

UNITED STATES
DEPARTMENT OF THE INTERIOR
MINERALS MANAGEMENT SERVICE

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form MMS-331-C for such proposals.)

1. oil well ☐ gas well ☐ other ☐ New Field - Wildcat

2. NAME OF OPERATOR
Union Oil Co. of California, dba UNOCAL

3. ADDRESS OF OPERATOR (Where form is completed)
P. O. Box 6176, Ventura, CA 93006 Attn: Drilling Dept.

4. LOCATION OF WELL (Report location in accordance with instructions* and Item 16.)
AT SURFACE: Lat. N 70° 22' 41.79" Long. W 146° 01' 52.41"
AT TOTAL DEPTH: U.T.M. Zone 6: X = 536,309M
AT TOTAL DEPTH: (Straight Hole) Y = 7,808, 174M

15. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

ACIDIZE	<input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>	<input type="checkbox"/>
PERFORATE	<input type="checkbox"/>	<input type="checkbox"/>
PERMANENT ABANDONMENT	<input type="checkbox"/>	<input type="checkbox"/>
TEMPORARY ABANDONMENT	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ARTIFICIAL LIFT	<input type="checkbox"/>	<input type="checkbox"/>
(Other)		

5. LEASE NO.
OCS-Y-0849

6. AREA & BLOCK
NR6-4 Block 624

7. WELL NO.
2

8. UNIT AGREEMENT
None

9. FIELD
Exploratory

10. EXPLORATION ☒
DEVELOPMENT ☐

11. ADJACENT STATE
Alaska

12. API NO.
55-171-00006

13. ELEVATIONS
RKB 39' DF Above MSL

14. WATER DEPTH
110'

(NOTE: Report results of multiple completion or zone change on Form MMS-330.)

16. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of 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.)*

CONFIDENTIAL

See attached.

(NOTE: Verbal approval was obtained from Nabil Masri of the MMS to temporarily abandon this well on 10-8-86.)

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

17. I hereby certify that the foregoing is true and correct

SIGNED Vernon E. Roe TITLE District Drilling Superintendent DATE 10-20-86

(This space for Federal or State office use)

APPROVED [Signature] TITLE DISTRICT SUPERVISOR DATE 9-22-87

CONDITIONS OF APPROVAL, IF ANY:

UNITED STATES
DEPARTMENT OF THE INTERIOR
MINERALS MANAGEMENT SERVICE

SUNDRY NOTICES AND REPORTS ON WELLS

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AT TOTAL DEPTH: (Tight Hole) Y = 7,808, 174M

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ACIDIZE	<input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	<input type="checkbox"/>
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PERFORATE	<input type="checkbox"/>	<input type="checkbox"/>
PERMANENT ABANDONMENT	<input type="checkbox"/>	<input type="checkbox"/>
TEMPORARY ABANDONMENT	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ARTIFICIAL LIFT	<input type="checkbox"/>	<input type="checkbox"/>
(Other)		

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5. LEASE NO.

OCS-Y-0849

6. AREA & BLOCK

NR6-4 Block 624

7. WELL NO.

2

8. UNIT AGREEMENT

None

9. FIELD

Exploratory

10. EXPLORATION ☒
DEVELOPMENT ☐

11. ADJACENT STATE

Alaska

12. API NO.
55-171-00006

13. ELEVATIONS
RKB 39' DF Above MSL

14. WATER DEPTH
110'

(NOTE: Report results of multiple completion or zone change on Form MMS-330.)

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17. I hereby certify that the foregoing is true and correct

SIGNED Vernon E. Roe TITLE District Drilling Superintendent DATE 10-20-86

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APPROVED [Signature] TITLE DISTRICT SUPERVISOR DATE 9-22-87

CONDITIONS OF APPROVAL, IF ANY:

SUBSEQUENT REPORT OF TEMPORARY ABANDONMENT

1. 12-1/4" OPEN HOLE CEMENT

A. CLASS "G" CEMENT

W/5 GAL/SK SEAWATER, 0.4% HALAD 22-A, AND 0.75% CFR-2
MIXED @ 15.8 PPG YIELD = 1.15 CF/SK

II. SQUEEZE CEMENT

A. CLASS "G" CEMENT

W/5.2 GAL/SK DRILLWATER, 0.4% HALAD-344
MIXED @ 15.6 PPG YIELD = 1.18 CF/SK

III. TOP PLUG (PERMAFROST CEMENT)

A. CANADIAN PERMAFROST CEMENT

W/3.56 GAL/SK SEAWATER, 0.1 #/SK SODIUM CITRATE
MIXED @ 15.3 PPG YIELD = 0.98 CF/SK

1. Ran in hole with 5" open ended drill pipe to 5920'. Circulated BU at 90 SPM (440 GPM).
2. Pumped 10 barrels seawater ahead.
3. Mixed and pumped 475 sacks (mix water = 56.5 bbl) Class "G" open hole cement as specified above.
4. Pumped 1.5 barrels seawater behind.
5. Displaced with 90 barrels 10.2 ppg mud (included 1.5 barrels for Halliburton lines).
6. Pulled out of plug to 5270' and reversed clean.
7. Pumped 10 barrels seawater ahead.
8. Mixed and pumped 475 sacks (mix water = 56.5 bbl) Class "G" open hole cement.
9. Pumped 1.5 barrels seawater behind.
10. Displaced with 78 barrels 10.2 ppg mud (included 1.5 barrels for Halliburton lines).
11. Pulled out of plug to 4620' and reversed clean.
12. Pumped 10 barrels of seawater ahead.
13. Mixed and pumped 475 sacks (mix water = 56.5 bbl) Class "G" open hole cement.
14. Pumped 1.5 barrels seawater behind.

