

# **SUNDRY NOTICES AND REPORTS ON WELLS**

1. FIELD NAME <b>Wildcat</b>		2. MMS LEASE, UNIT OR COMM. NO. (6) <b>Y 0866 0</b>		3. MMS OPERATOR NUMBER (5) <b>0635</b>	
4. OPERATOR WELL NUMBER (6) <b>1</b>	5. API NUMBER (10) or (12) STATE (2) COUNTY (3) WELL CODE (5) <b>55 171 00008</b>		SIDE TRACK(2) <b>NA</b>	COMPLETION CODE (3) <b>E</b>	6. TYPE WELL (1) <b>E</b>
7. CORRECTED ELEVATION (5) <b>-169' (ML-RKB)</b>					
8. OPERATOR NAME AND ADDRESS (SUBMITTING OFFICE) ARCO Alaska, Inc. PO Box 100360 Anchorage, AK 99510-0360			9. CURRENT WELL DEPTH (5) <b>MD 8500' TVD 8500'</b> LEAVE BLANK		10. CORRECTED WATER DEPTH (5) <b>103'</b>
11. CORRECTED LOCATION OF WELL (12)  Surface: <b>5884' FWL and 5598' FSL of Block 673</b> Production zone: <b>5084' FWL and 3516' FSL of Block 673 6600' TVD, 7448' MD</b> Total depth: <b>4557' FWL and 2143' FSL of Block 673, 10,000' TVD 11,267' MD</b>			12. OPERATING AREA CODE (2) <b>FI</b>		13. BLOCK NUMBER (6) <b>0673</b>
14. MAP OR OFFICIAL PROTRACTION DIAGRAM NUMBER (7) <b>NR 6-4, Flaxman Island</b>					
15. OPERATOR LEASE, UNIT OR COMMUNITIZATION NAME <b>Kuvlum</b>			16. RIG/PLATFORM NAME <b>BeauDril - Kulluk</b>		17. RIG TYPE (2) <b>SS</b>
18. WELL STATUS, e.g., shut-in, drilling, etc. <b>Testing</b>		19. LAST CASING STRING: size, lb/ft, grade, and setting depth (MD) <b>9-5/8", 53.5#, L-80, BTC @ 8459' MD</b>		20. APPROXIMATE START DATE (6) YYMMDD	
21. PRESENT PRODUCTION ZONE, IF ANY, AND PRODUCTIVE CAPABILITY <b>NA</b>					
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'.</p> <p>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.</p> <p>The well will be sidetracked at 3600' after the P&amp;A of the DST perforations and the 9-5/8" casing stub.</p>					

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OCT 14 1992

MINERALS MANAGEMENT SERVICE  
ANCHORAGE, ALASKA

Attachments: 1 Location Plat  
2 Wellbore Schematic

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

RPS  
OCS DISTRICT OFFICE

OCT 14 1992

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

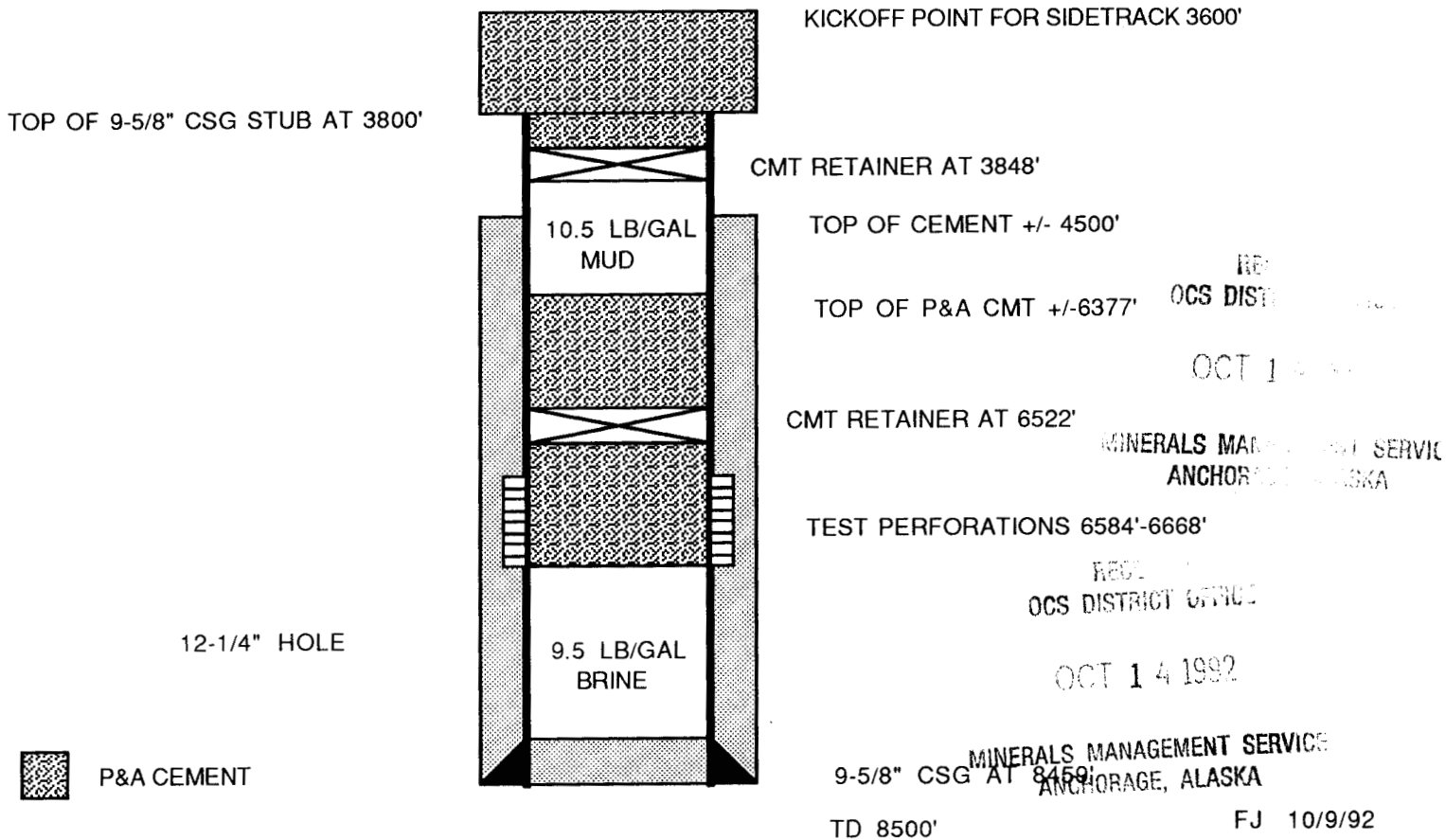
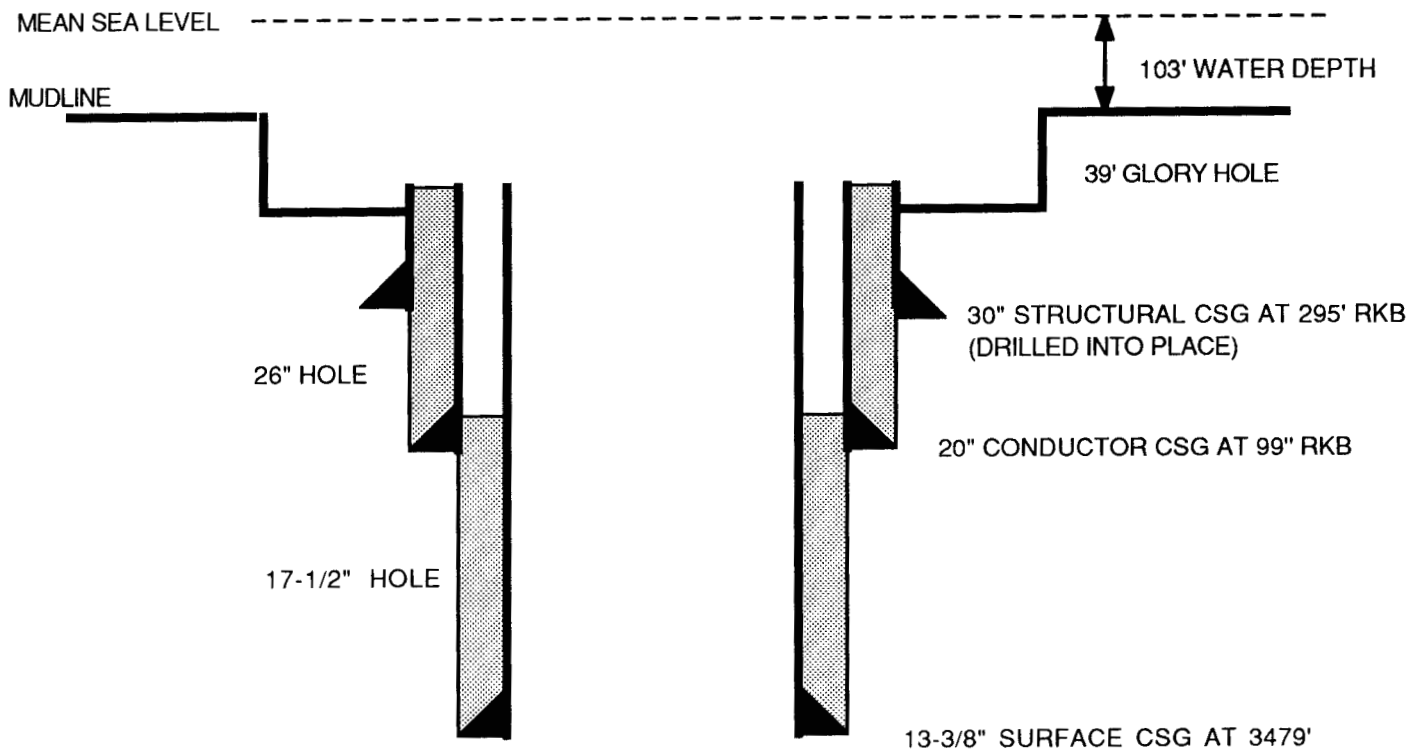
## PAPERWORK REDUCTION ACT STATEMENT

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.

