

Public Information

SUNDRY NOTICES AND REPORTS ON WELLS

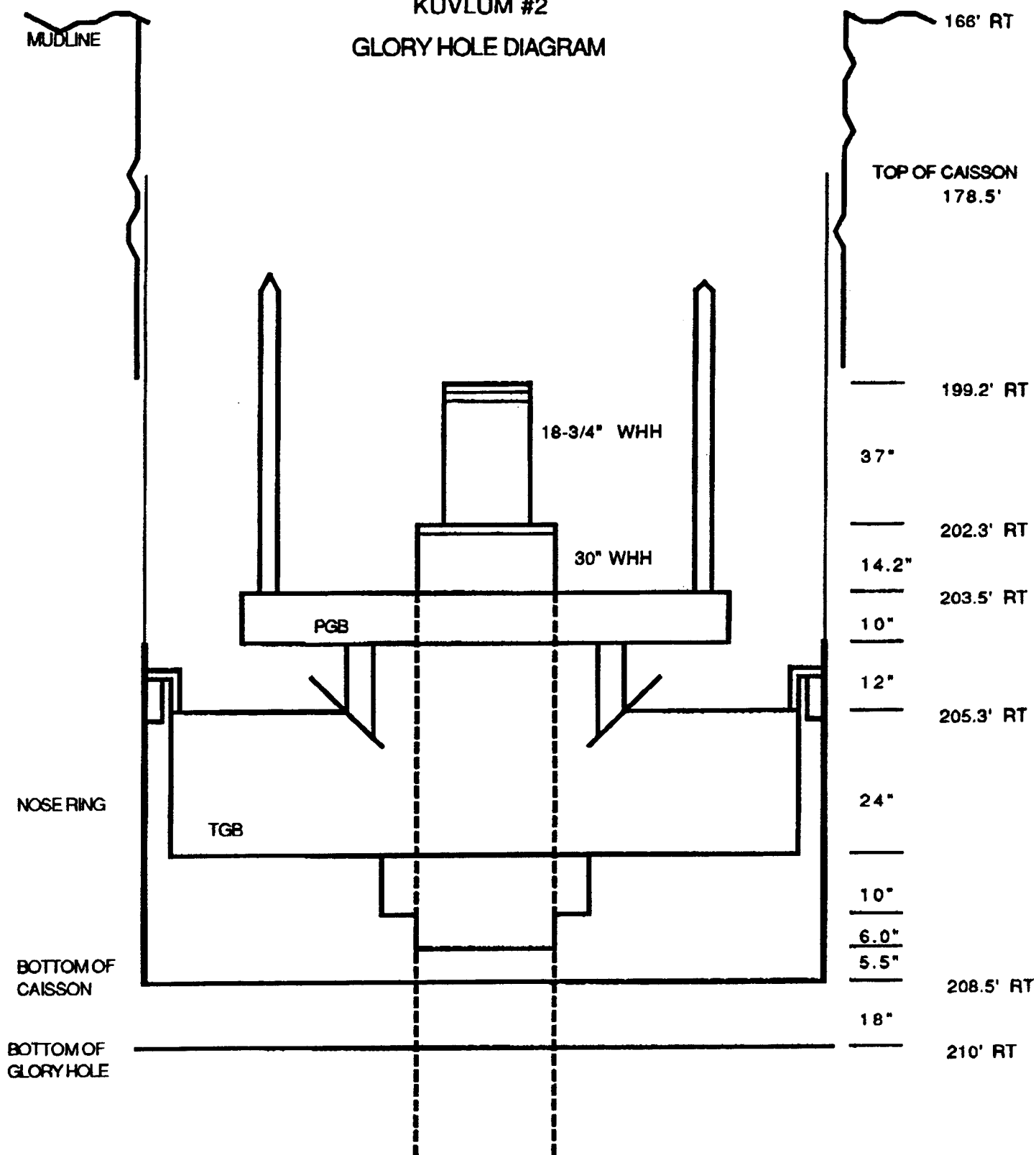
1. FIELD NAME Wildcat		2. MMS LEASE, UNIT OR COMM. NO. (6) Y 0865 0		3. MMS OPERATOR NUMBER (5) 0635													
4. OPERATOR WELL NUMBER (6) 2	5. API NUMBER (10) or (12) STATE (2) COUNTY (3) WELL CODE (5) 55 171 00009	SIDE TRACK(2) NA	COMPLETION CODE (3) E	6. TYPE WELL (1) E	7. CORRECTED ELEVATION (5) NA												
8. OPERATOR NAME AND ADDRESS (SUBMITTING OFFICE) ARCO Alaska, Inc. PO Box 100360 Anchorage, AK 99510-0360		9. CURRENT WELL DEPTH (5) MD 10,000' TVD 10,000' 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: Total depth:		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) 13-3/8", 68#/ft, L-80, @ 3978'		20. APPROXIMATE START DATE (6) YYMMDD 93 07 28														
21. PRESENT PRODUCTION ZONE, IF ANY, AND PRODUCTIVE CAPABILITY NA																	
22. CHECK APPROPRIATE ACTIVITY:		<table border="0" style="width:100%;"> <tr> <td>Fracture/acidize <input type="checkbox"/></td> <td>Artificial Lift <input type="checkbox"/></td> <td>Other <input checked="" type="checkbox"/></td> </tr> <tr> <td>Pull or alter casing <input type="checkbox"/></td> <td>Repair well <input type="checkbox"/></td> <td>Perforate <input type="checkbox"/></td> </tr> <tr> <td>Sidetrack <input type="checkbox"/></td> <td>Deepen <input type="checkbox"/></td> <td>Plug back <input type="checkbox"/></td> </tr> <tr> <td>Reenter to complete <input type="checkbox"/>*</td> <td>Multiple complete <input type="checkbox"/>*</td> <td>Recomplete <input type="checkbox"/>*</td> </tr> </table>				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"/> *
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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.)																	

RECEIVED
OCS DISTRICT OFFICE

AUG 18 1993

MINERALS MANAGEMENT SERVICE
ANCHORAGE, ALASKA

KUVLUM #2 GLORY HOLE DIAGRAM



BOP HEIGHT: 22.8' FROM WELLHEAD TO TOP OF LMRP CONNECTOR (64.2' ABOVE BOTTOM OF GLORY HOLE)

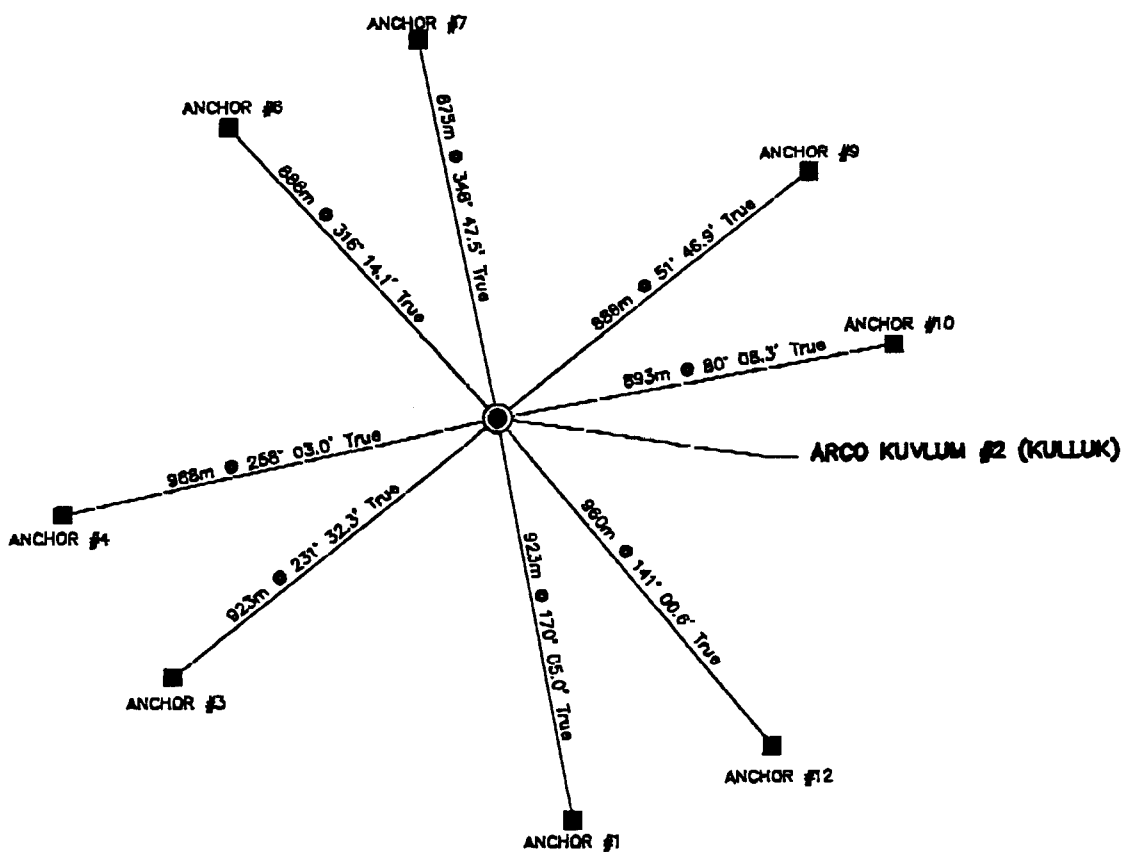
TOP OF LMRP CONNECTOR WILL BE AT 175.8' RT OR 9.8' BELOW THE MUDLINE

AUG 06 1993

JULY 27, 1993

Minerals Management Service
Anchorage, Alaska

ARCO KUVLUM #2 EXPLORATORY WELL
BLOCK 672
CAMDEN BAY, ALASKA
July 19, 1993

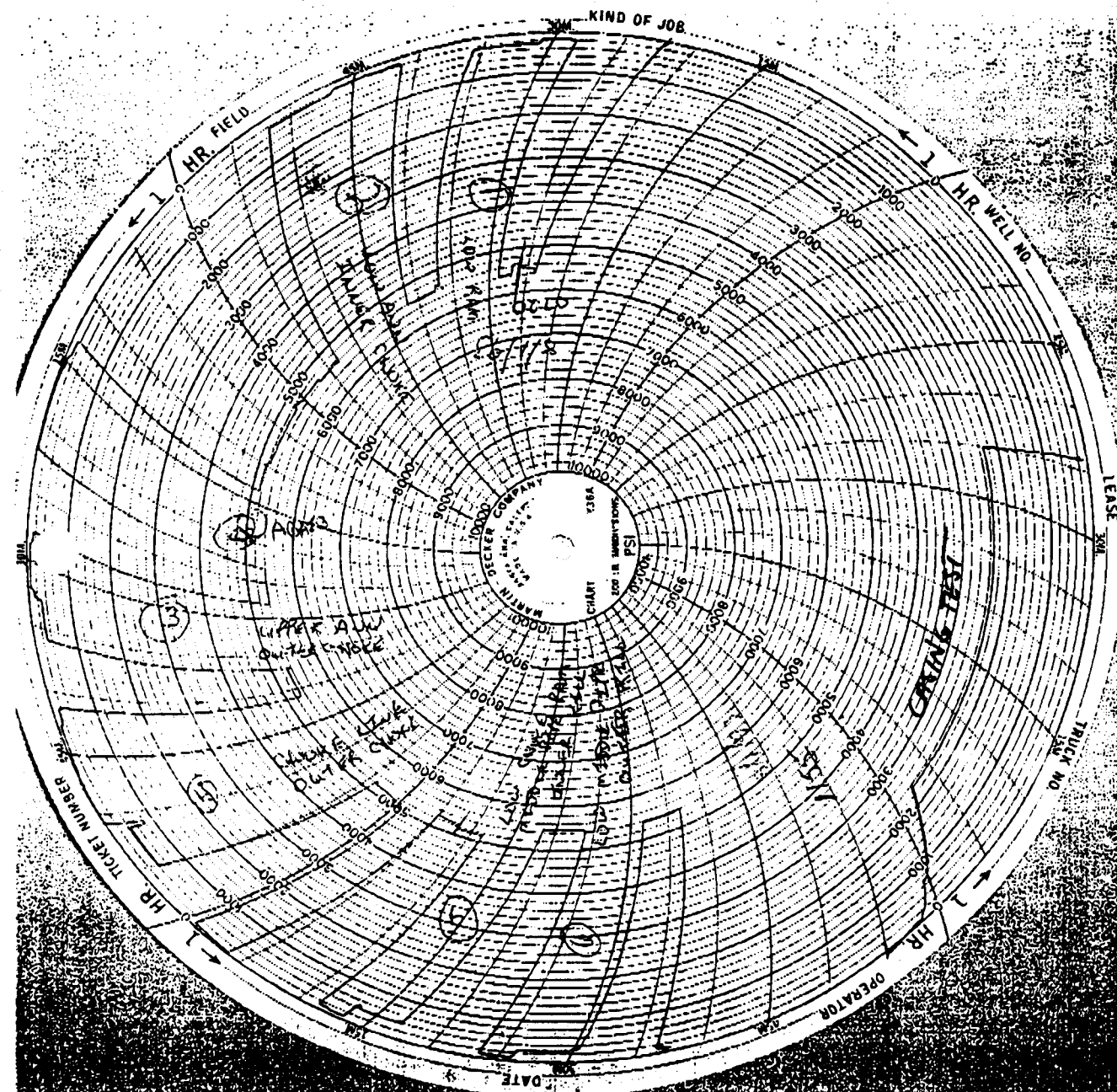


Received
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AUG 06 1993

Minerals Management Service
Anchorage, Alaska

MOORING DIAGRAM
for the
C.D.U. KULLUK



Received
OCB District Office

Aug 06 1993

Minerals Management Service
Anchorage, Alaska

1 Aug 93.

Data from "KUVLUM #2, 20" LOT"

WELL: Kuvlum #2, 20" Leak Off Test

DATE/TIME: 8/1/93, 11:45 PM

SUPERVISOR: T.B.CAMPBELL

RIG: CDU KULLUK

MUD WEIGHT = 9.8 ppg = MW

TRUE VERTICAL DEPTH = 1040 FEET = TVD

HYDROSTATIC HEAD = $0.052 \times \text{TVD} \times \text{MW} = 530 \text{ psi}$

Leak-off test pressure taken from graph @ 170 psi with 1 barrel pumped.

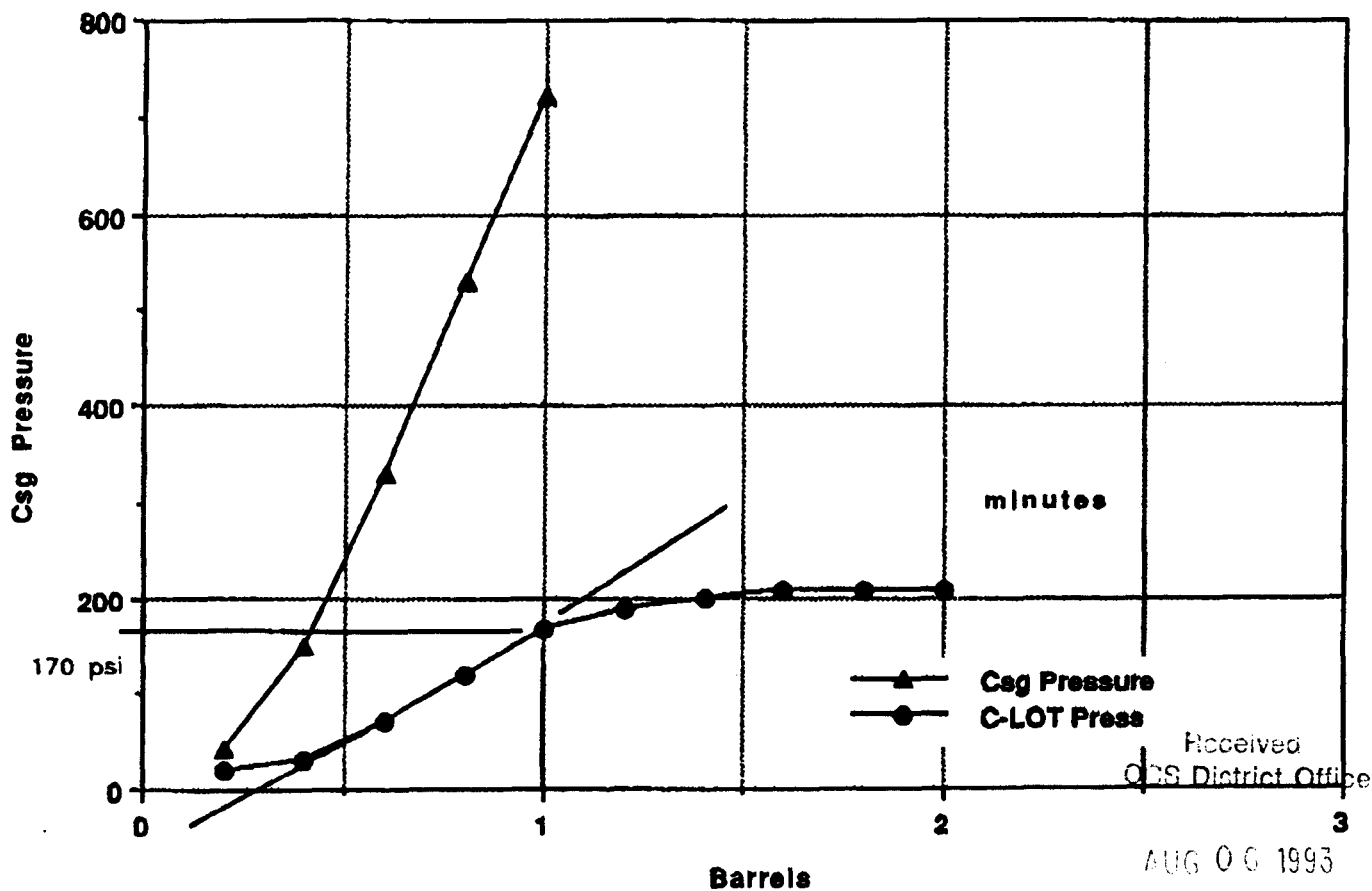
Leak-off EMW = $((0.052 \times \text{TVD} \times \text{MW}) + (\text{Surface press})) / (\text{TVD} \times .052) = 700 / (1040 \times .052)$

Leak-off EMW = 12.94 ppg

Both Casing baseline and Leak-off tests taken @ 1/2 BPM using Dowell pump unit

Held pressure shut-in for 5 minutes. Leak off? yes, bled from 210 psi to 60 psi in 5 min.