UNITED STATES
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REPAIR WELL	<input type="checkbox"/>	<input type="checkbox"/>
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MULTIPLE COMPLETE	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>	<input type="checkbox"/>
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PERMANENT ABANDONMENT	<input type="checkbox"/>	<input type="checkbox"/>
TEMPORARY ABANDONMENT	<input type="checkbox"/>	<input type="checkbox"/>
ARTIFICIAL LIFT	<input type="checkbox"/>	<input type="checkbox"/>

(Other) Certified Location Survey

16. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of 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.)*

PUBLIC COPY

Attached: Location Survey for OCS-Y-0849 #2

5. LEASE NO.
OCS-Y-0849

6. AREA & BLOCK
NR6-4 Block 624

7. WELL NO.
No. 2

8. UNIT AGREEMENT
None

9. FIELD
Exploratory

10. EXPLORATION ☒ DEVELOPMENT ☐

11. ADJACENT STATE
Alaska

12. API NO.
55-171-00006

13. ELEVATIONS
RKB 39' DF Above MSL

14. WATER DEPTH
110'

(NOTE: Report results of multiple completion or zone change on Form MMS-330.)

RECEIVED
Anchorage, Alaska

OCT 24 1986

REGIONAL SUPERVISOR
FIELD OPERATION
MINERALS MANAGEMENT SERVICE
RECEIVED
OCS DISTRICT OFFICE

OCT 20 1986

MINERALS MANAGEMENT SERVICE
ANCHORAGE, ALASKA

PUBLIC FILE
COPY

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

17. I hereby certify that the foregoing is true and correct

SIGNED [Signature] TITLE Drilling Technician DATE 10-15-86

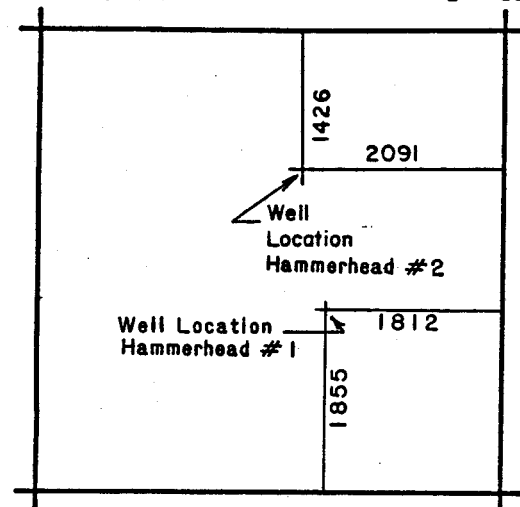
Accepted [Signature] (This space for Federal or State office use)
APPROVED _____ TITLE DISTRICT SUPERVISOR DATE OCT 23 1986

CONDITIONS OF APPROVAL, IF ANY:

BLOCK 624

N=7,809,600.
E= 533,600.

N=7,809,600.
E= 538,400.



N=7,804,800.
E= 533,600.

N=7,804,800.
E= 538,400.

PUBLIC FILE
COPY

1"=2000 METERS

NOTES

1. LOCATION OF WELL SITE WAS ACCOMPLISHED BY SYLEDIS RANGES FROM USGS STATIONS KATAK, BROWNLOW AND VARIAK. VERIFICATION BY MX-1502 SATELLITE GEOCEIVER.
2. ALL DIMENSIONS AND COORDINATES ARE IN METERS UNLESS NOTED OTHERWISE.

OPERATOR..... UNOCAL CORPORATION
RIG..... EXPLORER 2
AREA..... CAMDEN BAY, ALASKA
BLOCK..... 624, NR 6-4
WELL..... HAMMERHEAD 2
DATE..... OCT. 5, 1986
HEADING..... 79 TRUE

U.T.M. COORDINATES, ZONE 6

N= 7,808,174.
E= 536,309.

GEODETTIC POSTION, NAD-27

LAT. N 70 22 41.79
LONG. W 146 01 52.41

WELL LOCATION DESCRIPTION

2091 METERS WEST OF THE EAST LINE AND
1426 METERS SOUTH OF THE NORTH LINE.
BLOCK 624, OCS PROTRACTION DIAGRAM
NR 6-4, ALASKA.



CERTIFICATE OF SURVEYOR

I HEREBY CERTIFY THAT I AM PROPERLY REGISTERED AND
LICENSED TO PRACTICE LAND SURVEYING IN THE STATE OF
ALASKA AND THAT THIS PLAT REPRESENTS A LOCATION
SURVEY MADE BY ME OR UNDER MY DIRECT SUPERVISION
AND THAT ALL DETAILS ARE CORRECT.