# KUVLUM #1 P&A SCHEMATIC

P&A OF DST PERFS AND 9-5/8" CASING STUB



**KUVLUM #1**  
**GENERAL PROCEDURE AND**  
**TIME BREAKDOWN FOR SIDETRACK**

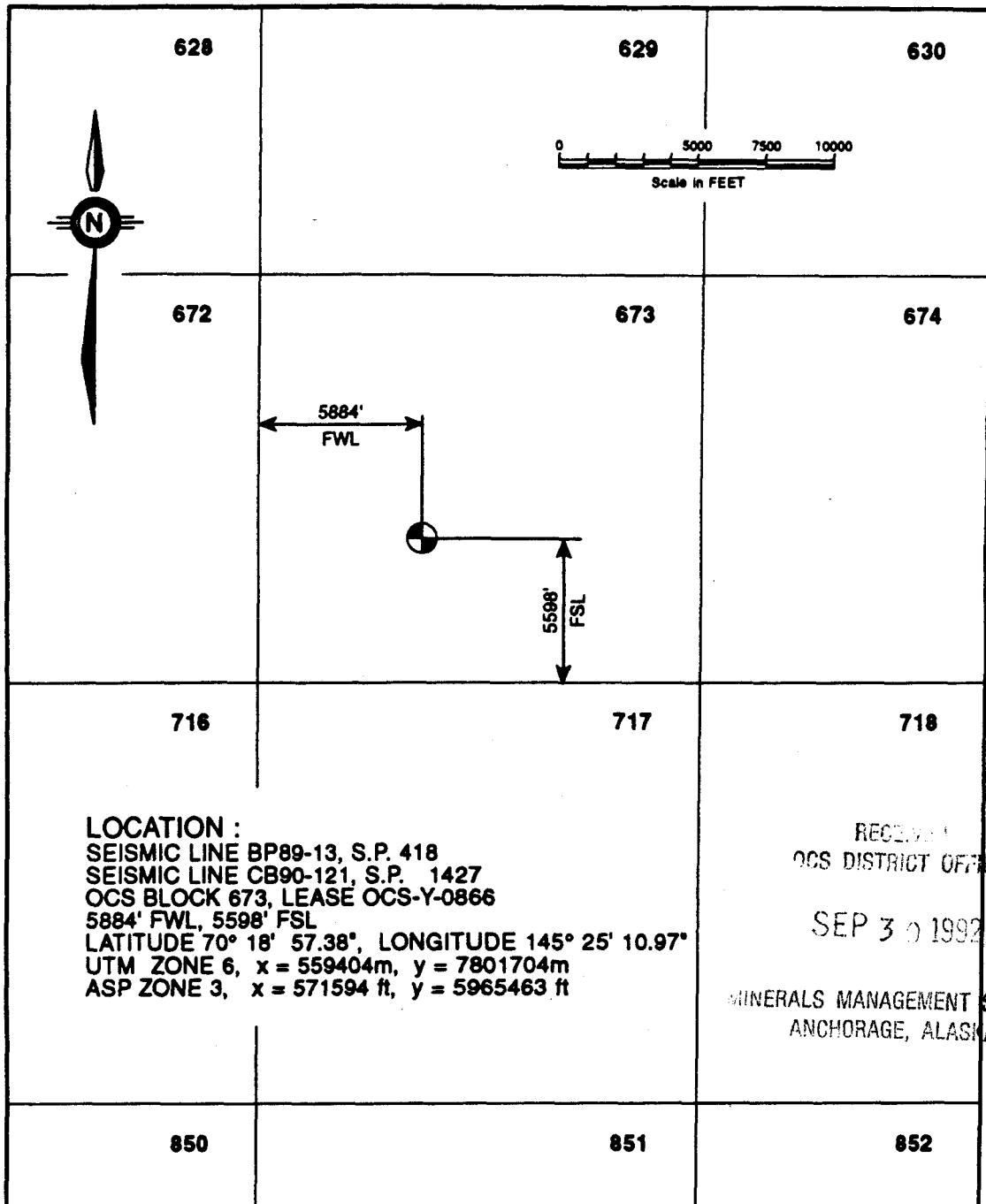
<b>OPERATION DESCRIPTION</b>	<b>TIME (DAYS)</b>
1. CUT AND PULL 9-5/8" CASING AT 3800'	1
2. CLEANOUT TRIP. SPOT CEMENT PLUG	1
3. SIDETRACK WELL AT 3600' AND DRILL TO 11,250'	8
4. CUT 1 CORE	1
5. LOG OPEN HOLE	3
6. P&A	2
7. ICE CONTINGENCY	4
<b>TOTAL</b>	<b>20 DAYS</b>

FJ 9/18/92  
rev 9-29-92 lrc

REC'D  
OCS DISTRICT OFFICE

SEP 30 1992

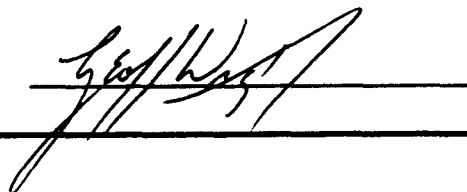
MINERALS MANAGEMENT SERVICE  
ANCHORAGE, ALASKA



I, GEOFF WRIGHT, REGISTERED CANADA LANDS SURVEYOR,  
 HEREBY CERTIFY THAT I HAVE IN MY OWN PERSON FAITHFULLY  
 AND CORRECTLY EXECUTED THE SURVEY SHOWN BY THIS PLAN,  
 AND THAT THE SAID PLAN IS CORRECT AND TRUE TO THE BEST OF  
 MY KNOWLEDGE AND BELIEF.

