

Submit In Quadruplicate To:

MONTANA BOARD OF OIL AND GAS CONSERVATION
2535 ST. JOHNS AVENUE
BILLINGS, MONTANA 59102

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MAR 21 2025

SUNDRY NOTICES AND REPORT OF WELLSMONTANA 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):
 NW NW, 300 FNL & 300 FWL

Lease Name:

Vaira

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

Private

Well Number:

11X-15

Unit Agreement Name:

Field Name or Wildcat:

Elm Coulee

Township, Range, and Section:

25N, 54E, 15

API Number:

25 | 083 | 22266

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.

Vaira 11X-15 Lateral Cleanout/Liner Installation/Refrac Procedure. Objective – isolate and frac one of the three 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 ONLYApproved 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

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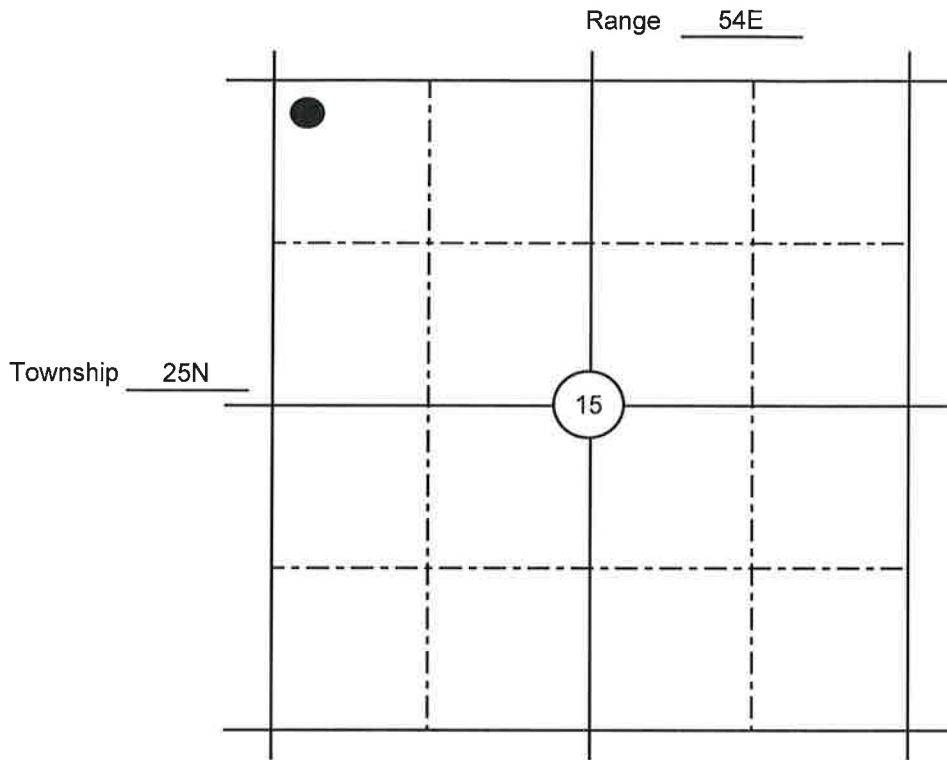
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SUPPLEMENTAL INFORMATION

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.

08322266

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



Additive	Specific Gravity	Additive Quantity
Water	1.000	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%)	1.03	13,750
Acid Pack Pro HT	1.10	35
ProSlick 978	1.10	5,245
ProSurf 171	1.02	4,035
BioSuiteQ123X	1.60	600
ProCheck 170	1.03	201
-	-	-
-	-	-
-	-	-
-	-	-
-	-	-
-	-	-
-	-	-
-	-	-
-	-	-
-	-	-

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 Base Fluid	Water	7732-18-5	100.00%	11,669,422
Sand (100 Mesh Proppant)	Proline	Proppant	Crystalline Silica (quartz)	14808-60-7	100.00%	830,000
Sand (40-70 White Proppant)	Proline	Proppant	Crystalline Silica (quartz)	14808-60-7	100.00%	3,320,000
Hydrochloric Acid (7.5%)	Reagent	Acidizing	Hydrochloric Acid	7647-01-0	7.50%	8,928
Water			Water	7732-18-5	92.50%	110,118
ProSurf 171	Proline	Surfactant	Methyl alcohol	67-56-1	40.00%	13,698
			Surfactant	6803-42-0	10.00%	3,424
			Tributyl alcohol	84-13-5	40.00%	13,698
Acid Pack Pro HT	CSO	Acid Initiator	Isobutyl alcohol, ethoxylated	2040-90-5	1.75%	9
			Nicotinic G12-14 secondary ethoxylated	84133-40-1	5.00%	10
			Methyl isocyanate	3501-41-6	1.00%	3
			Methyl isocyanate	30302-17-0	1.00%	3
			Sodium xylene sulfonate	1301-72-7	0.75%	1
			Cine Alcol	77292-5	10.00%	50
			Diethanolamine, N-phenylmethyl-, O-methyl-, chloride	68909-18-2	5.50%	126
			Diethylene glycol	107-21-1	42.00%	212
			Water	7732-18-5	5.00%	25
			2-Propanol, 2-propanol	103-55-2	1.00%	20
ProSlick 978	Proline	Friction Reducer	Methanol	67-56-1	2.00%	10
			Methyl alcohol	67-56-1	40.00%	19,259
BioSuiteQ123X	BioSuite	Biocide	Surfactant	6803-42-0	10.00%	4,815
			Gluconolactide	111-30-8	15.00%	785
ProCheck 170	Proline	Scale Inhibitor	2-Bis(2-dimethylbenzyl)ammonium chloride (C13-16)	68420-85-1	3.00%	262
			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.