OCT 10, 1986
DATE

Stanley E. King
SURVEYOR

LOCATION SURVEY FOR

HAMMERHEAD 2

LOCATED IN THE CAMDEN BAY AREA
SURVEYED FOR

UNOCAL CORPORATION

SURVEYED BY

ITEC-1

INTERNATIONAL TECHNOLOGY LIMITED
DENVER, COLORADO ANCHORAGE, ALASKA HOUSTON, TEXAS

UNITED STATES
DEPARTMENT OF THE INTERIOR
MINERALS MANAGEMENT SERVICE

SUNDRY NOTICES AND REPORTS ON WELLS

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ACIDIZE	<input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	<input type="checkbox"/>
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MULTIPLE COMPLETE	<input type="checkbox"/>	<input type="checkbox"/>
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PERMANENT ABANDONMENT	<input type="checkbox"/>	<input type="checkbox"/>
TEMPORARY ABANDONMENT	<input type="checkbox"/>	<input type="checkbox"/>
ARTIFICIAL LIFT	<input type="checkbox"/>	<input type="checkbox"/>

(Other) Certified Location Survey

16. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated start and stop dates, for any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all marked points pertinent to this work.)*

CONFIDENTIAL

Attached: Location Survey for OCS-Y-0849 #2

5. LEASE NO.
OCS-Y-0849

6. AREA & BLOCK
NR6-4 Block 624

7. WELL NO.
No. 2

8. UNIT AGREEMENT
None

9. FIELD
Exploratory

10. EXPLORATION ☒
DEVELOPMENT ☐

11. ADJACENT STATE
Alaska

12. API NO.
55-171-00006

13. ELEVATIONS
RKB 39' DF Above MSL

14. WATER DEPTH
110'

(NOTE: Report results of multiple completion or zone change on Form MMS-330.)

RECEIVED
Anchorage, Alaska

OCT 24 1986

RECEIVED
REGIONAL SUPERVISOR
FIELD OPERATIONS
MINERALS MANAGEMENT SERVICE

RECEIVED
OCS DISTRICT OFFICE

OCT 20 1986

MINERALS MANAGEMENT SERVICE
ANCHORAGE, ALASKA

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

17. I hereby certify that the foregoing is true and correct

SIGNED Lucian M. Abernathy TITLE Drilling Technician DATE 10-15-86

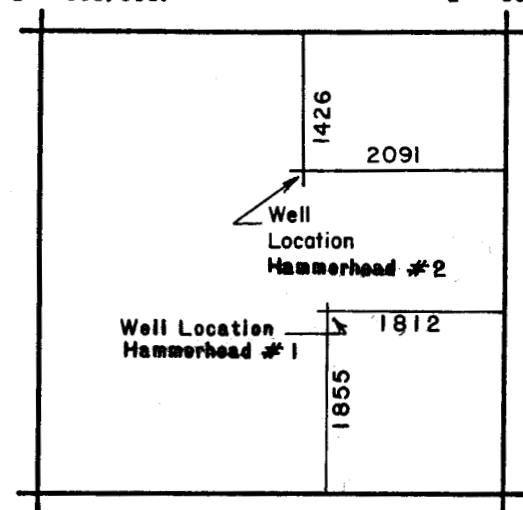
Accepted _____ (This space for Federal or State office use)
APPROVED _____ TITLE DISTRICT SUPERVISOR DATE OCT 23 1986

CONDITIONS OF APPROVAL IF ANY:

BLOCK 624

N=7,809,600.
E= 533,600.

N=7,809,600.
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1"=2000 METERS

NOTES

1. LOCATION OF WELL SITE WAS ACCOMPLISHED BY STLEDIS RANGES FROM USGS STATIONS KATAK, BRONNLOW AND VARIAK. VERIFICATION BY MX-1502 SATELLITE GEOCEIVER.
2. ALL DIMENSIONS AND COORDINATES ARE IN METERS UNLESS NOTED OTHERWISE.

OPERATOR..... UNOCAL CORPORATION
RIG..... EXPLORER 2
AREA..... CAMDEN BAY, ALASKA
BLOCK..... 624. NR 6-4
WELL..... HAMMERHEAD 2
DATE..... OCT. 5, 1986
HEADING..... 79 TRUE

U.T.M. COORDINATES. ZONE 6

N= 7,808,174.
E= 536,309.

GEODETTIC POSTION. NAD-27

LAT. N 70 22 41.79
LONG. W 146 01 52.41

WELL LOCATION DESCRIPTION

2091 METERS WEST OF THE EAST LINE AND
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SURVEY MADE BY ME OR UNDER MY DIRECT SUPERVISION
AND THAT ALL DETAILS ARE CORRECT.

LOCATION SURVEY FOR

HAMMERHEAD 2

LOCATED IN THE CAMDEN BAY AREA
SURVEYED FOR

UNOCAL CORPORATION

SURVEYED BY

ITECH

INTERNATIONAL TECHNOLOGY LIMITED
DENVER, COLORADO ANCHORAGE, ALASKA HOUSTON, TEXAS

Oct 10, 1986 Stanley E. King
DATE SURVEYOR

UNITED STATES
DEPARTMENT OF THE INTERIOR
MINERALS MANAGEMENT SERVICE

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form MMS-331-C for such proposals.)