Pressure Profiles



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Minerals Management Service
Anchorage, Alaska

FINAL

PAGE: 10F1

[illegible]

CASING / TUBING / LINER DETAIL
ARCO ALASKA / Subsidiary of Atlantic Richfield
30" CASING DETAIL

WELL: Kuvlum #2
DATE: 7/28/93
PAGE: 1

FINAL

# ITEMS	COMPLETE DESCRIPTION OF EQUIPMENT RUN	LENGTH	DEPTH
	RKB to top of DrilQuip 30" Wellhead Housing		201.70
1 ea	30" DrilQuip Wellhead Housing c/w extension Vetco ST-2 Box	8.28	209.98
1 ea	30" 457 lb/ft, X-52, ST-2 Pin Up x D-60-MT Pin Down	40.45	250.43
1 ea	30" 457 lb/ft, X-52, D-60-MT Box Up x Pin Down	41.11	291.54
1 ea	30" 457 lb/ft, X-52, D-60MT, Box up Casing Cutoff	10.42	301.96
	TD of 30" Casing Shoe		301.96
	30" Casing was drilled in		
	30" shoe was cut with an internal bevel		
	Make-up torque on D-60-MT connector was 30,000 ft-lbs		

RAN:

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OCS District Office

Aug 6 1993

Supervisor: B. Campbell

Minerals Management Service
Anchorage, Alaska

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

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AUG 06 1993

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)

Tim A. Billingsley

PHONE NUMBER (10)

(907) 265-6575

EXTENSION NUMBER (4)

AUTHORIZING NAME (First, MI, Last)

Michael B. Winfree

TITLE

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

8/6/93

☐ APPROVED BY:☒ ACCEPTED BY:

James B. Regg

TITLE

Acting District Supervisor

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.

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	
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8. OPERATOR NAME AND ADDRESS (SUBMITTING OFFICE) ARCO Alaska, Inc. PO Box 100360 Anchorage, AK 99510-0360		9. CURRENT WELL DEPTH (5) MD TVD LEAVE BLANK		7. CORRECTED ELEVATION (5) NA	
10. CORRECTED WATER DEPTH (5) 101'		11. CORRECTED LOCATION OF WELL (12) Surface: 6985' FWL and 3000' FSL of Block 672 Production zone: Total depth:		12. OPERATING AREA CODE (2) FI	
13. BLOCK NUMBER (6) 0672		14. MAP OR OFFICIAL PROTRACTION DIAGRAM NUMBER (7) NR 6-4, Flaxman Island		15. OPERATOR LEASE, UNIT OR COMMUNITIZATION NAME Kuvium	
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"/> Change plans <input type="checkbox"/> Request approval <input type="checkbox"/> Subsequent report <input checked="" type="checkbox"/>		Fracture/acidize <input type="checkbox"/> Pull or alter casing <input type="checkbox"/> Sidetrack <input type="checkbox"/> Reenter to complete <input 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.		Artificial Lift <input type="checkbox"/> Repair well <input type="checkbox"/> Deepen <input type="checkbox"/> Multiple complete <input type="checkbox"/> Other <input checked="" type="checkbox"/> Perforate <input type="checkbox"/> Plug back <input type="checkbox"/> Recomplete <input type="checkbox"/>	
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Received
OCS District Office
AUG 06 1993
Minerals Management Service
Anchorage, Alaska

08/12/93

06:34

JUL 11 - 907 265 1393

NO. 732

013

FORMATION PRESSURE TEST CALCULATION TEST

WELL: KUVLUM #2DATE/TIME: 8/14/93, 12:00 HRSSUPERVISOR: BRUCE CAMPBELLPIC: CANMAR KULLIKMUD WEIGHT = 9.8 ppg = MWTRUE VERTICAL DEPTH = 2978' FEET = TVD (540)HYDROSTATIC HEAD1 (HH 1) = $0.052 \times \text{TVD} \times \text{MW} = \underline{2027}$ psi

To calculate the pressure necessary to obtain a 14.9 equivalent mud weight (EMW) it is necessary to determine the hydrostatic head which would be obtained with a 14.9 ppg mud.

HYDROSTATIC HEAD 2 (HH 2) = $0.052 \times \text{TVD} \times \text{EMW} = \underline{3082}$ psi.

To obtain the surface pressure required to give a 14.9 ppg EMW, subtract HH 1 from HH 2.

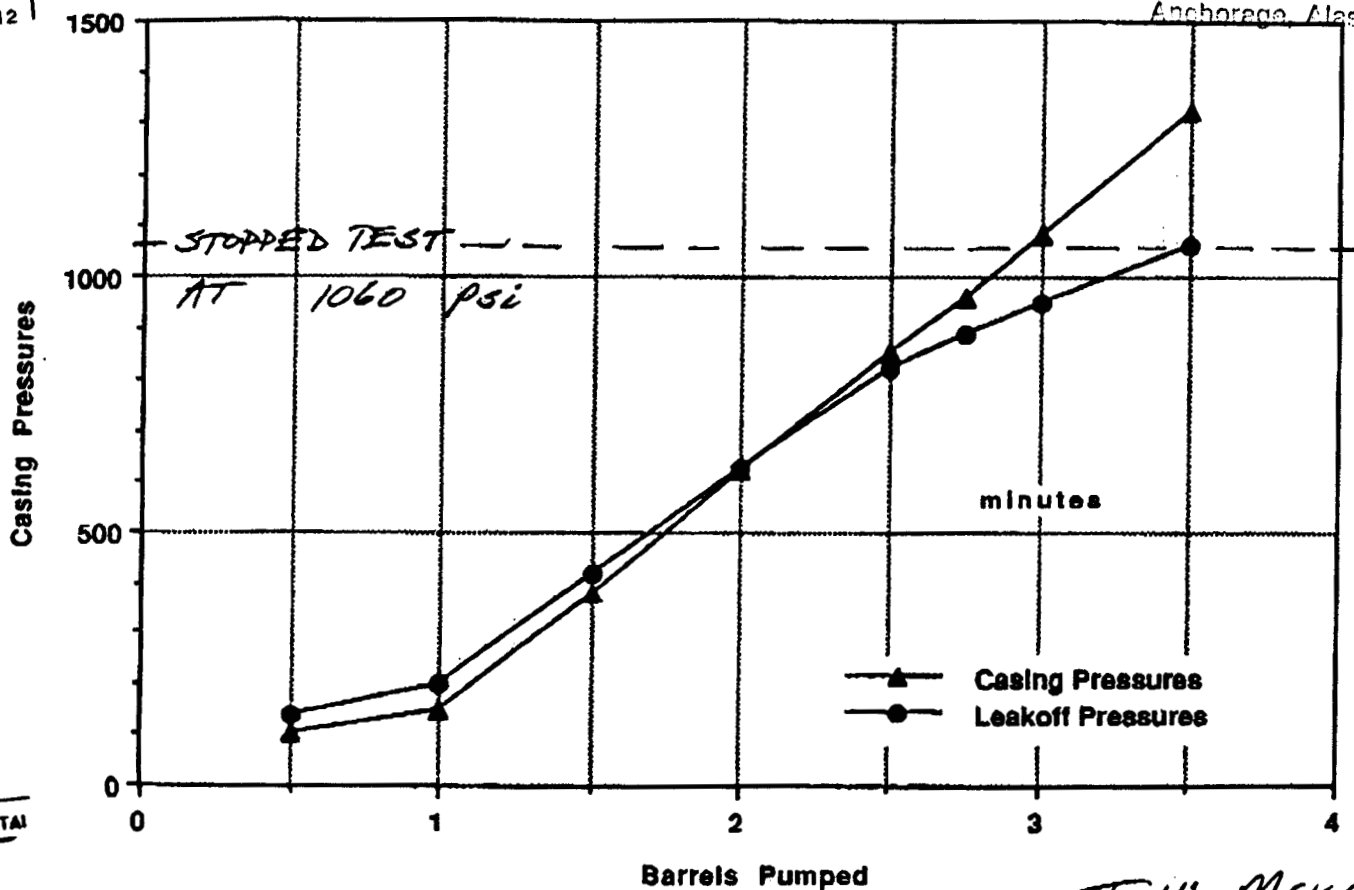
HH 2 - HH 1 = required surface pressure = 1055 psi. OR APPROX 1060 psi AS SHOWN ON PLOT

Held _____ psi for _____ minutes. Leak off? yes no

OCS District Office

AUG 16 1993

Pressure Profiles

Minerals Management Service
Anchorage, Alaska

volume: 1 stroke = _____ bbls

T.W. McKay

CASING / TUBING / LINER DETAIL

ARCO ALASKA INC.

13-3/8" SURFACE CASING DETAIL.