**ARCO KUVLUM**  
**BLOCK 673, NR 6-4**  
**FINAL WELL POSITION**

SEPTEMBER 22, 1992

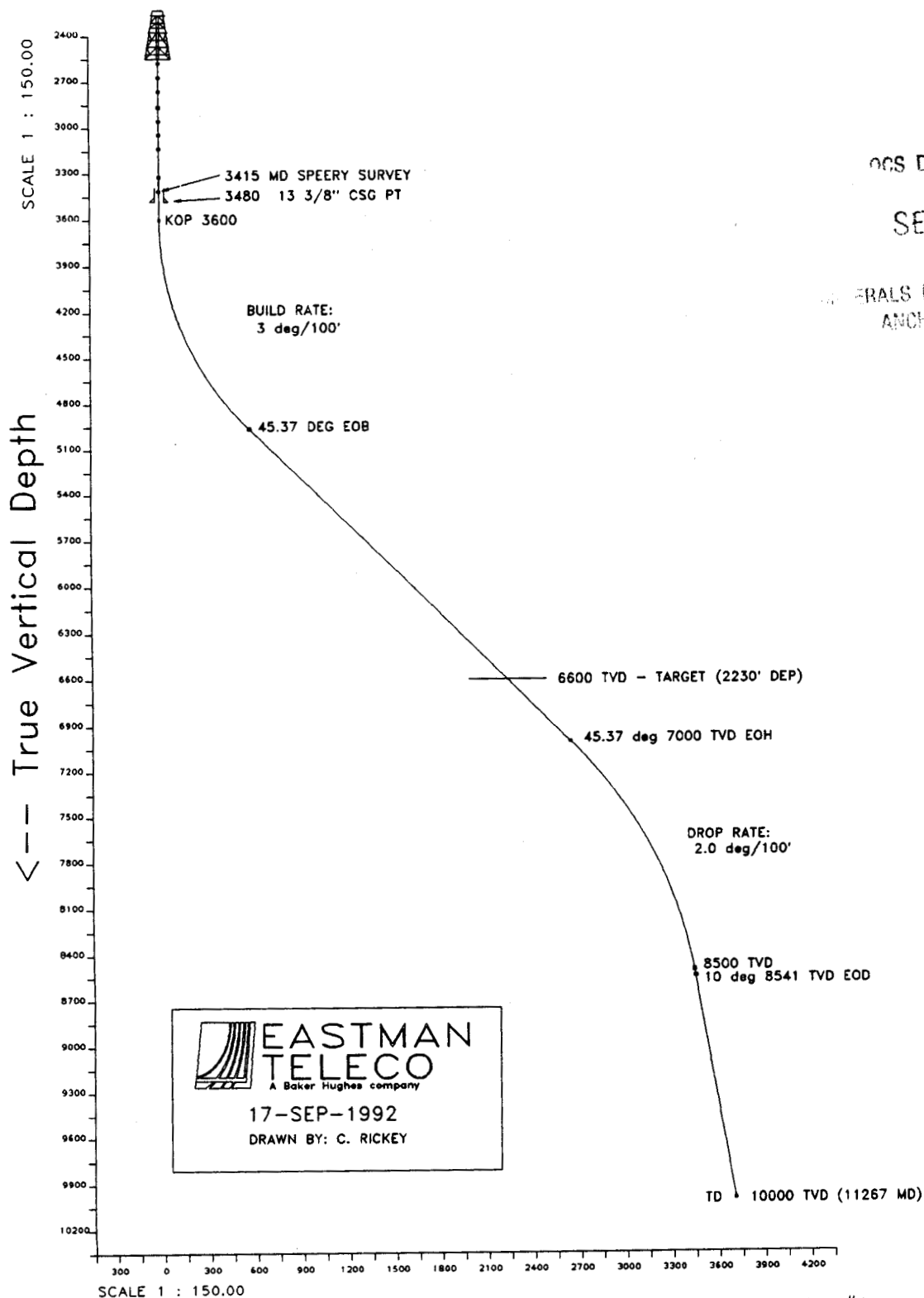


# ARCO ALASKA, Inc.

Structure : Kuvlum

Field : Beaufort Sea

Location : North Slope, Alaska

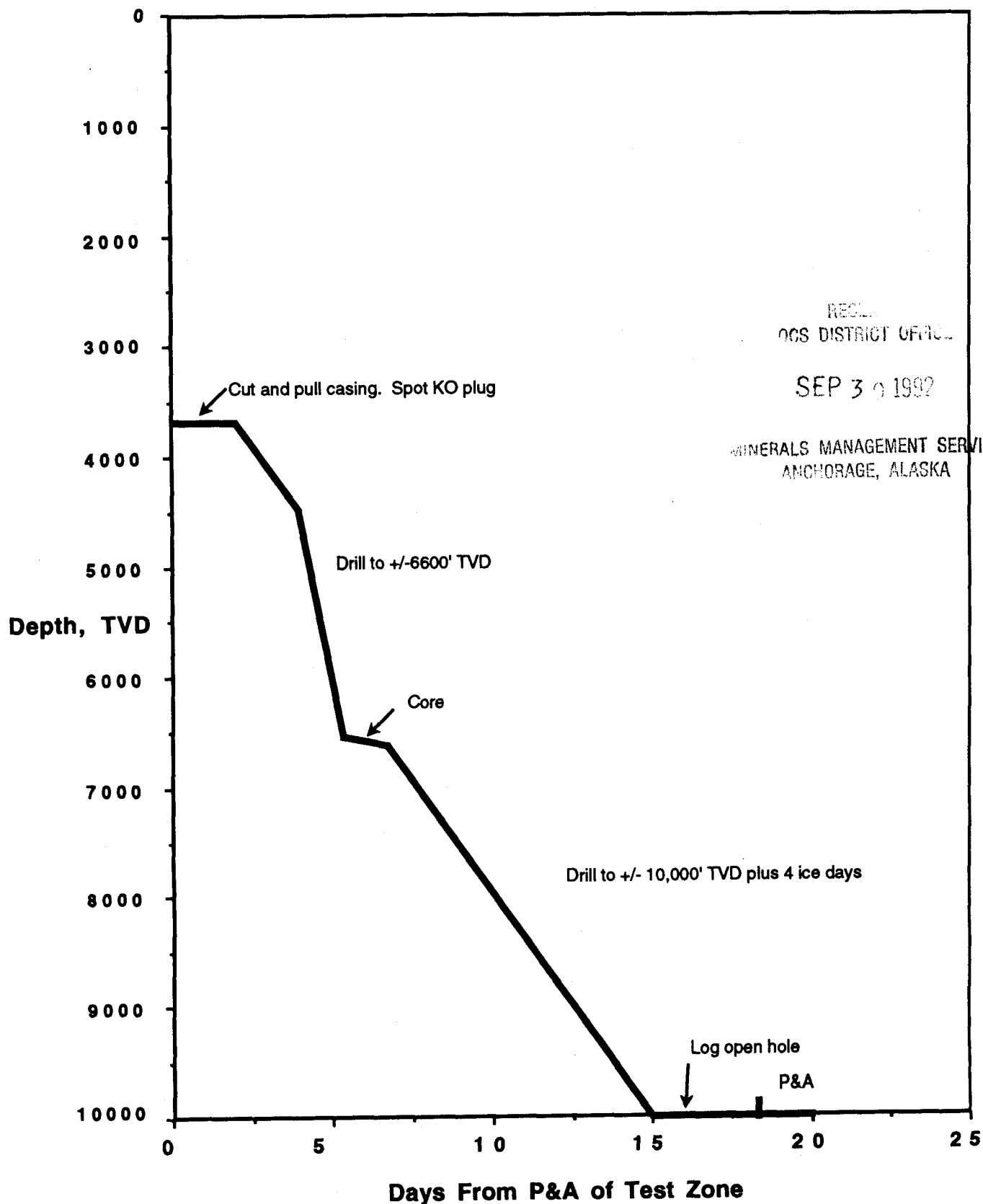


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SEP 30 1992

GENERAL MANAGEMENT SERVICE  
ANCHORAGE, ALASKA

**KUVLUM PROSPECT**  
**OCS-Y-0866 #1**  
**SIDETRACK DRILLING TIME CURVE**



# CASING / TUBING / LINER DETAIL

ARCO ALASKA / Subsidiary of Atlantic Richfield

WELL: KUVLUM #1

9-5/8" CASING DETAIL

DATE: 9/14/92

PAGE: 1 OF 1

# ITEMS	COMPLETE DISCRIPTION OF EQUIPMENT RUN	LENGTH	DEPTH
	RKB TO HANGER ASSEMBLY	198.34	198.30
1	DRILQUIP 9-5/8" HANGER & SEAL ASSEMBLY	11.21	209.51
41	JOINTS 9-5/8" 53.5# L80 BTC CASING	1,753.42	1,962.93
1	DRILQUIP BACKOFF SUB	22.82	1,985.75
151	JOINTS 9-5/8" 53.5# L80 BTC CASING	6,382.43	8,368.18
	(INCLUDES 2 SHORT JOINTS @ 6412')		8,368.18
1	FLOAT COLLAR	1.63	8,369.81
2	SHOE JOINTS, 9-5/8" 53.5# L80 BTC CASING	87.70	8,457.51
1	FLOAT SHOE	1.40	8,458.91
	TD OF SHOE		8,458.91
	THREADLOCKED BOTTOM 4 JOINTS		
	RIGID BLADE RAY OIL TOOL CENTRALIZERS:		
	30" LONG ON JT # 41 PLACED @ 6708'		
	15" LONG ON JT # 42 PLACED @ 6664'		
	15" LONG ON JT # 44 PLACED @ 6579'		
	30" LONG ON JT # 47 PLACED @ 6451'		
	15" LONG ON JT # 84 PLACED @ 4841'		
	15" LONG ON JT # 87 PLACED @ 4710'		
	AVERAGE MAKEUP TORQUE -		
	USED API MODIFIED THREAD DOPE	RECEIVED OCS DISTRICT OFFICE	
	20 JOINTS LEFTOVER	SEP 29 1992	
	1 REJECTED DUE TO DAMAGE		
	21 TOTAL LEFT ON RACK	MINERALS MANAGEMENT SERVICE ANCHORAGE, ALASKA	

Supervisor : MCKAY, HILL, PYRON



## KUVLUM #1 CEMENTING REPORT

## II. Primary Cementing Detail

Cementing Co.: DOWELL

LEAD: Type: CLASS G Vol: 300 Sx Wt: 13.2 PPG Yield 1.8 Ft<sup>3</sup>/SK Mix Wtr 9.6 Gal/SK

Additives: 1.0% D020, 0.05 GAL/SK D047, 0.2% D065, 0.17% D800

Lab Measurements: 12/24 Hr. Compressive Strength N/A / 1850 psi Tests Made At 105 °F

Fluid Loss (Lab) N/A cc/30 Min. Fluid Loss (Field) N/A cc/30 Min. % Free Water 0 Thickening Time (70 uc) 5:03 HRS

Cement's Estimated BHCT 110 °F 20 Min. uc Test uc N' K'

TAIL: Type: CLASS G Vol: 690 Sx Wt: 15.8 PPG Yield 1.16 Ft<sup>3</sup>/SK Mix Wtr 4.84 Gal/SK

Additives: 0.05 GAL/SK D047, 0.7% D065, 0.1 GAL/SK D135, 0.6% D156, 0.06% D800

Lab Measurements: 12/24 Hr. Compressive Strength 2361/2397 psi Tests Made At 131 °F

Fluid Loss (Lab) N/A cc/30 Min. Fluid Loss (Field) N/A cc/30 Min. % Free Water 0 Thickening Time (70 uc) 4:10 HRS

Cement's Estimated BHCT 110 °F 20 Min. uc Test uc N' K'

Conditioning time with casing at T.D. 3 Hrs. at 6 BPM and PSI

Spacer Type: ARCO BBLS: 100 Wt: 11.6 Visc: PV/YP

Mixed and Pumped 238 BBLS cement for 2.5 Hrs. at 4-5 BPM and 200-400 PSI

Displaced cement with 587 BBLS for 1.5 Hrs. at 4.5-10 BPM and 200-1200 PSI

Calculated displacement 582 BBLS Bumped plug (Y/N) YES with 1200 PSI (Total)

Batch mix cement (Y/N) N Returns (Full, Partial, None) FULL Reciprocated Pipe (Y/N) N

Cement to surface (Y/N) N Calculated TOC: 4300 0 % excess and 12.25 hole size

Remarks: FULL RETURNS THROUGHOUT JOB, AND GOOD PRESSURE INCREASE PRIOR TO BUMPING PLUG INDICATING COLUMN OF CEMENT LIFTED AS PLANNED.

DESIGN TOP OF LEAD SLURRY WAS 4300', AND DESIGN TOP OF TAIL WAS 5900'.

CEMENT IN PLACE AT 03:30 HOURS, 9/15/92.

PRESSURED UP TO 3000 PSI AND HELD FOR 5 MINUTES AFTER PLUG BUMPED; FLOATS HELD.

Tag TOC at Tested TOL to NA PPG Tested shoe to PPG

Successful cement job (Y/N) Squeeze (TOL, Shoe, Zone) CBL Bond (Good/Fair/Poor)

Stage Job (Y/N) N DV Tool at N/A If so, complete another detail for 2nd stage

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## II. Secondary Cement Job

Cementing Co.: Dowell

Type of remedial work (Shoe/TOL/Zone) Attempt No.:

Breakdown Pressure: PSI at rate of BPM.