1. oil well <input type="checkbox"/> gas well <input type="checkbox"/> other <input checked="" type="checkbox"/> New Field - Wildcat	5. LEASE NO. [REDACTED]
2. NAME OF OPERATOR Union Oil Company of California, dba UNOCAL	6. AREA & BLOCK NR6-4 Block 624
3. ADDRESS OF OPERATOR (Where form is completed) 909 W. 9th Ave., Anchorage, Ak.	7. WELL NO. [REDACTED]
4. LOCATION OF WELL (Report location in accordance with instructions* and Item 16.) AT SURFACE: Lat. 70° 22' 42.0409"N Long. 146° 01' 52.0946"W AT TOP PROD. INTERVAL: UTM Zone 6: X = 536,308.86M AT TOTAL DEPTH: Y = 7,808,172.6M	8. UNIT AGREEMENT None
	9. FIELD Exploratory
	10. EXPLORATION <input checked="" type="checkbox"/> DEVELOPMENT <input type="checkbox"/>
	11. ADJACENT STATE Alaska
	12. API NO. 55-171-00006
	13. ELEVATIONS RKB 39' DF above MSL
	14. WATER DEPTH 110'

15. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

ACIDIZE <input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
PERFORATE <input type="checkbox"/>	<input type="checkbox"/>
PERMANENT ABANDONMENT <input type="checkbox"/>	<input type="checkbox"/>
TEMPORARY ABANDONMENT <input type="checkbox"/>	<input type="checkbox"/>
ARTIFICIAL LIFT <input type="checkbox"/>	<input type="checkbox"/>
(Other) Casing Report <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

(NOTE: Report results of multiple completion or zone change on Form MMS-330.)

16. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of 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.)*

10/1-2/86

Ran and cemented 13 3/8" casing.

OCT 15 1986

RECEIVED
OCS DISTRICT OFFICE

REGIONAL SUPERVISOR
FIELD OPERATION
MINERALS MANAGEMENT SERVICE

OCT 8 1986

MINERALS MANAGEMENT SERVICE
ANCHORAGE, ALASKA

PUBLIC FILE
COPY

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

17. I hereby certify that the foregoing is true and correct

SIGNED Ray D. Roberts TITLE Environmental Engineer DATE 10/6/86

(This space for Federal or State office use)

APPROVED [Signature] TITLE DISTRICT SUPERVISOR DATE OCT 14 1986

CONDITIONS OF APPROVAL, IF ANY:

PUBLIC INFORMATION

UNITED STATES
DEPARTMENT OF THE INTERIOR
MINERALS MANAGEMENT SERVICE

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ACIDIZE	<input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	<input type="checkbox"/>
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PERMANENT ABANDONMENT	<input type="checkbox"/>	<input type="checkbox"/>
TEMPORARY ABANDONMENT	<input type="checkbox"/>	<input type="checkbox"/>
ARTIFICIAL LIFT	<input type="checkbox"/>	<input type="checkbox"/>
(Other) <u>Casing Report</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

SUBSEQUENT REPORT OF:

RECEIVED
OCS DISTRICT OFFICE

OCT 8 1986

MINERALS MANAGEMENT SERVICE
ANCHORAGE, ALASKA

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RECEIVED

OCT 15 1986

REGIONAL SUPERVISOR
FIELD OPERATION

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10/1-2/86

Ran and cemented 58 joints of 13 3/8", 72#/ foot, KO-80 Buttress casing at 2691' RKB (2542' BML) with 1200 sx Permafrost cement with 0.18#/ sx Sodium Citrate and 400 sx Class "G" cement with 0.5% CaCl₂ and 0.75% CFR-2. CIP at 0620 hours. Leak off test at 14.0 ppg EMW.

CONFIDENTIAL

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

17. I hereby certify that the foregoing is true and correct

SIGNED Roy D. Roberts TITLE Environmental Engineer DATE 10/6/86

(This space for Federal or State office use)

APPROVED _____ TITLE DISTRICT SUPERVISOR DATE OCT 14 1986

CONDITIONS OF APPROVAL, IF ANY:

AREA FILE

G.B.2
Y0849412

13 3/8" CMT TOP

CMT: 1200 SX P.E. + 0.18% / SX S.C. @ 14.7 DPG (1332 ft³)

400 SX G + 0.54% K₂Si₂ + .75% CFR-2 @ 15.6 (472 ft³)

TOTAL 1804 ft³

VOLUMES:

CSH: 20" x 13 3/8" : 400' x 0.941 ft³/ft = 376.4 ft³

OH: 17 1/2" x 13 3/8" : 1711' x 0.694 ft³/ft = 1187.4 ft³

CSH: 13 3/8" SHOE : 80' x 0.832 ft³/ft = 66.6 ft³

OH: 15% excess : 1187.4 ft³ x 0.15 = 178.1 ft³

TOTAL 1808.5 ft³

FROZEN FLUID:

840 ft³ 14% NaCl + 3% KCl FROZEN DRAINAGE FLUID

RISER:

20" x 15" DP : 172.62' x 2.045 ft³/ft = 353.1 ft³

CSH:

20" x 13 3/8" : (500 - 172.62) x 0.941 ft³/ft = 303.3 ft³

TOTAL FROZEN FLUID ABOVE CMT TO REACH SURFACE IF CMT

CAME 400' INSIDE 20" CSH IS 353.1 + 303.3 ft³ = 736.4 ft³

840 ft³ PUMPED - 736.4 ft³ ABOVE CMT = 103.6 ft³ TO BE

SURFACED. DURING CMT JOB, SURFACED & DISCARDED ~ 200 ft³.