FINAL

WELL: Kuvlum #2

DATE: 8/9/93

PAGE: 1 OF 1

[illegible]

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

RECEIVED
OCS District Office

AUG 16 1993

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)

Tim Billingsley

PHONE NUMBER (10)

(907) 265-6575

EXTENSION NUMBER (4)

AUTHORIZING NAME (First, MI, Last)

Mike B. Winfree

TITLE

New Ventures Area Drilling Engineer

AUTHORIZING SIGNATURE

DATE YYMMDD (6)

93 08 13

(THIS SPACE IS FOR FEDERAL OFFICE USE)

CONDITIONS OF APPROVAL FOR SPECIAL CIRCUMSTANCES:

ARE ATTACHED ☐NONE ☐☒ APPROVED BY:☐ ACCEPTED BY:

TITLE

DATE (6)

YYMMDD

DISTRICT SUPERVISOR AUG 17 93

PAPERWORK REDUCTION ACT STATEMENT

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AUG 16 1993

OMB APPROVAL NO. 1010-0045

EXPIRES: OCTOBER 31, 1991

SUBMIT: Original,

two copies, and one public
information copy.

SUNDRY NOTICES AND REPORTS ON WELLS

Minerals Management Service
Anchorage, Alaska

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1. 13-3/8" Surface Casing installed 7-27-93. CIP @ 05:00 hrs 7-28-93. Casing was cemented with 1050 sx Class G w/2% gel and 2% CaCl2 @ 13.5 ppg, and 500 sx Class G w/2% CaCl2 @ 15.8 ppg. Subsea launched wiper plugs were utilized. 13-3/8" casing detail attached.																	
2. A formation 'Leak Off Test' was performed after drilling 10' of new formation below the 13-3/8" casing shoe. A 14.9 ppg EMW test was obtained. Pressure / Rate / Volume chart is attached.																	
3. Waiver to allow riser inspection by divers to occur with routine dives rather than daily was verbally granted by Mr. Brian Schoof on 8/13/93.																	
4. Waiver to allow diverter testing to occur with weekly BOPE test rather than daily and diverter test would not be to total closure was verbally granted by Mr. Brian Schoof on 8/13/93.																	

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

Approved
OCS District Office

2008 10 16 1993

Minerals Management Service
Anchorage, AlaskaSUBSURFACE SAFETY VALVE: SUBSURFACE CONTROLLED ☐ SURFACE CONTROLLED ☐ SET AT DEPTH OF _____

MANUFACTURER: _____ MODEL NO. _____ SERIAL NO. _____

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CONTACT NAME (First, MI, Last)

Tim Billingsley

PHONE NUMBER (10)

(907) 265-6575

EXTENSION NUMBER (4)

AUTHORIZING NAME (First, MI, Last)

Mike B. Winfree

TITLE

New Ventures Area Drilling Engineer

AUTHORIZING SIGNATURE

DATE YYMMDD (6)

93 08 13

(THIS SPACE IS FOR FEDERAL OFFICE USE)

CONDITIONS OF APPROVAL FOR SPECIAL CIRCUMSTANCES:

ARE ATTACHED ☐NONE ☐☒ APPROVED BY:

DATE (6)

YYMMDD

☐ ACCEPTED BY:

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MMSU.S. Department of the Interior
Minerals Management ServiceReceived
District Office

AUG 16 1993

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Minerals Management Service
Anchorage, Alaska**SUNDRY NOTICES AND REPORTS ON WELLS**

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Form MMS-331 (November 1991)
(Supersedes Form MMS-331 (July 1988)
which will not be used)CONTINUED ON REVERSE
COMPLETE REVERSE SIDE, SIGN, AND DATE

Page 1

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

SUBSURFACE SAFETY VALVE: SUBSURFACE CONTROLLED ☐ SURFACE CONTROLLED ☐ SET AT DEPTH OF _____

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Mike B. Winfree

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New Ventures Area Drilling Engineer

AUTHORIZING SIGNATURE

DATE YYMMDD (6)

93 08 13

(THIS SPACE IS FOR FEDERAL OFFICE USE)

CONDITIONS OF APPROVAL FOR SPECIAL CIRCUMSTANCES:

ARE ATTACHED ☐NONE ☒

DATE (6)

YYMMDD

9/1/93

☒ APPROVED BY:☐ ACCEPTED BY:

James B. Regg

TITLE

Acting District Supervisor

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.