Injection Pressure: Initial PSI at BPM. Final: PSI at ANCHORAGE, ALASKA BPM

Type Squeeze (Running/Hesitation/Displace &amp; Hold): , ISIP PSI

Held PSI for Hrs. Had BBLS. Bleed back

SLURRY: Type: Vol: Sx Wt.: PPG Yield Ft<sup>3</sup>/SK Mix Wtr Gal/SK

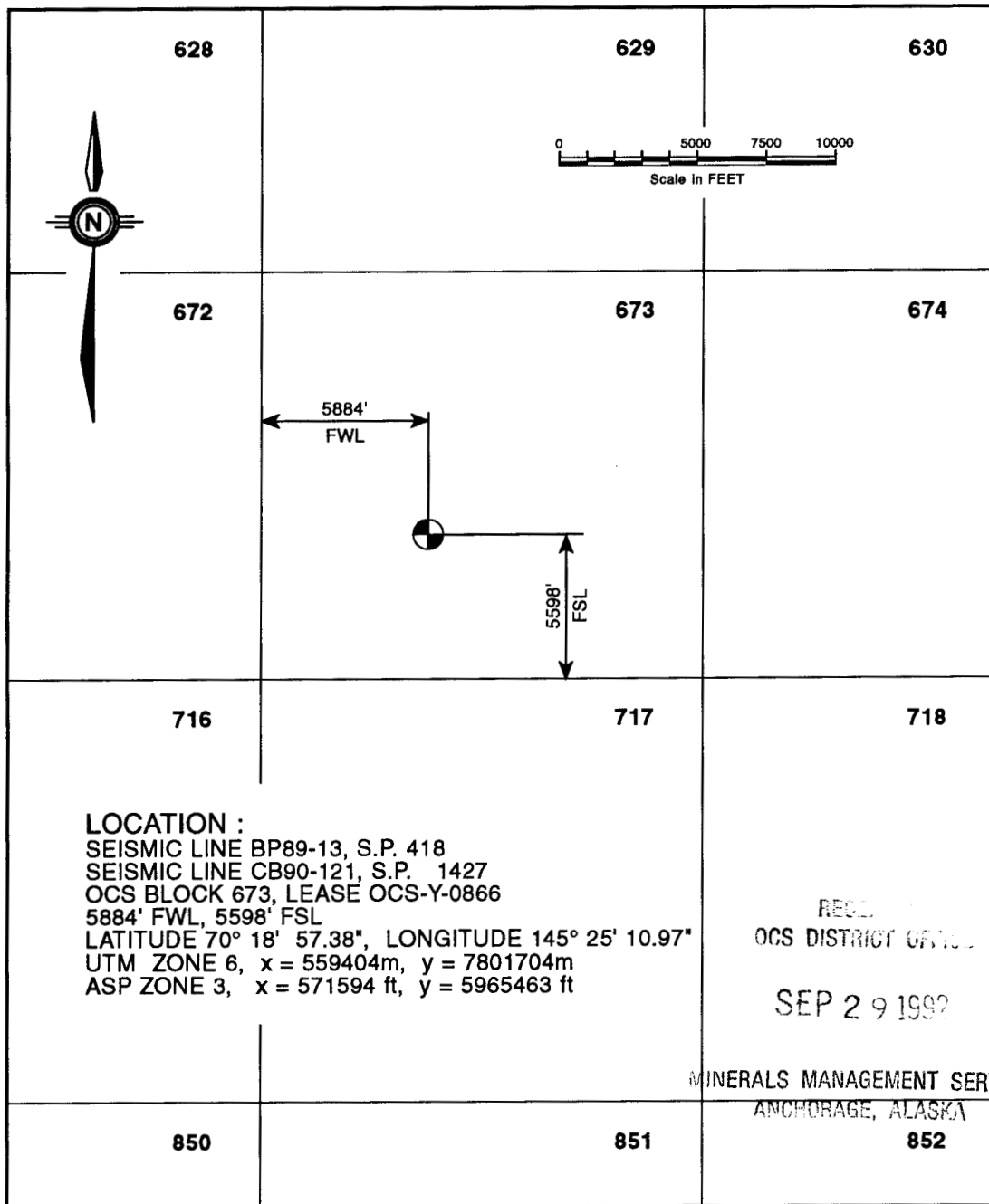
Additives:

Successful squeeze job (Y/N) Tested shoe to PPG Test TOL to PPG

Remarks:

SEP 29 1992

MANAGEMENT SERVICE



I, GEOFF WRIGHT, REGISTERED CANADA LANDS SURVEYOR,  
 HEREBY CERTIFY THAT I HAVE IN MY OWN PERSON FAITHFULLY  
 AND CORRECTLY EXECUTED THE SURVEY SHOWN BY THIS PLAN,  
 AND THAT THE SAID PLAN IS CORRECT AND TRUE TO THE BEST OF  
 MY KNOWLEDGE AND BELIEF.

SEPTEMBER 22, 1992

*Geoff Wright*

**ARCO KUVLUM  
 BLOCK 673, NR 6-4  
 FINAL WELL POSITION**

Integrated Hole Volume Minor Pip Every 10.0 F3  
Integrated Hole Volume Major Pip Every 100.0 F3

every 00.0 S

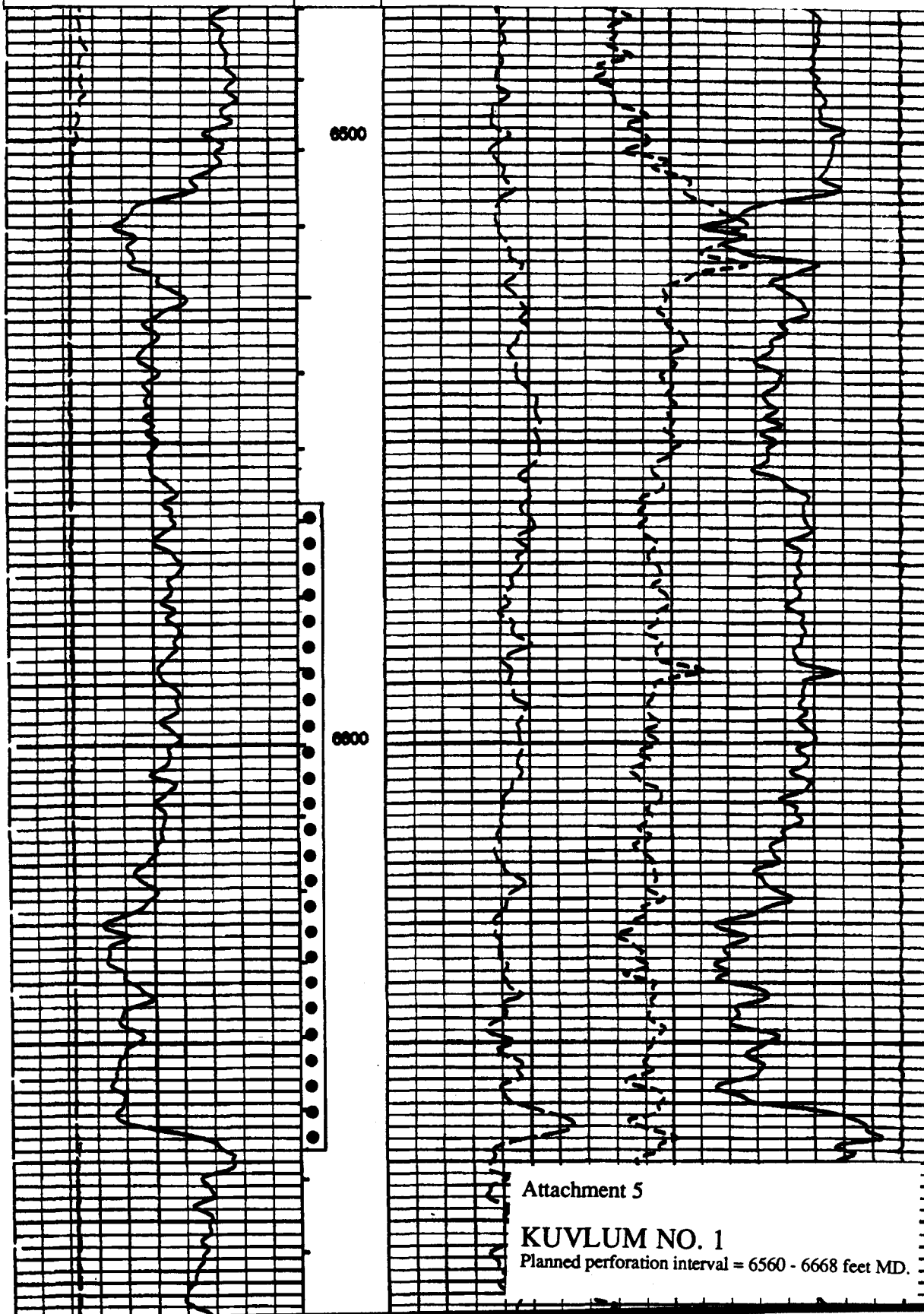
Tension (TENS)  
(LBF) 15

Gamma Ray (GR)	(GAPI)	100.0
10.0	Caliper (CAL)	20.0
10.0	BN Size (BN)	20.0

Bulk Density (BUCD)	(G/CC)	1.00
0.0	Photo Electric Factor (PEF)	10.0
0.0	HTEN (HTEN)	10.0
0.0	Neutron Porosity (NPHI)	0.0

CONFIDENTIAL

Proprietary  
FOR U.S. GOVERNMENT USE ONLY



Attachment 5

KUVLUM NO. 1

Planned perforation interval = 6560 - 6668 feet MD.