∴ 200 ft³ - 103.6 ft³ = 136.4 ft³ OF "EXCESS CMT IN 20" CSH"

THIS EQUATES AN ADDITIONAL 145' CMT IN 20"

TOP OF CMT IN 20" x 13 3/8" = 980' - 400' - 145' = 435' RXB

CONFIDENTIAL

COPY FOR MMMS

RECEIVED
OCS DISTRICT OFFICE

OCT 08 1986

MINERALS MANAGEMENT SERVICE
ANCHORAGE, ALASKA

002

NO. 024

HAMMERHEAD-2

16:08

10/08/86

RECEIVED
Anchorage, Alaska

OCT 15 1986

REGIONAL SUPERVISOR
FIELD OPERATION
MINERALS MANAGEMENT SERVICE

UNITED STATES
DEPARTMENT OF THE INTERIOR
MINERALS MANAGEMENT SERVICE

SUNDRY NOTICES AND REPORTS ON WELLS

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REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

ACIDIZE	<input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>	<input type="checkbox"/>
PERFORATE	<input type="checkbox"/>	<input type="checkbox"/>
PERMANENT ABANDONMENT	<input type="checkbox"/>	<input type="checkbox"/>
TEMPORARY ABANDONMENT	<input type="checkbox"/>	<input type="checkbox"/>
ARTIFICIAL LIFT	<input type="checkbox"/>	<input type="checkbox"/>
(Other) <u>Casing Report</u>		<input checked="" type="checkbox"/>

5. LEASE NO.
CCS-X-2240
6. AREA & BLOCK
NR6-4 Block 624
7. WELL NO.

8. UNIT AGREEMENT
None
9. FIELD
Exploratory
10. EXPLORATION ☒
DEVELOPMENT ☐
11. ADJACENT STATE
Alaska
12. API NO.
55-171-00006
13. ELEVATIONS
RKB 39' DF above MSL
14. WATER DEPTH
110'

(NOTE: Report results of multiple completion or zone change on Form MMS-330.)

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Anchorage, Alaska

OCT 02 1986

16. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and depths to this work.)*

9/28-29/86

Ran and cemented 20" casing.

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MINERALS MANAGEMENT SERVICE
ANCHORAGE, ALASKA

RECEIVED
OCS DISTRICT OFFICE

OCT 1 1986

MINERALS MANAGEMENT SERVICE
ANCHORAGE, ALASKA

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

17. I hereby certify that the foregoing is true and correct

SIGNED Roy D. Roberts TITLE Environmental Engineer DATE 10/1/86

(This space for Federal or State office use)

APPROVED [Signature] TITLE REGIONAL SUPERVISOR DATE OCT 2 1986

CONDITIONS OF APPROVAL, IF ANY:

PUBLIC INFORMATION

UNITED STATES
DEPARTMENT OF THE INTERIOR
MINERALS MANAGEMENT SERVICE

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form MMS-331-C for such proposals.)

1. oil well ☐ gas well ☐ other New Field - Wildcat
2. NAME OF OPERATOR
Union Oil Company of California, dba UNOCAL
3. ADDRESS OF OPERATOR (Where form is completed)
909 W. 9th Ave., Anchorage, Ak.
4. LOCATION OF WELL (Report location in accordance with instructions* and Item 16.)
AT SURFACE: Lat. 70° 22' 42.0409"N Long. 146° 01' 52.0946"W
AT TOP PROD. INTERVAL: UTM Zone 6: X = 536,308.86M
AT TOTAL DEPTH: Same (Straight Hole) Y = 7,808,172.6M

15. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA REQUEST FOR APPROVAL TO:

ACIDIZE	<input type="checkbox"/>	SUBSEQUENT REPORT OF:	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>		<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>		<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>		<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>		<input type="checkbox"/>
PERFORATE	<input type="checkbox"/>		<input type="checkbox"/>
PERMANENT ABANDONMENT	<input type="checkbox"/>		<input type="checkbox"/>
TEMPORARY ABANDONMENT	<input type="checkbox"/>		<input type="checkbox"/>
ARTIFICIAL LIFT	<input type="checkbox"/>		<input type="checkbox"/>
(Other) <u>Casing Report</u>			<input checked="" type="checkbox"/>

5. LEASE NO.
OCS-Y-0849
6. AREA & BLOCK
NR6-4 Block 624
7. WELL NO.
No. 2
8. UNIT AGREEMENT
None
9. FIELD
Exploratory
10. EXPLORATION ☒
DEVELOPMENT ☐
11. ADJACENT STATE
Alaska
12. API NO.
55-171-00006
13. ELEVATIONS
RKB 39' DF above MSL
14. WATER DEPTH
110'

(NOTE: Report results of multiple completion or zone change on Form MMS-330.)

RECEIVED
Anchorage, Alaska

OCT 02 1986

16. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, in REGIONAL or FIELD operations, of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all marked and operations pertinent to this work.)*

MINERALS MANAGEMENT SERVICE

9/28-29/86

Ran and cemented 19 joint of 20", 133#/ ft, X-56 Vetco casing at 980' RKB (831' BML) with 1836 sxs Permafrost cement with 0.15#/ sx Sodium Citrate (cement returns). CIP 0328 Hrs. 9/29/86. Leak off test at 12.6 ppg EMW.

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OCS DISTRICT OFFICE

OCT 1 1986

MINERALS MANAGEMENT SERVICE
ANCHORAGE, ALASKA

MINERALS MANAGEMENT SERVICE
ANCHORAGE, ALASKA

Subsurface Safety Valve: Manu. and Type

Set @ Ft.

17. I hereby certify that the foregoing is true and correct

SIGNED Roy D. Roberts TITLE Environmental Engineer DATE 10/1/86

(This space for Federal or State office use)

APPROVED Nahel E. ... TITLE ... DATE OCT 2 1986

CONDITIONS OF APPROVAL, IF ANY:

CONFIDENTIAL

UNITED STATES
DEPARTMENT OF THE INTERIOR
MINERALS MANAGEMENT SERVICE

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form MMS-331-C for such proposals.)

