

UNIT STATES
DEPARTMENT OF THE INTERIOR
MINERALS MANAGEMENT SERVICE

SUBMIT IN DUPLICATE*

WELL-COMPLETION OR RECOMPLETION REPORT AND LOG*

1A. TYPE OF WELL: OIL WELL ☐ GAS WELL ☐ DRY ☐ Other Exploratory

B. TYPE OF COMPLETION: NEW WELL ☐ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____

2. NAME OF OPERATOR
UNION OIL COMPANY OF CALIFORNIA (UNOCAL)

3. ADDRESS OF OPERATOR
P.O. BOX 190247 ANCHORAGE, ALASKA 99519-6247

4. LOCATION OF WELL (Report location in accordance with instructions)*
At surface 5945' WEL & 6086' NSL, Block 624
At top prod. interval reported below
At total depth 5945' WEL & 6086' NSL, Block 624

1. LEASE NO.

OCS-Y-0849

6. AREA & BLOCK

NR 6-4:624

7. WELL NO.

Hammerhead No. 1

8. UNIT AGREEMENT NAME

9. FIELD

10. EXPLORATION ☒ DEVELOPMENT ☐

11. ADJACENT STATE

Alaska

12. API NO.

55-171-00001

13. DATE SPUDDED 08/10/85 14. DATE T.D. REACHED 08/29/85 15. DATE COMPL. OR OPERATIONS FINALIZED 09/24/85 16. ELEVATION* RKB 39' MSL DF 17. WATER DEPTH 103.8 MSL

18. TOTAL DEPTH, MD & TVD 8034' MD & TVD 19. PLUG BACK, T.D., MD & TVD 250' RKB 20. IF MULTIPLE COMPL., HOW MANY* N/A

21. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*

N/A

22. WAS DIRECTIONAL SURVEY MADE

Yes

23. TYPE ELECTRIC AND OTHER LOGS RUN
VSP: SLTL-SGT-MCD-DIL: LDT-DNL: RFT: DIP METER

24. WAS WELL CORED
Sidewall cores

25. CASING RECORD (Report all strings set in well)

CASING SIZE & GRADE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
30" X-42	310	353'	36"	930 sxs Permafrost cmt.	
20" X-56	133	1026'	26"	1914 sxs Permafrost cmt & 590 sxs "G" cmt	
13-3/8" V-150	72	2882'	7-1/2"	200 sxs Permafrost cmt & 5230 sxs "G" cmt	

26. LINER RECORD

SIZE & GRADE	TOP (MD)	BOTTOM (MD)	CU. FT. CEMENT	SCREEN (MD)	SIZE & GRADE	DEPTH SET (MD)	PACKER SET (MD)
9-5/8" N-80	2381'	8031'	330 sxs	-----	N/A	-----	-----

28. PERFORATION RECORD (Interval, size and number)

5584-5586' W/4HPF 5300-5316' W/4HPF
5470-5490' W/4HPF 5304-5310' W/4HPF
5442-5462' W/4HPF 5152-5158' W/4HPF
5290-5292' W/4HPF

29. ACID, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
5584-5586'	600 sxs cl "G" cmt.
2381' Liner Lap	912 sxs cl "G" cmt.
5442-5490'	600 sxs cl "G" cmt.
5290-5295'	300 sxs cl "G" cmt.

30' PRODUCTION 5152-5158' 230 sxs cl "G" cmt.

DATE FIRST PRODUCTION N/A PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)

WELL STATUS (Producing or shut-in)

Temporarily Abandoned

DATE OF TEST HOURS TESTED CHOKE SIZE PROD'N. FOR TEST PERIOD OIL—BBL. GAS—MCF. WATER—BBL. GAS-OIL RATIO

FLOW, TUBING PRESS. CASING PRESSURE CALCULATED 24-HOUR RATE OIL—BBL. GAS—MCF. RECEIVED RECEIVED
OCS District Office Anchorage, Alaska

31. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

TEST WITNESSED BY

32. LIST OF ATTACHMENTS

Test data and fluid analysis

33.

Subsurface Safety Valve: Manu. and Type

Minerals Management Service REGIONAL SUPERVISOR
Anchorage, Alaska FIELD OPERATION
MINERALS MANAGEMENT SERVICE
Set @ _____ Fl.

34. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED Roy D. Roberts Roy Roberts TITLE ENVIRONMENTAL SPECIALIST DATE 12-16-85

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to procedures and practices may be obtained from the local District Office. See instructions on items 20, 21, and 30 below, regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable regulations. All attachments should be listed on this form, see item 32.

Item 4: Locations should be described in accordance with the instructions of the local District Office. In the Gulf of Mexico Region, indicate the distance in feet to the nearest block lines.

Item 16: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

Item 20 and 21: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 20 and in item 21 show the producing interval, or intervals, top(s), bottom(s), and name(s) (if any) for only the interval reported in item 30. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 30: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for item 20 and 21 above.)

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35. SUMMARY OF POROUS ZONES:

SHOW ALL ZONES CONTAINING HYDROCARBONS; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL, TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.
Sagavanirtok FM	512'	6410'	Sandstones, Siltstones and Shales
DST #1	5470-5490'	& 5442-5462'	N ₂ Cushion; tool opened 05:26 (9/7/85) FFP=2100 psi; FSIP=2311 psi; Recovered Gas= TSTM & Oil= 31 BPH
DST #2	5300-5315'		N ₂ Cushion; Tool opened 0325 (9/13/85) FFP=2191 psi; FSIP=2338 psi; Recovered Gas=181,559 CFPD; Oil 38 BPH

36.

GEOLOGIC MARKERS

NAME	TOP	
	MEAS. DEPTH	TRUE VERT. DEPTH
Sagavanirtok FM	512'	
Unnamed Neogene Shale	6410'	