## SUNDRY NOTICES AND REPORTS ON WELLS

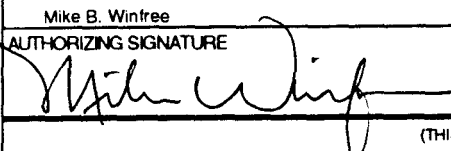
1. FIELD NAME Wildcat			2. MMS LEASE, UNIT OR COMM. NO. (6) Y 0866 0		3. MMS OPERATOR NUMBER (5) 0635		
4. OPERATOR WELL NUMBER (6) 1		5. API NUMBER (10) or (12) STATE (2) COUNTY (3) WELL CODE (5) 55 171 00008		6. TYPE WELL (1) E		7. CORRECTED ELEVATION (5) -169' (ML-RKB)	
8. OPERATOR NAME AND ADDRESS (SUBMITTING OFFICE) ARCO Alaska, Inc. PO Box 100360 Anchorage, AK 99510-0360				9. CURRENT WELL DEPTH (5) MD 1015' TVD 1015'		10. CORRECTED WATER DEPTH (5) 103'	
				LEAVE BLANK			
11. CORRECTED LOCATION OF WELL (12)  Surface: 5884' FWL and 5596' FSL of Block 673 Production zone: NA Total depth: NA				12. OPERATING AREA CODE (2) FI		13. BLOCK NUMBER (6) 0673	
				14. MAP OR OFFICIAL PROTRACTOR 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. Drilling		19. LAST CASING STRING: size, lb/ft, grade, and setting depth (MD) 20", 133#/ft, X-56 @ 995' MD			20. APPROXIMATE START DATE (6) YYMMDD 92 08 22		
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"/>		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>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>							
<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. Corrected water depth for the Kuvlum location = 103'. RKB to ML = 169'.</p> <p>2. Actual location information: Latitude: 70° 18' 57.38" Longitude: 145° 25' 10.97" 5884' FWL and 5596' FSL of Block 673, NR 6-4 Final well location survey plat attached.</p> <p>3. Well was spudded 21:25 hrs, 8-22-92.</p> <p>4. 30" Structural Casing installation was completed approximately 15:00 hrs, 8-23-92. 30" Casing Detail is attached.</p> <p>5. 20" Conductor Casing installed 8-25-92. CIP @ 12:26 hrs 8-25-92. Casing was cemented with 3740 sx (3478 cu ft) of Arctic Set I + .3% retarder at 15.7 ppg using a drill pipe inner string. Cement returns were obtained to the glory hole and confirmed with airlift samples to the surface. 20" Casing Detail attached.</p> <p>6. A formation 'Leak Off Test' was performed after drilling 10' of new formation below the 20" casing shoe. A 12.9 ppg EMW test was obtained. Pressure / Rate / Volume chart is attached.</p>							

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. \_\_\_\_\_

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CONTACT NAME (First, MI, Last)	PHONE NUMBER (10)	EXTENSION NUMBER (4)
Lowell R. Crane	(907) 265-1544	
AUTHORIZING NAME (First, MI, Last)	TITLE	
Mike B. Winfree	New Ventures Area Drilling Engineer	
AUTHORIZING SIGNATURE	DATE YYMMDD (6)	
	92 08 28	

(THIS SPACE IS FOR FEDERAL OFFICE USE)

CONDITIONS OF APPROVAL FOR SPECIAL CIRCUMSTANCES:

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

TITLE

DATE (6)

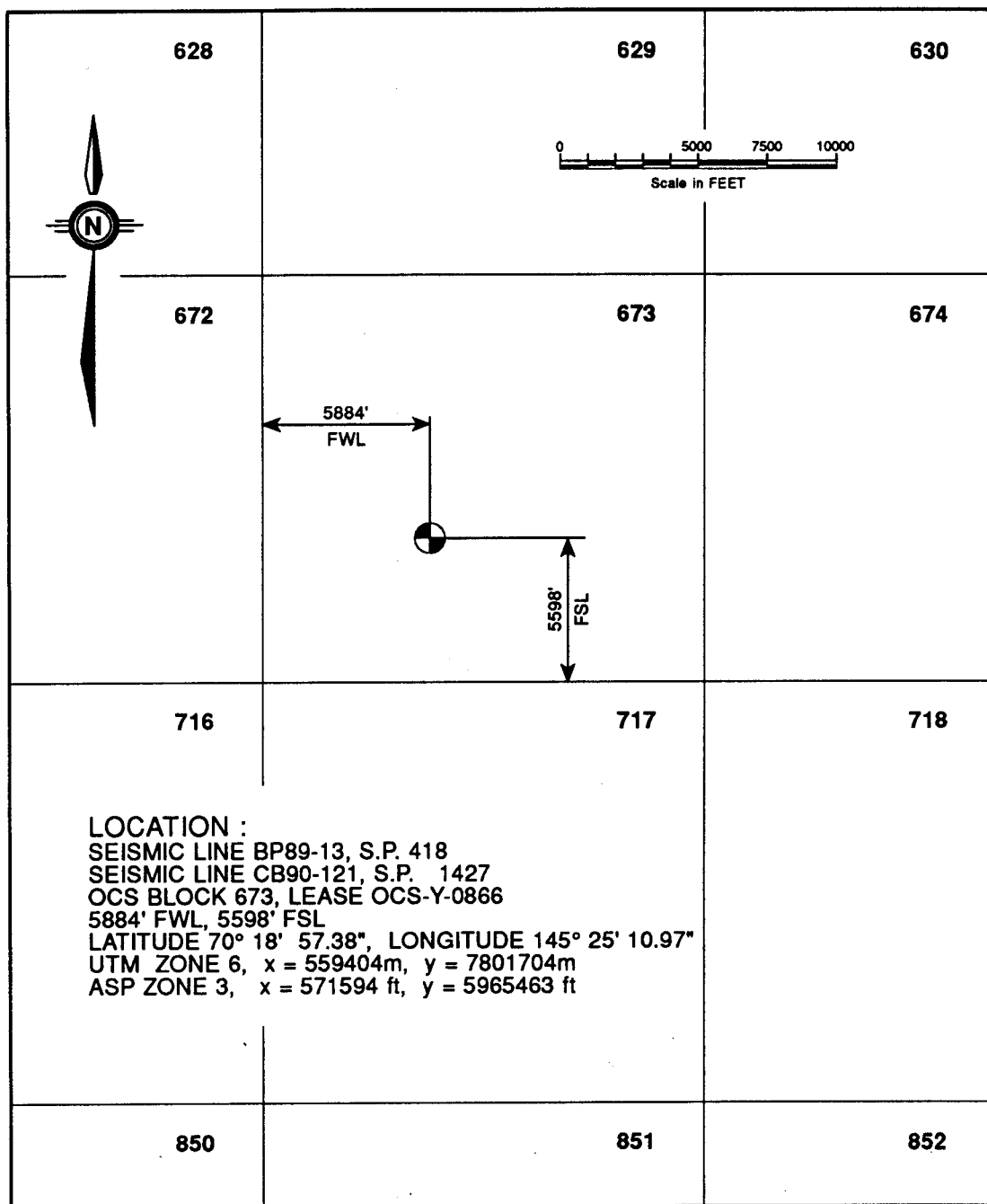
YYMMDD

DISTRICT SUPERVISOR 9/2/92

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ARCO KUVLUM  
 BLOCK 673, NR 6-4  
 FINAL WELL POSITION

### 30" CASING DETAIL

**PAGE:** 10F1

[illegible]

PROPOSED

**WELL:** Kuvlum

**DATE:** 8/23/92

**PAGE:** 10F1

[illegible]



TO: LOWELL  
TOM

FROM: JAMES

2 pgs



# PACRLog

Company ARCO  
Well WULFORD Field EXP  
District SIR  
Type Service \_\_\_\_\_  
Engineer \_\_\_\_\_  
Date/Time Start Job \_\_\_\_\_  
Remarks \_\_\_\_\_

LOT @ 995' 17 1/2" Hole

Value 1 : Unit 1 Pressure  
Value 2 : Disabled  
Value 3 : Unit 1 Total Flow rate  
Value 4 : Disabled

Volume is computed from :  
Unit 1 Total Flow rate  
Scan Period (Sec) : 5  
Real Time : Recording Rate is 1 second

TIME	VAL. 1 (PSI)	VAL. 2 ( )	VAL. 3 (BPH)	VAL. 4 ( )	VOLUME (BBL)
13:16	20		0		0
	40		0		0
	40		0		0
	40		0.12		0
	50		0.64		0
	50		0.09		0.1
	60		0.25		0.2
	70		0.30		0.3
	70		1.05		0.3
	90		1.14		0.4
	90		1.17		0.5
	90		1.17		0.6
	100		1.16		0.7
	90		1.15		0.8
	100		1.15		0.9
	100		1.13		1.0
	100		1.13		1.1
	100		1.13		1.2
	110		1.13		1.3
	110		1.12		1.4
	110		1.12		1.5
	110		1.11		1.6
	120		1.11		1.7
	110		1.11		1.8
	110		1.11		1.9
	110		1.10		2.0
	110		1.11		2.1
	120		1.09		2.2
	120		1.10		2.2
	110		1.09		2.3
	120		1.10		2.4
	120		1.09		2.5
	120		1.10		2.6
	120		1.09		2.7
	120		1.09		2.8
	120		1.09		2.9
	120		1.09		3.0
	130		1.09		3.1
	120		1.09		3.2
	120		1.09		3.3
	120		1.09		3.4

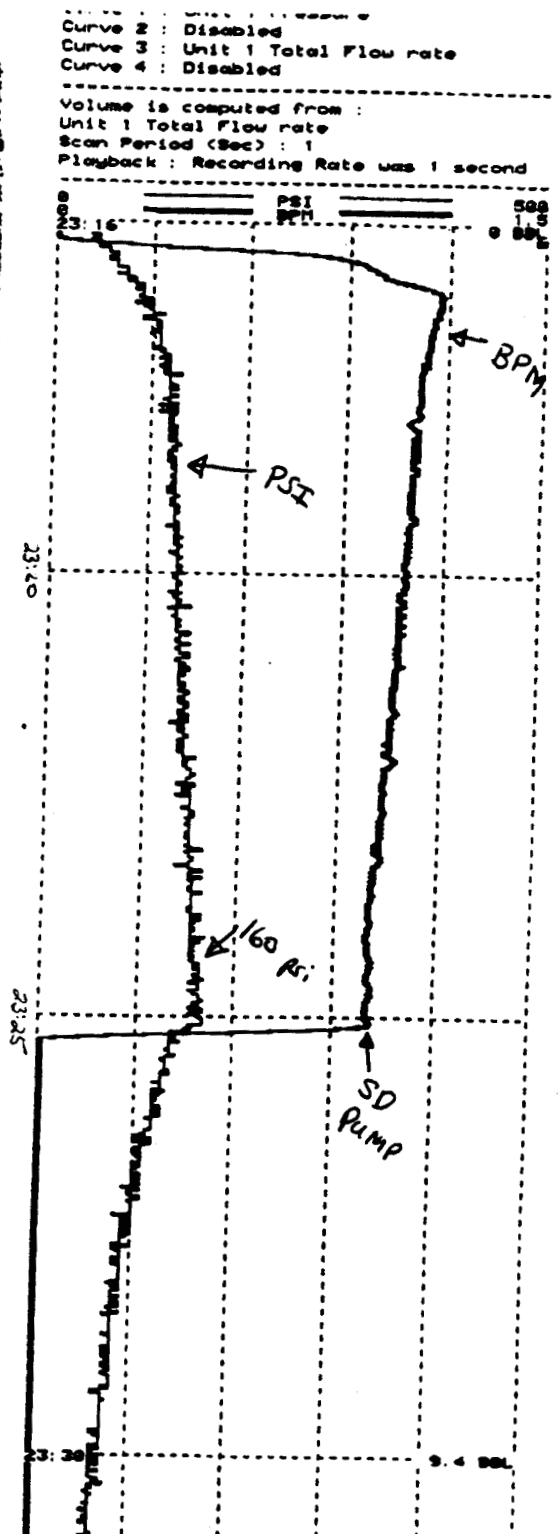
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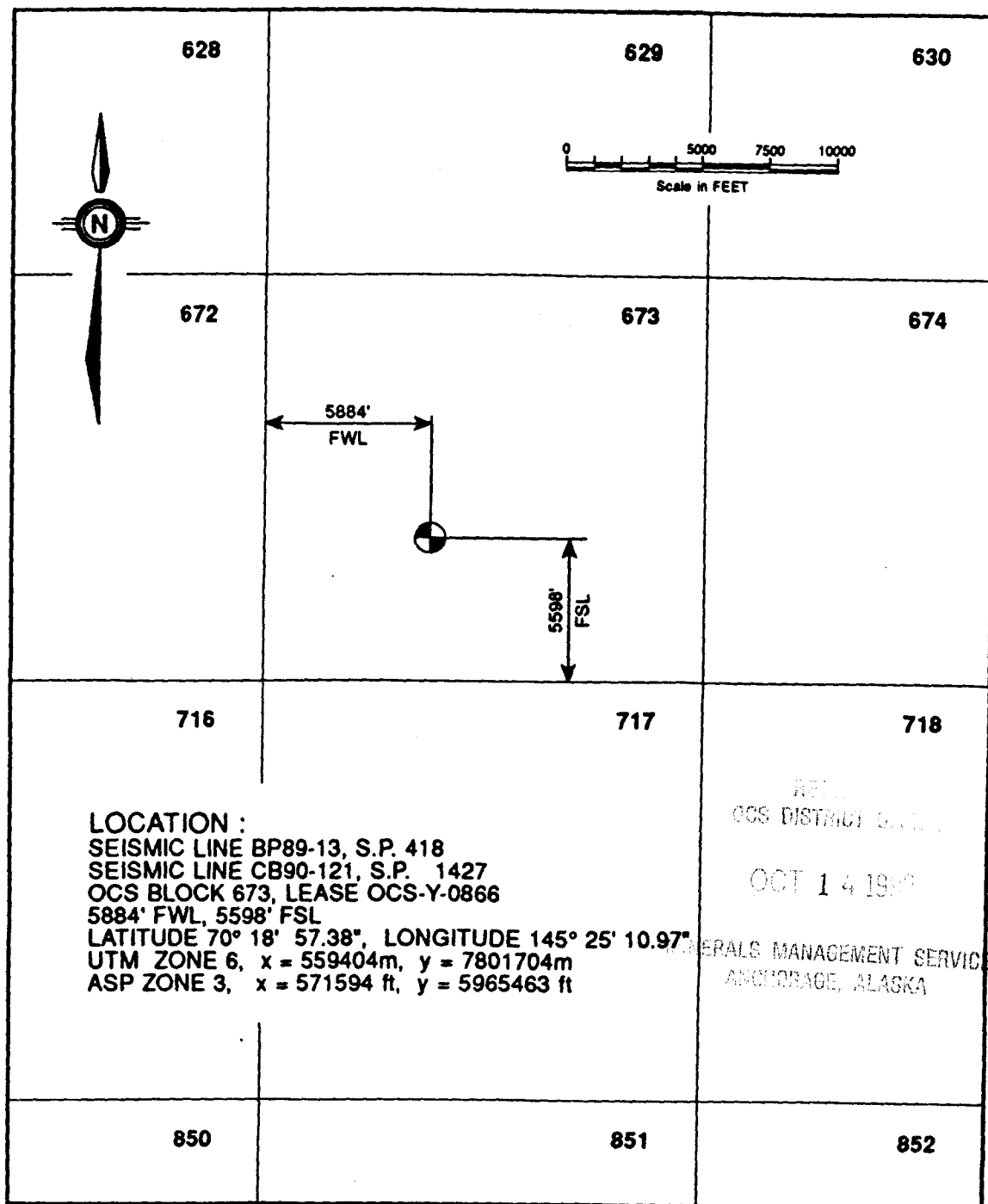
23:25

130	1.09	3.5
120	1.09	3.6
130	1.08	3.7
130	1.09	3.8
130	1.07	3.9
130	1.08	4.0
130	1.07	4.1
130	1.08	4.2
130	1.06	4.3
130	1.07	4.4
120	1.06	4.5
120	1.06	4.6
130	1.07	4.6
130	1.06	4.7
130	1.06	4.8
130	1.06	4.9
130	1.05	5.0
130	1.06	5.1
140	1.05	5.2
130	1.05	5.3
140	1.05	5.4
130	1.05	5.5
130	1.05	5.5
140	1.05	5.6
140	1.05	5.7
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130	1.05	5.9
140	1.04	6.0
140	1.03	6.1
140	1.04	6.2
150	1.05	6.3
140	1.04	6.4
150	1.03	6.4
140	1.03	6.5
140	1.02	6.6
150	1.02	6.7
150	1.02	6.8
140	1.03	6.9
140	1.02	7.0
150	1.01	7.0
140	1.01	7.1
150	1.01	7.2
150	1.01	7.3
150	1.01	7.4
150	1.01	7.5
160	1.00	7.6
160	1.01	7.6
150	1.00	7.7
160	1.00	7.8
150	1.00	7.9
150	0.99	8.0
160	0.99	8.1
160	1.00	8.1
160	0.99	8.2
160	0.99	8.3
150	0.99	8.4
150	0.99	8.5
150	1.01	8.6
160	1.00	8.7
160	0.99	8.7
150	1.00	8.8
150	1.01	8.9
160	1.00	9.0
160	0.99	9.1
160	0.99	9.2
160	1.00	9.2
160	0.91	9.3
130	0.32	9.4
140	0	9.4
130	0	9.4
130	0	9.4
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120	0	9.4
120	0	9.4
110	0	9.4
110	0	9.4
110	0	9.4
110	0	9.4

3:31  
NO JOB

PLAYBACK MODE - OIL UNITS





**ARCO KUVLUM**  
**BLOCK 673, NR 6-4**  
**FINAL WELL POSITION**

# **SUNDRY NOTICES AND REPORTS ON WELLS**

1. FIELD NAME Wildcat			2. MMS LEASE, UNIT OR COMM. NO. (6) Y 0666 0		3. MMS OPERATOR NUMBER (5) 0635													
4. OPERATOR WELL NUMBER (6) 1		5. API NUMBER (10) or (12) STATE (2) COUNTY (3) WELL CODE (5) 55 171 00008		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 5586' FSL of Block 673 Production zone: Total depth:				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 Kuvium			16. RIG/PLATFORM NAME BeauDril - Kuluk		17. RIG TYPE (2) SS													
18. WELL STATUS, e.g., shut-in, drilling, etc.		19. LAST CASING STRING: size, lb/ft, grade, and setting depth (MD)			20. APPROXIMATE START DATE (6) YYMMDD 92 09 30													
21. PRESENT PRODUCTION ZONE, IF ANY, AND PRODUCTIVE CAPABILITY NA																		
22. CHECK APPROPRIATE ACTIVITY:		<table border="0"> <tr> <td>Fracture/acidize <input type="checkbox"/></td> <td>Artificial Lift <input type="checkbox"/></td> <td>Other <input 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 checked="" 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 type="checkbox"/>	Pull or alter casing <input type="checkbox"/>	Repair well <input type="checkbox"/>	Perforate <input type="checkbox"/>	Sidetrack <input checked="" 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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Sidetrack <input checked="" 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 checked="" type="checkbox"/> Subsequent report <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.																
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.)																		

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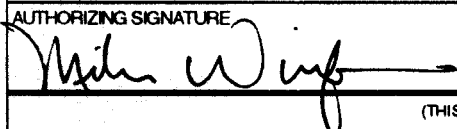
MINERALS MANAGEMENT SERVICE  
ANCHORAGE, ALASKA

## 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)	PHONE NUMBER (10)	EXTENSION NUMBER (4)
Lowell R. Crane	(907) 265-1544	
AUTHORIZING NAME (First, MI, Last)	TITLE	
Mike B. Wintree	New Ventures Area Drilling Engineer	
AUTHORIZING SIGNATURE	DATE YYMMDD (6)	
	92 09 30	