1. oil well ☐ gas well ☐ other New Field - Wildcat
2. NAME OF OPERATOR
Union Oil Company of California, dba UNOCAL
3. ADDRESS OF OPERATOR (Where form is completed)
909 W. 9th Ave., Anchorage, Ak.
4. LOCATION OF WELL (Report location in accordance with instructions* and Item 16.)
AT SURFACE: Lat. 70° 22' 42.0409"N Long. 146° 01' 52.0946"W
AT TOP PROD. INTERVAL: UTM Zone 6: X = 536,308.86M
AT TOTAL DEPTH: Y = 7,808,172.6M

15. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA REQUEST FOR APPROVAL TO:

ACIDIZE	<input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>	<input type="checkbox"/>
PERFORATE	<input type="checkbox"/>	<input type="checkbox"/>
PERMANENT ABANDONMENT	<input type="checkbox"/>	<input type="checkbox"/>
TEMPORARY ABANDONMENT	<input type="checkbox"/>	<input type="checkbox"/>
ARTIFICIAL LIFT	<input type="checkbox"/>	<input type="checkbox"/>
(Other) <u>Casing Report</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

SUBSEQUENT REPORT OF:

5. LEASE NO.
OCS-V-0849
6. AREA & BLOCK
NR6-4 Block 624
7. WELL NO.

8. UNIT AGREEMENT
None
9. FIELD
Exploratory
10. EXPLORATION ☒
DEVELOPMENT ☐
11. ADJACENT STATE
Alaska
12. API NO.
55-171-00006
13. ELEVATIONS
RKB 39' DF above MSL
14. WATER DEPTH
110'

(NOTE: Report results of multiple completion or zone change on Form MMS-330.)
RECEIVED
Anchorage, Alaska

OCT 02 1986

16. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of 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.)

9/25-26/86

Ran and cemented 30" casing.

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MINERALS MANAGEMENT SERVICE
ANCHORAGE, ALASKA

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OCS DISTRICT OFFICE
OCT 1 1986
MINERALS MANAGEMENT SERVICE
ANCHORAGE, ALASKA

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

17. I hereby certify that the foregoing is true and correct

SIGNED Roy D. Roberts TITLE Environmental Engineer DATE 10/1/86

(This space for Federal or State office use)

APPROVED Nahl Fran TITLE DISTRICT SUPERVISOR DATE OCT 2 1986
CONDITIONS OF APPROVAL, IF ANY:

PUBLIC INFORMATION

UNITED STATES
DEPARTMENT OF THE INTERIOR
MINERALS MANAGEMENT SERVICE

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form MMS-331-C for such proposals.)

1. oil well ☐ gas well ☐ other New Field - Wildcat
2. NAME OF OPERATOR
Union Oil Company of California, dba UNOCAL
3. ADDRESS OF OPERATOR (Where form is completed)
909 W. 9th Ave., Anchorage, Ak.
4. LOCATION OF WELL (Report location in accordance with instructions* and Item 16.)
AT SURFACE: Lat. 70° 22' 42.0409"N Long. 146° 01' 52.0946"W
AT TOP PROD. INTERVAL: UTM Zone 6: X = 536,308.86M
AT TOTAL DEPTH: Same (Straight Hole) Y = 7,808,172.6M

15. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

ACIDIZE	<input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>	<input type="checkbox"/>
PERFORATE	<input type="checkbox"/>	<input type="checkbox"/>
PERMANENT ABANDONMENT	<input type="checkbox"/>	<input type="checkbox"/>
TEMPORARY ABANDONMENT	<input type="checkbox"/>	<input type="checkbox"/>
ARTIFICIAL LIFT	<input type="checkbox"/>	<input type="checkbox"/>
(Other) <u>Casing Report</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

16. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, in the case of 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.)
9/25-26/86

Ran and cemented 4 joints of 30", 310#/ ft, X-52 Vetco casing at 358' RKB (209' BML) with 1005 sxs Permafrost cement with 0.08#/ sx Sodium Citrate and 5#/ sx Gilsonite (cement returns). CIP @ 0155 Hrs, 9/26/86.

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ANCHORAGE, ALASKA

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OCS DISTRICT OFFICE

OCT 1 1986

MINERALS MANAGEMENT SERVICE
ANCHORAGE, ALASKA

Subsurface Safety Valve: Manu. and Type

Set @ _____ Ft.

17. I hereby certify that the foregoing is true and correct

SIGNED Roy D. Roberts TITLE Environmental Engineer DATE 10/1/86

(This space for Federal or State office use)

APPROVED Wall F... TITLE ... DATE OCT 2 1986

CONDITIONS OF APPROVAL, IF ANY:

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5. LEASE NO.	OCS-Y-0849
6. AREA & BLOCK	NR6-4 Block 624
7. WELL NO.	No. 2
8. UNIT AGREEMENT	None
9. FIELD	Exploratory
10. EXPLORATION <input checked="" type="checkbox"/> DEVELOPMENT <input type="checkbox"/>	
11. ADJACENT STATE	Alaska
12. API NO.	55-171-00006
13. ELEVATIONS RKB 39' DF above MSL	
14. WATER DEPTH	110'

RECEIVED
(NOTE: Report results of multiple completion or zone completion on Form MMS-330.)

