

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 TOP PRODUCTION INTERVAL: U.T.M. Zone 6: X = 536,309M
AT TOTAL DEPTH: (Tight 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)		

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.)*

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.)

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: