

RECEIVED

JUN 10 2026

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 Continental Resources, Inc.
Address P.O. Box 269000
City OKC State OK Zip Code 73126
Telephone (405) 234-9000 Fax

Lease Name: Conaway

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

Well Number: 2-19H

Location of well (1/4-1/4 section and footage measurements): 295' FSL 1410' FWL; SESW Sec 19-25N-57E

Unit Agreement Name: 33089

Field Name or Wildcat: Wildcat

Township, Range, and Section: T25N - R57E - S19

API Number: 25 | 083 | 23522
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.

BOARD USE ONLY

Approved JUN 16 2026 Date

[Signature] Name

Technical Program Coordinator Title

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

6/9/2026 Date

[Signature] Signed (Agent)

Regulatory Compliance Specialist

Print Name and Title

Telephone: 405-234-9057

SUPPLEMENTAL INFORMATION

RECEIVED

NOTE: Additional information or attachments may be required by Rule or by special request.

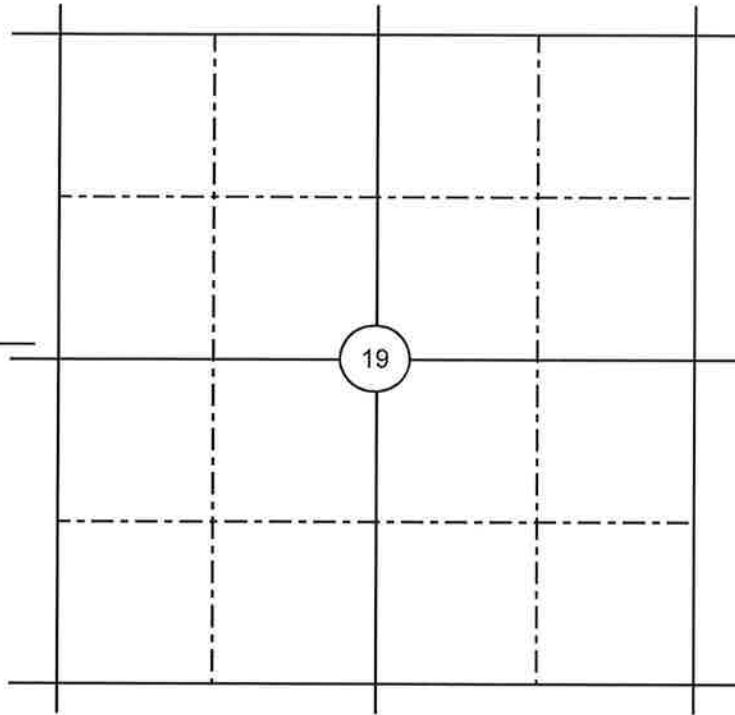
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Plot the location of the well or site that is the subject of this notice or report.

MONTANA BOARD OF OIL &
GAS CONSERVATION • BILLINGS

Range 57

Township 25



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.