OCT 02 1986

REGIONAL SUPERVISOR
FIELD OPERATION

MINERALS MANAGEMENT SERVICE

UNITED STATES
DEPARTMENT OF THE INTERIOR
MINERALS MANAGEMENT SERVICE

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form MMS-331-C for such proposals.)

1. oil well ☐ gas well ☐ other New Field - Wildcat

2. NAME OF OPERATOR
Union Oil Company of California, dba UNOCAL

3. ADDRESS OF OPERATOR (Where form is completed)
909 W. 9th Ave., Anchorage, Ak.

4. LOCATION OF WELL (Report location in accordance with instructions* and Item 16.)

AT SURFACE: Lat. 70° 22' 42.0409"N Long. 146° 01' 52.0946"W
AT TOP PROD. INTERVAL: UTM Zone 6: X = 536,308.86M
AT TOTAL DEPTH: Y = 7,808,172.6M

15. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

ACIDIZE	<input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>	<input type="checkbox"/>
PERFORATE	<input type="checkbox"/>	<input type="checkbox"/>
PERMANENT ABANDONMENT	<input type="checkbox"/>	<input type="checkbox"/>
TEMPORARY ABANDONMENT	<input type="checkbox"/>	<input type="checkbox"/>
ARTIFICIAL LIFT	<input type="checkbox"/>	<input type="checkbox"/>

(Other) Alter Wireline Logging Program

5. LEASE NO.

OCS-Y-0849

6. AREA & BLOCK

NR6-4 Block 624

7. WELL NO.

No. 2

8. UNIT AGREEMENT

None

9. FIELD

Exploratory

10.

EXPLORATION ☒
DEVELOPMENT ☐

11. ADJACENT STATE

Alaska

12. API NO.

55-171-00006

13. ELEVATIONS

RKB 39' DF above MSL

14. WATER DEPTH

110'

(NOTE: Report results of multiple completion or zone change on Form MMS-330.)

16. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of 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.)*

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SEP 30 1986

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Anchorage, Alaska

SEP 30 1986

MINERALS MANAGEMENT SERVICE
ANCHORAGE, ALASKA

REGIONAL SUPERVISOR
FIELD OPERATION
MINERALS MANAGEMENT SERVICE

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

17. I hereby certify that the foregoing is true and correct

SIGNED Roy D. Roberts TITLE Environmental Engineer DATE 9/30/86

(This space for Federal or State office use)

APPROVED [Signature] TITLE DISTRICT SUPERVISOR DATE SEP 30 1986
CONDITIONS OF APPROVAL IF ANY: _____

UNITED STATES
DEPARTMENT OF THE INTERIOR
MINERALS MANAGEMENT SERVICE

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form MMS-331-C for such proposals.)

1. oil well ☐ gas well ☐ other New Field - Wildcat
2. NAME OF OPERATOR
Union Oil Company of California, dba UNOCAL
3. ADDRESS OF OPERATOR (Where form is completed)
909 W. 9th Ave., Anchorage, Ak.
4. LOCATION OF WELL (Report location in accordance with instructions* and Item 16.)
AT SURFACE: Lat. 70° 22' 42.0409"N Long. 146° 01' 52.0946"W
AT TOP PROD. INTERVAL: UTM Zone 6: X = 536,308.86M
AT TOTAL DEPTH: Same (Straight Hole) Y = 7,808,172.6M

15. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

ACIDIZE	<input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>	<input type="checkbox"/>
PERFORATE	<input type="checkbox"/>	<input type="checkbox"/>
PERMANENT ABANDONMENT	<input type="checkbox"/>	<input type="checkbox"/>
TEMPORARY ABANDONMENT	<input type="checkbox"/>	<input type="checkbox"/>
ARTIFICIAL LIFT	<input type="checkbox"/>	<input type="checkbox"/>
(Other) <u>Alter Wireline Logging Program</u>		

5. LEASE NO.

OCS-Y-0849

6. AREA & BLOCK

NR6-4 Block 624

7. WELL NO.

No. 2

8. UNIT AGREEMENT

None

9. FIELD

Exploratory

10.

EXPLORATION ☒
DEVELOPMENT ☐

11. ADJACENT STATE

Alaska

12. API NO.

55-171-00006

13. ELEVATIONS

RKB 39' DF above MSL

14. WATER DEPTH

110'

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OCS DISTRICT OFFICE

(NOTE: Report results of multiple completion or zone change on Form MMS-331-C)

SEP 30 1986

MINERALS MANAGEMENT SERVICE
ANCHORAGE, ALASKA

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ANCHORAGE, ALASKA

SEP 30 1986

REGIONAL SUPERVISOR
FIELD OPERATION

16. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting service 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.)*

The wireline logging program Section 8.3 of the APD has been altered as follows:

Shoe of Structural Casing to 1,000' RKB - No logs

Shoe of 20" conductor casing to 3,000' RKB - No logs

CONFIDENTIAL

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

17. I hereby certify that the foregoing is true and correct

SIGNED Roy D. Roberts TITLE Environmental Engineer DATE 9/30/86

(This space for Federal or State office use)

APPROVED [Signature] TITLE DISTRICT SUPERVISOR DATE SEP 30 1986

CONDITIONS OF APPROVAL, IF ANY:

UNION OIL COMPANY OF CALIFORNIA OCS-Y-0849 WELL #2

CASING DESCRIPTION	INTERVAL	TENSION TOP JT. Pounds	MUD WT. pcf	HYDRO PRESSURE AT SHOE	*MAX. SURF PRESS	CASING VALUES				SAFETY FACTORS			
						COLLAPSE psi	TENSION			COLLAPSE	TENSION		
							BODY M Lb	JT. M Lb	BURST psi		BODY	JT.	BURST
13-3/8" 72# KO-80 Buttress	149'-3000'	205,272	78	1625	2146	2670	1661	1693	5380	1.64	8.09	8.25	2.51

- NOTES: 1. RKB to Mud Line = 149' Water Depth = 110'.
 2. Buoyancy not considered in tension calculations.
 3. *Maximum anticipated surface pressure from section 6 page 6.
 4. 16" is optional and will be run if necessary.

