

EXPIRES: OCTOBER 31, 1991

SUBMIT: Original,

two copies, and one public  
information copy.

## SUNDRY NOTICES AND REPORTS ON WELLS

1. FIELD NAME Wildcat			2. MMS LEASE, UNIT OR COMM. NO. (6) Y 0865 0		3. MMS OPERATOR NUMBER (5) 0635		
4. OPERATOR WELL NUMBER (6) 2		5. API NUMBER (10) or (12) STATE (2) COUNTY (3) WELL CODE (5) 55 171 00009		6. TYPE WELL (1) E		7. CORRECTED ELEVATION (5) -166' (ML-RKB)	
8. OPERATOR NAME AND ADDRESS (SUBMITTING OFFICE) ARCO Alaska, Inc. PO Box 100360 Anchorage, AK 99510-0360				9. CURRENT WELL DEPTH (5) MD 2430' TVD 2430' LEAVE BLANK		10. CORRECTED WATER DEPTH (5) 101'	
11. CORRECTED LOCATION OF WELL (12)  Surface: 6985' FWL and 3000' FSL of Block 672 Production zone: NA Total depth: NA				12. OPERATING AREA CODE (2) FI		13. BLOCK NUMBER (6) 0672	
15. OPERATOR LEASE, UNIT OR COMMUNITIZATION NAME Kuvlum				16. RIG/PLATFORM NAME BeauDril - Kulluk		17. RIG TYPE (2) SS	
18. WELL STATUS, e.g., shut-in, drilling, etc. Drilling		19. LAST CASING STRING: size, lb/ft, grade, and setting depth (MD) 20", 133#/ft, X-56 @ 1017' MD			20. APPROXIMATE START DATE (6) YYMMDD 93 07 28		
21. PRESENT PRODUCTION ZONE, IF ANY, AND PRODUCTIVE CAPABILITY NA							
22. CHECK APPROPRIATE ACTIVITY:							
Data correction <input type="checkbox"/>		Fracture/acidize <input type="checkbox"/>		Artificial Lift <input type="checkbox"/>		Other <input checked="" type="checkbox"/>	
Change plans <input type="checkbox"/>		Pull or alter casing <input type="checkbox"/>		Repair well <input type="checkbox"/>		Perforate <input type="checkbox"/>	
Request approval <input type="checkbox"/>		Sidetrack <input type="checkbox"/>		Deepen <input type="checkbox"/>		Plug back <input type="checkbox"/>	
Subsequent report <input checked="" type="checkbox"/>		Reenter to complete <input type="checkbox"/> *		Multiple complete <input type="checkbox"/> *		Recomplete <input type="checkbox"/> *	
<p>Note: Submit a separate Well (Re) Completion Report and a subsequent report of operations on this form for each completion. Alternatively, submit a Well (Re) Completion Report for each completion with a narrative as in item 23 of this form.</p>							
23. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details in this space and on the reverse, and/or on an attachment, and give pertinent dates, including estimated date for starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.							
<p>1. Actual water depth for the Kuvlum #2 location = 101'. RKB to ML = 166'.</p> <p>2. Actual location information: Latitude: 70° 18' 36.01" Longitude: 145° 32' 18.69" 6985' FWL and 3000' FSL of Block 672, NR 6-4 Final well location survey plat attached.</p> <p>3. Well was spudded 05:00 hrs, 7-28-93 (30" casing drill commenced)</p> <p>4. 30" Structural Casing installation was completed approximately 06:30 hrs, 7-30-93. 30" Casing Detail is attached.</p> <p>5. 20" Conductor Casing installed 7-31-93. CIP @ 02:27 hrs 7-31-93. Casing was cemented with 3150 sx (3462 cu ft) of Arctic Set I + 0.6% D13 retarder at 15.7 ppg using a drill pipe inner string. Cement returns were obtained to the glory hole and confirmed with airlift samples to the surface. 20" Casing Detail attached.</p> <p>6. A formation 'Leak Off Test' was performed after drilling 10' of new formation below the 20" casing shoe. A 12.94 ppg EMW test was obtained. Pressure / Rate / Volume chart is attached.</p>							

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## 23. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (continued from page 1)

7. Waiver to allow weekly instead of daily H2S monitoring equipment tests was verbally granted by Mr. Lee Sires on 8/4/93.
8. Waiver to allow top of caisson to be installed 12.5' below mudline was verbally granted on 7/27/93.

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SUBSURFACE SAFETY VALVE: SUBSURFACE CONTROLLED ☐ SURFACE CONTROLLED ☐ SET AT DEPTH OF \_\_\_\_\_

MANUFACTURER: \_\_\_\_\_ MODEL NO. \_\_\_\_\_ SERIAL NO. \_\_\_\_\_

WARNING: PUBLIC LAW 97-451 provides civil and criminal penalties for false or inaccurate reporting. Failure to report as required under the terms of the lease, permit, or contract may result in suspension of operations or other enforcement actions.

CONTACT NAME (First, MI, Last)	PHONE NUMBER (10)	EXTENSION NUMBER (4)
Tim A. Billingsley	(907) 265-6575	
AUTHORIZING NAME (First, MI, Last)	TITLE	
Michael B. Winfree	New Ventures Area Drilling Engineer	
AUTHORIZING SIGNATURE	DATE YYMMDD (6)	
	93 08 03	

(THIS SPACE IS FOR FEDERAL OFFICE USE)

CONDITIONS OF APPROVAL FOR SPECIAL CIRCUMSTANCES:

ARE ATTACHED ☐

NONE ☒

DATE (6)  
YYMMDD

☐ APPROVED BY:

☒ ACCEPTED BY:

James B. Regg

TITLE

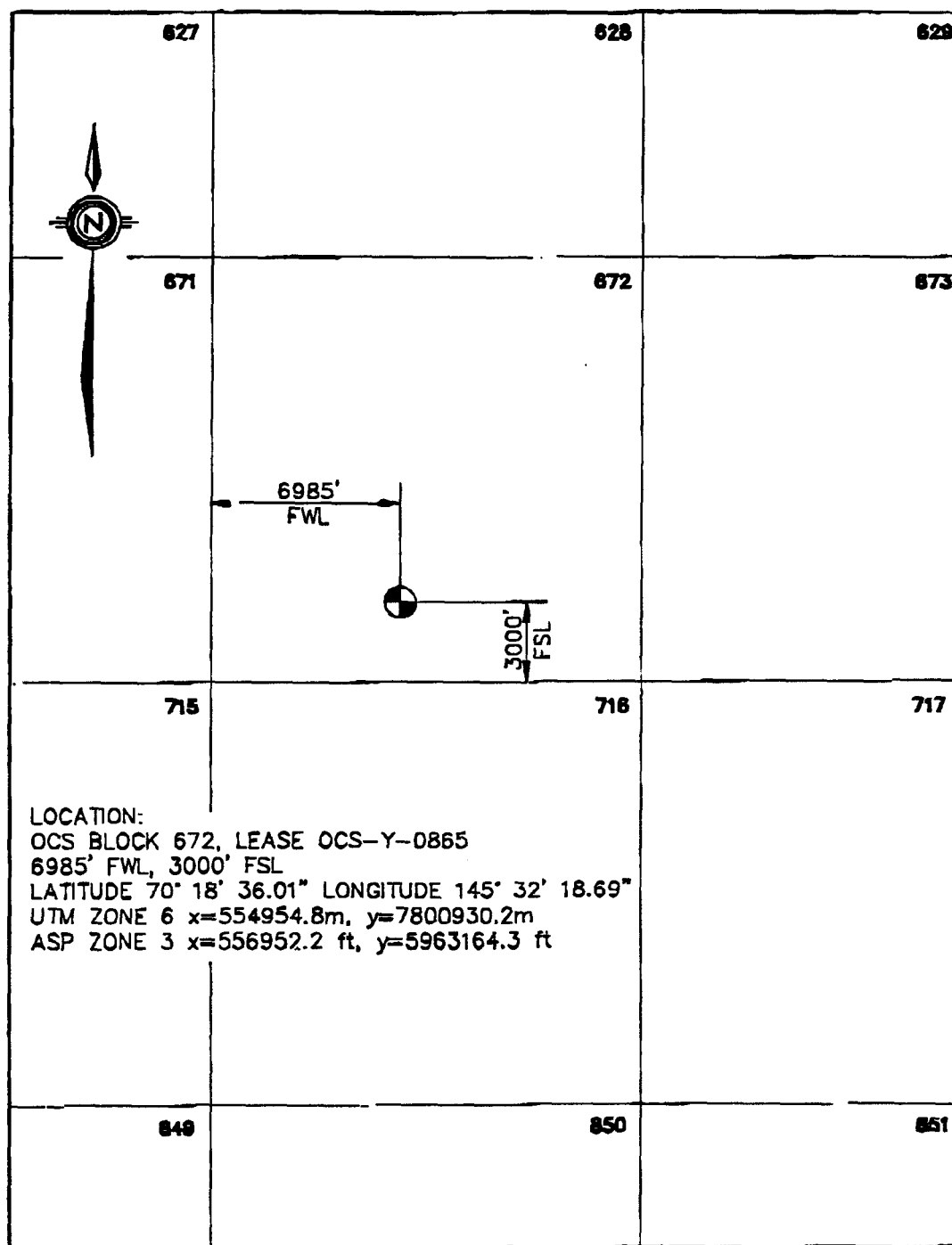
Acting District Supervisor

8/6/93

### PAPERWORK REDUCTION ACT STATEMENT

The Paperwork Reduction Act of 1980 (44 U.S.C. 3501 et seq.) requires us to inform you that: This information is being collected to obtain knowledge of the equipment and procedures to be used during well-completion, workover, and production operations. This information will be used by the District Supervisor to evaluate and approve or disapprove the adequacy of the equipment and procedures to safely perform the proposed operations. Response to this request is mandatory (43 U.S.C. 1334).

Public reporting burden for this form is estimated to average 1/2 hour per response, including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of this form to the Information Collection Clearance Officer, Mail Stop 631, Minerals Management Service, 12203 Sunrise Valley Drive, Reston, VA 22091; and Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.



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**ARCO KUVLUM #2  
BLOCK 672  
FINAL WELL POSITION**