(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 920930

## 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).

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## 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) 1		5. API NUMBER (10) or (12) STATE (2) COUNTY (3) WELL CODE (5) 55 171 00008		6. TYPE WELL (1) E																	
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		7. CORRECTED ELEVATION (5) -169' (ML-RKB)																	
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																	
15. OPERATOR LEASE, UNIT OR COMMUNITIZATION NAME Kuvlum		16. RIG/PLATFORM NAME BeauDril - Kulluk		14. MAP OR OFFICIAL PROTRACTOR DIAGRAM NUMBER (7) NR 6-4, Flaxman Island																	
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 @ 8450' MD		17. RIG TYPE (2) SS																	
20. APPROXIMATE START DATE (6) YYMMDD 92 09 30																					
21. PRESENT PRODUCTION ZONE, IF ANY, AND PRODUCTIVE CAPABILITY NA																					
22. CHECK APPROPRIATE ACTIVITY: <table border="0"><tr><td>Data correction <input type="checkbox"/></td><td>Fracture/acidize <input type="checkbox"/></td><td>Artificial Lift <input type="checkbox"/></td><td>Other <input 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 checked="" type="checkbox"/></td><td>Sidetrack <input checked="" type="checkbox"/></td><td>Deepen <input type="checkbox"/></td><td>Plug back <input type="checkbox"/></td></tr><tr><td>Subsequent report <input 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> <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>						Data correction <input type="checkbox"/>	Fracture/acidize <input type="checkbox"/>	Artificial Lift <input type="checkbox"/>	Other <input 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 checked="" type="checkbox"/>	Sidetrack <input checked="" type="checkbox"/>	Deepen <input type="checkbox"/>	Plug back <input type="checkbox"/>	Subsequent report <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.) <p>1. It is planned to sidetrack the original Kuvlum well to further evaluate the prospect. Prior to the sidetrack, the 9-5/8" casing will be cut and pulled at 3800'. A cement plug will be set from approximately 3900' to 3450' and the well be sidetracked at approximately 3600'. The angle will be built to 45° and maintained to 7000' TVD where the angle will be allowed to drop back as the well is drilled on to TD at 10,000' TVD. Measured depth will be 11,267' at TD. The well will be logged and then P&amp;A'd unless additional work is warranted. Request for additional work would be presented on a new Sundry Notice.</p> <p>2. Pressure information obtained from drilling the original well indicates that the formation pressures down to 8500' TVD are at least .5 lb/gal less than the pore pressure prediction presented in the APD. The LOT at 3500' was .5 lb/gal greater than predicted. Therefore the pore pressure and mud weight predictions, casing design, mud program, logging program, and BOP program for the Sidetrack will be the same as shown in the original APD.</p> <p>3. Attached with this Sundry request for approval to Sidetrack the subject well is a general sidetrack procedure, directional plats and time schedule.</p> <p>Attachments: 1 General Procedure 2 Location Plat 3 Directional Plats 4 Drill Time Curve</p>																					

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)	PHONE NUMBER (10)	EXTENSION NUMBER (4)
Lowell R. Crane	(907) 265-1544	
AUTHORIZING NAME (First, MI, Last)	TITLE	
Mike B. Wintree	New Ventures Area Drilling Engineer	
AUTHORIZING SIGNATURE	DATE YYMMDD (6)	
	92 09 30	

(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 920930

## PAPERWORK REDUCTION ACT STATEMENT

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Public Information

**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) 1		5. API NUMBER (10) or (12) STATE (2) COUNTY (3) WELL CODE (5) 55 171 00008		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: NA Total depth: NA				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 BeauDrill - Kulluk		17. RIG TYPE (2) SS													
18. WELL STATUS, e.g., shut-in, drilling, etc.		19. LAST CASING STRING: size, lb/ft, grade, and setting depth (MD)			20. APPROXIMATE START DATE (6) YYMMDD														
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 style="font-size: small;">Data correction <input type="checkbox"/> Change plans <input type="checkbox"/> Request approval <input type="checkbox"/> Subsequent report <input checked="" type="checkbox"/></p> <p style="font-size: x-small;">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"/> *
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MINERALS MANAGEMENT SERVICE  
ANCHORAGE, ALASKA

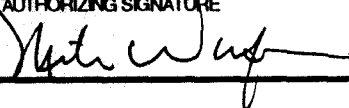


## 23. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (continued from page 1)

SUBSURFACE SAFETY VALVE: SUBSURFACE CONTROLLED ☐ SURFACE CONTROLLED ☐ SET AT DEPTH OF \_\_\_\_\_

MANUFACTURER: \_\_\_\_\_ MODEL NO. \_\_\_\_\_ SERIAL NO. \_\_\_\_\_

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CONTACT NAME (First, MI, Last)	PHONE NUMBER (10)	EXTENSION NUMBER (4)
Lowell R. Crane	(907) 265-1544	
AUTHORIZING NAME (First, MI, Last)	TITLE	
Mike B. Wintree	New Ventures Area Drilling Engineer	
AUTHORIZING SIGNATURE	DATE YYMMDD (6)	
	92 09 28	

(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 920930

## PAPERWORK REDUCTION ACT STATEMENT

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## 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) 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														
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18. WELL STATUS, e.g., shut-in, drilling, etc. Cased Hole Logging		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:		<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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1. 9-5/8" Production / Intermediate casing installed 9-15-92. CIP @ 03:30 hrs 9-15-92. Casing was cemented with 300 sx (534 cu ft) Class 'G' + 1% D020 + .05 gal/sk D047 + .2% D065 + .17% D800 @ 13.2 ppg (Lead) and 690 sx (800 cu ft) Class 'G' + .05 gal/sk D047 + .7% D065 + .1 gal/sk D135 + .6% D156 + .06% D800 @ 15.8 ppg. Subsea launch wiper plugs were utilized. Plug was bumped with 3500 psi and held for 5 minutes. Floats held when pressure was bled off.																		
2. 9-5/8" casing was tested to 5550 psi for 1/2 hr on 9-28-92. Test was performed with 9.5 ppg brine in the casing.																		
3. Casing detail and cementing detail attached.																		

REC'D  
OCS DISTRICT OFFICE

SEP 29 1992

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)

Lowell R. Crane

PHONE NUMBER (10)

(907) 265-1544

EXTENSION NUMBER (4)

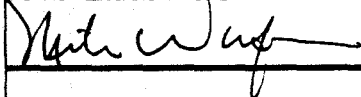
AUTHORIZING NAME (First, MI, Last)

Mike B. Wintree

TITLE

New Ventures Area Drilling Engineer

AUTHORIZING SIGNATURE



DATE YYMMDD (6)

92 09 28

(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 920930

## 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).

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## Public Information

## 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) 1		5. API NUMBER (10) or (12) STATE (2) COUNTY (3) WELL CODE (5) 55 171 00008		6. TYPE WELL (1) NA 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'	
10. CORRECTED WATER DEPTH (5) 103'		11. CORRECTED LOCATION OF WELL (12) Surface: 5884' FWL and 5598' FSL of Block 673 Production zone: NA Total depth: NA		12. OPERATING AREA CODE (2) FI	
13. BLOCK NUMBER (6) 0673		14. MAP OR OFFICIAL PROTRACTOR 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 BOP Stack	
19. LAST CASING STRING: size, lb/ft, grade, and setting depth (MD)		20. APPROXIMATE START DATE (6) YYMMDD 92 09 18		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 checked="" type="checkbox"/> Subsequent report <input type="checkbox"/>		Fracture/acidize <input type="checkbox"/> Pull or alter casing <input type="checkbox"/> Sidetrack <input type="checkbox"/> Reenter to complete <input type="checkbox"/> *		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 checked="" type="checkbox"/> Plug back <input type="checkbox"/> Recomplete <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.		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.	

## 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. \_\_\_\_\_

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CONTACT NAME (First, MI, Last)

Lowell R. Crane

PHONE NUMBER (10)

(907) 265-1544

EXTENSION NUMBER (4)

AUTHORIZING NAME (First, MI, Last)

Mike B. Wintree

TITLE

New Ventures Area Drilling Engineer

AUTHORIZING SIGNATURE

DATE YYMMDD (6)

92 09 15

(THIS SPACE IS FOR FEDERAL OFFICE USE)

CONDITIONS OF APPROVAL FOR SPECIAL CIRCUMSTANCES:

ARE ATTACHED ☐NONE ☐

DATE (6)

YYMMDD

☒ APPROVED BY: \_\_\_\_\_☐ ACCEPTED BY: \_\_\_\_\_

TITLE

## PAPERWORK REDUCTION ACT STATEMENT

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## 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) 1		5. API NUMBER (10) or (12) STATE (2) COUNTY (3) WELL CODE (5) 55 171 00008		6. TYPE WELL (1) NA		7. CORRECTED ELEVATION (5) E -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'		10. CORRECTED WATER DEPTH (5) 103'	
				LEAVE BLANK			
11. CORRECTED LOCATION OF WELL (12)  Surface: 5684' FWL and 5598' FSL of Block 673 Production zone: NA Total depth: NA				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 BOP Equipment		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 92 09 18		
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 checked="" type="checkbox"/> Subsequent report <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 checked="" 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>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>							
<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. Attached with this Sundry request for approval to complete / test the subject well is a general testing procedure and test string schematic. It should be noted that sand production problems are no longer anticipated due to data obtained during logging operations.</p> <p>2. Pressure data indicates that the reservoir to be tested has a pressure equivalent to an 8.8 ppg EMW. Anticipated brine weight for the test is 9.5 ppg, (+/-240 psi overbalanced.)</p> <p>3. The perforated interval outlined in Attachment 5 may be compressed upon further evaluation of the open hole logs.</p> <p>Attachments: 1. General Procedure 2. Tool Operation Pressures 3. Test String Schematic 4. Test String Description 5. Perforation Interval</p>							

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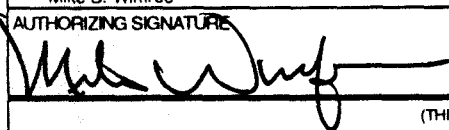
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## 23. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (continued from page 1)

SUBSURFACE SAFETY VALVE: SUBSURFACE CONTROLLED ☐ SURFACE CONTROLLED ☐ SET AT DEPTH OF \_\_\_\_\_

MANUFACTURER: \_\_\_\_\_ MODEL NO. \_\_\_\_\_ SERIAL NO. \_\_\_\_\_

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CONTACT NAME (First, MI, Last)	PHONE NUMBER (10)	EXTENSION NUMBER (4)
Lowell R. Crane	(907) 265-1544	
AUTHORIZING NAME (First, MI, Last)	TITLE	
Mike B. Wintree	New Ventures Area Drilling Engineer	
AUTHORIZING SIGNATURE	DATE YYMMDD (6)	
	92 09 15	

(THIS SPACE IS FOR FEDERAL OFFICE USE)

CONDITIONS OF APPROVAL FOR SPECIAL CIRCUMSTANCES:

ARE ATTACHED ☐NONE ☐☒ APPROVED BY:

TITLE

DISTRICT SUPERVISOR 920925

DATE (6)  
YYMMDD☐ ACCEPTED BY:

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## KUVLUM TEST PROCEDURE

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### PRIOR TO TEST:

- i) Measure initial formation pressure using formation tester.
- ii) Obtain rotary sidewall cores for rock strength analysis and brine compatability test.
- iii) Develop Sand Strength Analysis Log using data from Sonic Dipole and LDT. Correlate to sidewall core rock strength data.
- iv) If 9-5/8" casing has been drilled thru, run corrosion log to ensure casing strength (RD circ valve set at 5000 psi).