0040J

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MINERALS MANAGEMENT SERVICE
ANCHORAGE, ALASKA

SEP 30 1986

REGIONAL SUPERVISOR
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OPERATION
MANAGEMENT SERVICE
DISTRICT OFFICE

SEP 30 1986

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Anchorage, Alaska

UNITED STATES
DEPARTMENT OF THE INTERIOR
MINERALS MANAGEMENT SERVICE

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form MMS-331-C for such proposals.)

1. oil well ☐ gas well ☐ other New Field - Wildcat
2. NAME OF OPERATOR
Union Oil Company of California, dba UNOCAL
3. ADDRESS OF OPERATOR (Where form is completed)
909 W. 9th Ave., Anchorage, Ak.
4. LOCATION OF WELL (Report location in accordance with instructions* and Item 16.)
AT SURFACE: Lat. 70° 22' 42.0409"N Long. 146° 01' 52.0946"W
AT TOP PROD. INTERVAL: UTM Zone 6: X = 536,308.86M
AT TOTAL DEPTH: Y = 7,808,172.6M

15. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

ACIDIZE	<input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>	<input type="checkbox"/>
PERFORATE	<input type="checkbox"/>	<input type="checkbox"/>
PERMANENT ABANDONMENT	<input type="checkbox"/>	<input type="checkbox"/>
TEMPORARY ABANDONMENT	<input type="checkbox"/>	<input type="checkbox"/>
ARTIFICIAL LIFT	<input type="checkbox"/>	<input type="checkbox"/>
(Other) <u>Change in Casing Program</u>		

5. LEASE NO.
OCS-Y-0849
6. AREA & BLOCK
NR6-4 Block 624
7. WELL NO.
Well No. 2
8. UNIT AGREEMENT
None
9. FIELD
Exploratory
10. EXPLORATION ☒
DEVELOPMENT ☐
11. ADJACENT STATE
Alaska
12. API NO.
55-171-00006
13. ELEVATIONS
RKB 39' DF above MSL
14. WATER DEPTH
110'

(NOTE: Report results of multiple completion or zone change on Form MMS-330.)

16. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of 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.)*

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RECEIVED
Anchorage, Alaska

SEP 30 1986

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ANCHORAGE, ALASKA

REGIONAL SUPERVISOR
FIELD OPERATION
MINERALS MANAGEMENT SERVICE

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

17. I hereby certify that the foregoing is true and correct ^{LAH}

SIGNED Roy D. Roberts TITLE Environmental Engineer DATE 9/30/86

(This space for Federal or State office use)

APPROVED _____ TITLE DISTRICT SUPERVISOR DATE SEP 30 1986
CONDITIONS OF APPROVAL, IF ANY:

UNITED STATES
DEPARTMENT OF THE INTERIOR
MINERALS MANAGEMENT SERVICE

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form MMS-331-C for such proposals.)

1. oil well ☐ gas well ☐ other New Field - Wildcat

2. NAME OF OPERATOR
Union Oil Company of California, dba UNOCAL

3. ADDRESS OF OPERATOR (Where form is completed)
909 W. 9th Ave., Anchorage, Ak.

4. LOCATION OF WELL (Report location in accordance with instructions* and Item 16.)
AT SURFACE: Lat. 70° 22' 42.0409"N Long. 146° 01' 52.0946"W
AT TOP PROD. INTERVAL: UTM Zone 6: X = 536,308.86M
AT TOTAL DEPTH: Same (Straight Hole) Y = 7,808,172.6M

15. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

ACIDIZE	<input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>	<input type="checkbox"/>
PERFORATE	<input type="checkbox"/>	<input type="checkbox"/>
PERMANENT ABANDONMENT	<input type="checkbox"/>	<input type="checkbox"/>
TEMPORARY ABANDONMENT	<input type="checkbox"/>	<input type="checkbox"/>
ARTIFICIAL LIFT	<input type="checkbox"/>	<input type="checkbox"/>
(Other) <u>Change in Casing Program</u>		

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SEP 30 1986

MINERALS MANAGEMENT SERVICE
ANCHORAGE, ALASKA

(NOTE: Report results of multiple completion or zone change on Form MMS-330.)

RECEIVED
OCS DISTRICT OFFICE

SEP 30 1986

16. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent data, including estimated data or stating any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all major intervals to this work.)*

Because of availability, it is proposed to change the casing design on the 13-3/8" string to 13-3/8", KO-80, 72# Buttress (see attached casing design).

CONFIDENTIAL

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

17. I hereby certify that the foregoing is true and correct.

SIGNED Ray D. Roberts TITLE Environmental Engineer DATE 9/30/86

(This space for Federal or State office use)
APPROVED [Signature] TITLE DISTRICT SUPERVISOR DATE SEP 30 1986

CONDITIONS OF APPROVAL, IF ANY: