

SUNDRY NOTICES AND REPORTS ON WELLS

1. FIELD NAME Wildcat		2. MMS LEASE, UNIT OR COMM. NO. (6) Y 0866 0		3. MMS OPERATOR NUMBER (5) 0635	
4. OPERATOR WELL NUMBER (8) 1	5. API NUMBER (10) or (12) STATE (2) COUNTY (3) WELL CODE (5) 55 171 00008	SIDE TRACK (2) NA	COMPLETION CODE (3) E	6. TYPE WELL (1) E	7. CORRECTED ELEVATION (5) -169' (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 8500' TVD 8500' LEAVE BLANK		10. CORRECTED WATER DEPTH (5) 103'	
11. CORRECTED LOCATION OF WELL (12) Surface: 5884' FWL and 5598' FSL of Block 673 Production zone: 5084' FWL and 3516' FSL of Block 673 6600' TVD, 7448' MD Total depth: 4557' FWL and 2143' FSL of Block 673, 10,000' TVD 11,267' MD				12. OPERATING AREA CODE (2) FI	
				13. BLOCK NUMBER (6) 0673	
				14. MAP OR OFFICIAL PROTRACTION DIAGRAM NUMBER (7) NR 6-4, Flaxman Island	
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. Testing		19. LAST CASING STRING: size, lb/ft, grade, and setting depth (MD) 9-5/8", 53.5#, L-80, BTC @ 8459' MD		20. APPROXIMATE START DATE (6) YYMMDD	
21. PRESENT PRODUCTION ZONE, IF ANY, AND PRODUCTIVE CAPABILITY NA					
22. CHECK APPROPRIATE ACTIVITY:					
Fracture/acidize <input type="checkbox"/>		Artificial Lift <input type="checkbox"/>		Other <input checked="" type="checkbox"/>	
Pull or alter casing <input type="checkbox"/>		Repair well <input type="checkbox"/>		Perforate <input type="checkbox"/>	
Sidetrack <input type="checkbox"/>		Deepen <input type="checkbox"/>		Plug back <input type="checkbox"/>	
Reenter to complete <input type="checkbox"/>		Multiple complete <input type="checkbox"/>		Recomplete <input type="checkbox"/>	
Data correction <input type="checkbox"/>					
Change plans <input type="checkbox"/>					
Request approval <input type="checkbox"/>					
Subsequent report <input checked="" type="checkbox"/>					
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.					
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. The DST perforations and the lower section of the cased hole have been permanently plugged and abandoned. A cement retainer was set 62' above the DST perforations. The perforations were squeezed with 50 sx of cement and a 50 sx (145') cement plug was spotted on top of the cement retainer at 6522'. A cement retainer was set at 3848'. The 9-5/8" casing will be cut and pulled at 3800'. A cement plug will be set from 3848' up to 3600' to plug the 9-5/8" casing stub and the open hole above the stub. The well will be sidetracked at 3600' after the P&A of the DST perforations and the 9-5/8" casing stub.</p> <p style="text-align: center;">SURFACE</p> <p>LATITUDE 70° 18' 57.47" LONGITUDE 145° 25' 12.00" UTM ZONE 6 X = 559393.4 METERS Y = 7801706.3 METERS</p> <p style="text-align: center;">BOTTOM HOLE LOCATION</p> <p>70° 18' 23.83" 145° 25' 53.31" UTM 6 X = 558989.9 Y = 7800653.2</p>					

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OCT 14 1992

MINERALS MANAGEMENT SERVICE
ANCHORAGE, ALASKAAttachments: 1 Location Plat
2 Wellbore Schematic

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

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MINERALS MANAGEMENT SERVICE
ANCHORAGE, ALASKASUBSURFACE 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)

Lowell R. Crane / Fred Johnson

PHONE NUMBER (10)

EXTENSION NUMBER (4)

(907) 265-1544 / 265-1492

AUTHORIZING NAME (First, MI, Last)

Mike B. Winfree

TITLE

New Ventures Area Drilling Engineer

AUTHORIZING SIGNATURE

DATE YYMMDD (6)

92 10 09

(THIS SPACE IS FOR FEDERAL OFFICE USE)

CONDITIONS OF APPROVAL FOR SPECIAL CIRCUMSTANCES:

ARE ATTACHED ☐NONE ☐

DATE (6)

YYMMDD

☒ APPROVED BY:☐ ACCEPTED BY:

TITLE

DISTRICT SUPERVISOR 921014

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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.