

**RECEIVED**

**MAR 27 2024**

Submit In Quadruplicate To:

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

**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		Lease Name: Irigoin State
Location of well (1/4-1/4 section and footage measurements): NW NW, 500 FNL & 500 FWL		Type (Private/State/Federal/Tribal/Allotted): Private
API Number: <b>25</b>   <b>083</b>   <b>22598</b> State County Well		Well Number: 11X-16
Well Type (oil, gas, injection, other): Oil		Unit Agreement Name:
		Field Name or Wildcat: Elm Coulee
		Township, Range, and Section: 25N, 54E, 16
		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 checked="" 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) _____	<input 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.

This is a planned plug and perf reentry. This is a dual lateral well but only one lateral will be frac'd. Run 3.5" 9.2# P-110 FJ liner with associated float equipment and hanger/packer. Procedure, schematics, and chemical disclosure are attached.

**SEE ATTACHED  
CONDITIONS OF  
APPROVAL**

**BOARD USE ONLY**

Approved \_\_\_\_\_  
Date

*[Signature]* Name *Admin / Reg. Engineer* Title

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

03/26/2024 *Eric Linthicum*  
Date Signed (Agent)

Eric Linthicum - Regulatory Manager  
Print Name and Title

Telephone: (214) 306-4308

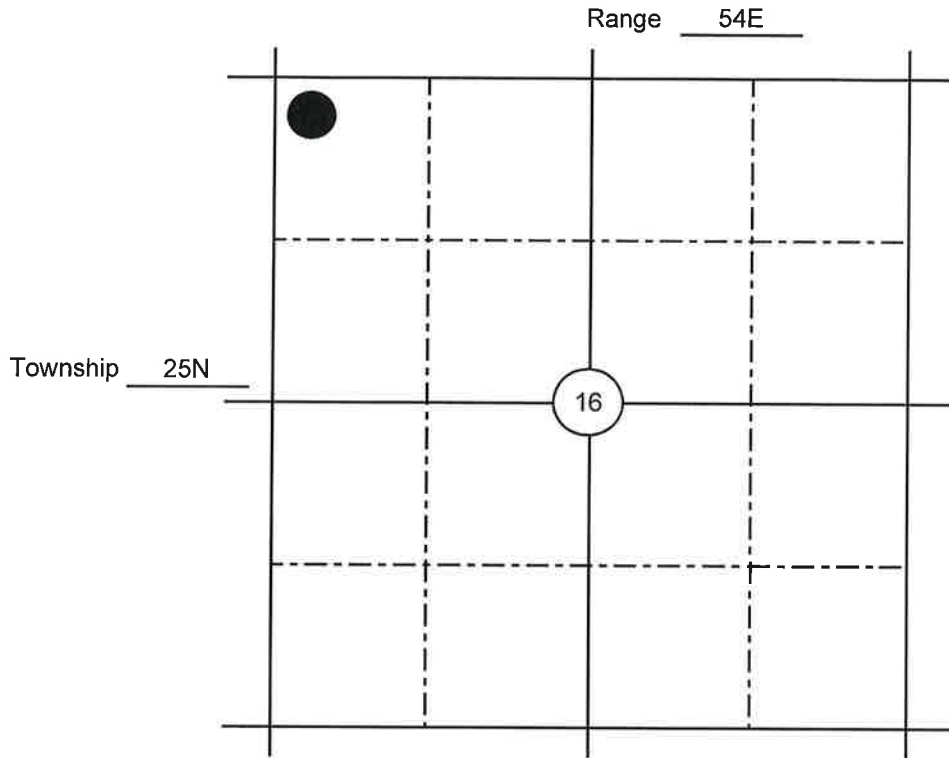
**SUPPLEMENTAL INFORMATION**

**RECEIVED**

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.

**08322598**



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* (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	13,750
Acid Pack Pro HT	1.10	55
ProSlick 978	1.10	5,245
ProSurf 171	1.02	4,035
BioSuiteGQ123X	1.04	606
ProChek 170	1.03	404
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**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%	33,669,822
Sand (100 Mesh Proppant)	ProFrac	Proppant	Crystalline Silica (quartz)	14808-60-7	100.00%	830,000
Sand (40/70 White Proppant)	ProFrac	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	7732-18-5	92.50%	110,118
ProSurf 171	ProFrac	Surfactant	Methyl alcohol	67-56-1	40.00%	13,698
			Surfactant	68603-42-9	10.00%	3,424
			Ethyl alcohol	64-17-5	40.00%	13,698
Acid Pack Pro HT	CNR	Acid Inhibitor	Isotridecanol, ethoxylated	9040-30-5	1.75%	9
			Alcohols, C12 - 14 secondary, ethoxylated	84133-50-6	8.00%	40
			Methyl 9-decenoate	25601-41-6	1.00%	5
			Methyl 9-dodecenoate	39202-17-0	1.00%	5
			Sodium xylene sulfonate	1300-72-7	0.25%	1
			Citric Acid	77-92-9	10.00%	50
			Pyridinium, 1-(phenylmethyl)-, Et Me derivs, chloride	68909-18-2	25.00%	126
			Ethylene glycol	107-21-1	42.00%	212
			Water	7732-18-5	5.00%	25
			2-Propenal, 3-phenyl	104-55-2	4.00%	20
			Methanol	67-56-1	2.00%	10
ProSlick 978	ProFrac	Friction Reducer	Methyl alcohol	67-56-1	40.00%	19,259
			Surfactant	68603-42-9	10.00%	4,815
BioSuiteGQ123X	BioSuite	Biocide	Glutaraldehyde	111-30-8	15.00%	785
			Alkyl dimethyl benzyl ammonium chloride (C12-16)	68424-85-1	5.00%	262
ProChek 170	ProFrac	Scale Inhibitor	Methyl alcohol	67-56-1	5.00%	174

## 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.