)-9-octadecenoate	25322-88-3	0.05%	333.50	
			Polyethylene glycol	26109-47-0	0.05%	1.43	
			Polymer	9004-66-0	32.00%	15,245.70	
			polyoxyethylene monooleate	9004-66-0	2.40%	1,143.50	
			Potassium acetate	127-08-2	0.03%	14.29	
			Sodium hydrogensulfite	7631-90-5	0.60%	285.88	
			Sorbitan oleate	1338-43-8	1.00%	476.46	
Water	Operator and CWS	Base Fluid and Mix Water	Water	7732-18-9	100.00%	44,908,457.59	

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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.