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 (6) 3		5. API NUMBER (10) or (12) STATE (2) COUNTY (3) WELL CODE (5) 55 171 00010		6. TYPE WELL (1) E		7. CORRECTED ELEVATION (5) RKB MSL = 66' est													
8. OPERATOR NAME AND ADDRESS (SUBMITTING OFFICE) ARCO Alaska, Inc. PO Box 100360 Anchorage, AK 99510-0360				9. CURRENT WELL DEPTH (5) MD TVD LEAVE BLANK		10. CORRECTED WATER DEPTH (5) 110' est.													
11. CORRECTED LOCATION OF WELL (12) Surface: 5100' FWL and 5400' FNL of Block 673 Production zone: NA Total depth: NA				12. OPERATING AREA CODE (2) FI		13. BLOCK NUMBER (6) 0673													
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. Pre-spud		19. LAST CASING STRING: size, lb/ft, grade, and setting depth (MD)			20. APPROXIMATE START DATE (6) YYMMDD 93 08 26														
21. PRESENT PRODUCTION ZONE, IF ANY, AND PRODUCTIVE CAPABILITY NA																			
22. CHECK APPROPRIATE ACTIVITY:		<table border="0" style="width:100%;"> <tr> <td>Fracture/acidize <input type="checkbox"/></td> <td>Artificial Lift <input type="checkbox"/></td> <td>Other <input checked="" type="checkbox"/></td> </tr> <tr> <td>Pull or alter casing <input type="checkbox"/></td> <td>Repair well <input type="checkbox"/></td> <td>Perforate <input type="checkbox"/></td> </tr> <tr> <td>Sidetrack <input type="checkbox"/></td> <td>Deepen <input type="checkbox"/></td> <td>Plug back <input type="checkbox"/></td> </tr> <tr> <td>Reenter to complete <input type="checkbox"/>*</td> <td>Multiple complete <input type="checkbox"/>*</td> <td>Recomplete <input type="checkbox"/>*</td> </tr> </table> <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>						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"/> *
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"/> *																	
<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> <p>1. Waiver to allow weekly instead of daily H2S monitoring equipment test was verbally approved by Mr. Lee Sires on 8/4/93.</p> <p>2. Waiver to allow riser inspection by divers to occur with routine dives rather than daily was verbally granted by Mr. Brian Schoof on 8/13/93.</p> <p>3. Waiver to allow diverter testing to occur with weekly BOPE test rather than daily and diverter test would not be to total closure was verbally granted by Mr. Brian Schoof on 8/13/93.</p>																			

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MINERALS MANAGEMENT SERVICE
ANCHORAGE, ALASKA

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

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)

Tim Billingsley

PHONE NUMBER (10)

(907) 265-6575

EXTENSION NUMBER (4)

AUTHORIZING NAME (First, MI, Last)

Mike B. Winfree

TITLE

New Ventures Area Drilling Engineer

AUTHORIZING SIGNATURE

DATE YYMMDD (6)

93 08 13

(THIS SPACE IS FOR FEDERAL OFFICE USE)

CONDITIONS OF APPROVAL FOR SPECIAL CIRCUMSTANCES:

ARE ATTACHED ☐NONE ☒

DATE (6)

YYMMDD

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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 10,000' TVD 10,000'		10. CORRECTED WATER DEPTH (5) 101'																	
				LEAVE BLANK																			
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																	
				14. MAP OR OFFICIAL PROTRACTOR DIAGRAM NUMBER (7) NR 6-4, Flaxman Island																			
15. OPERATOR LEASE, UNIT OR COMMUNITIZATION NAME Kuvium				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) 13-3/8", 68#, L-80, BTC @ 3978' MD			20. APPROXIMATE START DATE (6) YYMMDD 93 07 28																		
21. PRESENT PRODUCTION ZONE, IF ANY, AND PRODUCTIVE CAPABILITY NA																							
22. CHECK APPROPRIATE ACTIVITY: <table border="0" style="width:100%;"> <tr> <td style="width:25%;">Data correction <input type="checkbox"/></td> <td style="width:25%;">Fracture/acidize <input type="checkbox"/></td> <td style="width:25%;">Artificial Lift <input type="checkbox"/></td> <td style="width:25%;">Other <input checked="" type="checkbox"/></td> </tr> <tr> <td>Change plans <input type="checkbox"/></td> <td>Pull or alter casing <input type="checkbox"/></td> <td>Repair well <input type="checkbox"/></td> <td>Perforate <input type="checkbox"/></td> </tr> <tr> <td>Request approval <input type="checkbox"/></td> <td>Sidetrack <input type="checkbox"/></td> <td>Deepen <input type="checkbox"/></td> <td>Plug back <input type="checkbox"/></td> </tr> <tr> <td>Subsequent report <input checked="" type="checkbox"/></td> <td>Reenter to complete <input type="checkbox"/></td> <td>Multiple complete <input type="checkbox"/></td> <td>Recomplete <input type="checkbox"/></td> </tr> </table>								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"/>
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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. 1. Waiver is requested to continue drilling 12-1/4" hole below 10,000' until current bit is worn out or to a maximum TD of 12,000'. Verbal approval was obtained from Mr. Brian Schoof on 8/17/93.																							

RECEIVED
MMS DISTRICT OFFICE

AUG 18 1993

MINERALS MANAGEMENT SERVICE
ANCHORAGE, ALASKA

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

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FROM IKAHUK JULY 17TH/93.

CHART 16044

Received
OCS District Office

AUG 00 1993

Minerals Management Service
Anchorage, Alaska

WET STORAGE
ANCHOR SEQUENCE