### SET TEST STRING/PERFORATE:

- 1) Replace mud with clear brine.
- 2) RIH with test string/TCP guns. Tie in to perf interval, set packer.
- 3) Open OMNI circ valve and inject diesel down tubing to create an underbalance (volume to be determined by onsite New Ventures Engineer). Shut OMNI circ valve.
- 4) Fire TCP guns with well shut in at surface.
- 5) RIH with SRO probe assembly and latch in place to monitor bottomhole pressure.

### BEGIN TEST:

- 6) Open well to flow. Limit drawdown per sand strength analysis to minimize sand production. Stabilize rate (target = 1000 - 2000 BOPD). Flow at stabilized rate for 24 hours.
- 7) Shut in for pressure buildup. Shut in time to be determined by onsite New Ventures Engineer (estimated 12 - 96 hours).
- 8) Open well at low rate to condition for bottomhole sample. Shut in well. RIH with MSST/HUM/Gradio/Pres/Temp, obtain sample in oil column, POOH.
- 9) Gradually open well to high rate for maximum flowrate test. Flow time to be based on rate and available tank capacity. Shut in well.
- 10) Reinject all produced liquids into formation using mud pumps.

### IF WELL WON'T FLOW/LOADS UP:

- 11) POOH with SRO probe assembly.
- 12) Hold open tester valve with annulus pressure. RIH with wireline and remove jet pump isolation dummy (below tester valve).



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## *KUVLUM TEST PROCEDURE (CONT.)*

- 13) RIH with jet pump on wireline (below tester valve) and latch in place. POOH with WL.
- 14) Increase annulus pressure to open jet pump valve and begin injecting power fluid down annulus.
- 15) After hydrocarbon appears at surface, drop annulus pressure to shut pump. Monitor flowrate. When rate stabilizes, RIH with WL and pull jet pump. RIH with SRO probe assembly and latch in place.
- 16) Continue test as in steps 6 through 10.

# *KUVLUM DOWNHOLE TEST EQUIPMENT*

## *Operating Requirements*

<u>Tool</u>	<u>Preparation</u>	<u>To Open</u>	<u>To Close</u>
LPR-N Tester Valve	OMNI ball open	Apply 1500 psi to annulus	Drop annulus pres below 1500 psi
OMNI Circ. Valve	None	Cycle annulus pres @ 1500 psi	Cycle annulus pres @ 1500 psi
Jet Pump Assembly	Set pump w/WL	Pull isolation dummy, apply > 2200 psi to annulus	Drop annulus pres below 2000 psi
RD Safety Circ Valve	None	Apply 5000 psi to annulus	Can't reclose once open

<u>Tool</u>	<u>Preparation</u>	<u>To Set/Fire</u>
Champ III Packer	Reach test depth	Raise to set position, rotate 1/2 turn right, apply tubing weight
Differential Firing Head	Set packer	Apply 2000 psi to tubing

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HRS		HRS - INSTALLATION					
Halliburton Reservoir Services		COMPANY: ARCO ALASKA		COMPANY REP: MR. B. BERG		DATE: 8-25-92	
WELL NAME KUM LUM #1		FIELD W/C		COUNTY: NORTH SLOPE		STATE: ALASKA	
CASING SIZE 9-5/8"		WEIGHT 53.5#		GRADE L-80		TOP	
LINER SIZE		WEIGHT		GRADE		TOP	
TUBING SIZE 3-1/2"		WEIGHT 12.9#		THREAD PH-6		GRADE	
VANNGUN SIZE 6"		JSPF 12		CHARGE 32 GM DP		EXPLO. RDX	
PERFORATION INTERVAL				MAX. DEV. DEG.		BH TEMP. DEG. F	
ITEM		DESCRIPTION		I.D." O.D."		LENGTH FT. DEPTH	
60	X-OVER TO LUBRICATOR						
59	HRS TEST TREE			3.06			
58	SWIVEL			2.68			
57	STIFF JOINT			2.50 7.87		9.45	
56	3-1/2" PH-6 P X 5-3/4 4STB ACME B						
55	3-1/2 PH-6 & SPACER SUBS AS NEEDED			2.75 3.50			
54	X-OVER, 4-1/2" 4STB P X 3-1/2 PH-6 B						
53	WIRELINE LUBRICATOR VALVE			3.00 10.75		5.95	
52	X-OVER, 3-1/2" PH-6 X 4-1/2" 4 STB B						
51	1 - JOINT 3-1/2" PH-6			2.75 3.50			
50	X-OVER, 4-1/2" 4 STB X 3-1/2" PH-6						
49	SUB SEA TEST TREE			3.00 13.00		5.62	
48	SLICK JOINT			3.00 5.00		3.00	
47	ADJUSTABLE FLUTED HANGER			3.00			
46	3-1/2" PH-6 P X 4-1/2 4 STB ACME B			2.50 4.50		1.46	
45	3-1/2" PH-6 TUBING			2.75 3.50			
44	XO 3-1/2" IF PIN X 3-1/2" PH-6 BOX			2.75 4.75		0.85	
43	SLIP JOINT			2.25 5.03		13.15	
42	SLIP JOINT			2.25 5.03		13.15	
41	RADIOACTIVE MARKER			2.68 4.75		2.01	
40	RD SAFETY CIRCULATING VALVE			2.25 5.03		7.53	
39	X-OVER 4-1/2" IFPIN X 3-1/2" IF BOX						
38	2 - JOINTS OF 6 1/2" DC'S			2.25 6.50		62.09	
37	X-OVER, 3-1/2" IF PIN X 4-1/2" IF BOX						
36	DRAIN VALVE			2.25 5.03		.97	
35	APR OMNI VALVE			2.25 5.03		21.15	
34	X-OVER, 4-1/2" IF PIN X 3-1/2" IF BOX						
33	2 - JOINTS OF 6 1/2" DC'S			2.25 6.50		61.97	
32	X-OVER, 3-1/2" IF PIN X 4-1/2" IF BOX						
31	DRAIN VALVE			2.25 5.03		.97	
30	MODEL "E" VALVE			1.87 5.00		13.53	
29	LPR-N TESTER VALVE			2.25 5.03		15.61	
28	JET PUMP RECEPTICLE			1.75 5.53		7.00	
27	INSTREAM BUNDLE CARRIER			2.25 5.50		7.77	
26	FUL FLO BUNDLE CARRIER			2.25 5.38		7.77	
25	X-OVER, 4-1/2" IF PIN X 3-1/2" IF BOX						
24	2-STANDS OF 6-1/2" DC'S			2.25 6.50		180.00	
23	X-OVER, 3-1/2" IF PIN X 4-1/2" IF BOX						
22	BIG JOHN JARS			2.37 5.03		5.14	
21	VR SAFETY JOINT			2.25 4.62		4.09	
20	X-OVER, 4 1/2" IF PIN X 3 1/2" IF BOX						
19	RTTS BYPASS			3.00 6.12		4.20	
18	ANNULAR PSI TRANSFER RESERVOIR						
17	9 5/8" RTTS PACKER			4.00 8.25		6.48	
16	ANNULAR PRESSURE TRANSFER SUB			2.37 6.12		1.50	
15	X-OVER, 3 1/2" IF P X 3 1/2" 8RD B						
14	BELOW PACKER SAFETY JOINT						
13	X-OVER, 2 7/8" 8RD P X 3-1/2" IF B			1.87 3.38		1.80	
12	2 7/8" X 10' TUBING SUB			2.44 3.06		10.00	
11	2-7/8" BALANCED ISOLATION TOOL			2.45 3.75		2.24	
10	2 7/8" X 10' TUBING SUB			2.44 3.06		10.00	
9	2 7/8" APF MECH. TUBING RELEASE			1.88 3.38		1.89	
8	2 - 2 7/8" TUBING JOINTS			2.44 3.06		60.00	
7	TIME DELAY FIRING HEAD			N/A 3.38		2.00	
6	ANNULAR PRESSURE FIRING HEAD			N/A 3.38		3.70	
5	BLANK SECTION OF GUN			N/A 6.00		5.00	
4	VANNGUN TOP SHOT			N/A N/A		0.00	
3	6" X 12 SPF 32GM DP VANNGUN			N/A 6.00		0.00	
2	VANNGUN BOTTOM SHOT			N/A N/A		0.00	
1	BULL PLUG			N/A 6.00		.75	
PBTD =							
TVD - PKR =							
TVD - TOP SHOT =							
BY K. CODER   3000 °C ST., SUITE 200 ANCHORAGE, ALASKA 99503   PHONE: 907-261-7750   FAX: 907-562-1612							

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KUVLUM #. OL STRING

ITEM	TOOL	ID (IN.)	OD (IN.)	LENGTH (FT.)	CONNECTION
1	BULL PLUG	N/A	3.380	0.75	
2	6" 12 SPF TUBING CONVEYED GUNS	N/A	6.000	?	
3	ANNULAR PRESSURE FIRING HEAD	N/A	3.750	3.70	
4	TIME DELAY FIRER	N/A	3.375	2.00	2 7/8" PIN UP
5	2 - 2 7/8" TUBING JOINTS	2.440	2.870	60.00	2 7/8" P X B
6	2 7/8" APF MECHANICAL TUBING RELEASE	1.880	3.375	1.89	2 7/8" P X B
7	2 7/8" X 10' TUBING SUB	2.440	2.870	10.00	2 7/8" P X B
8	2 7/8" BALANCED ISOLATION TOOL	2.440	3.750	2.24	2 7/8" 8RD P X B
9	2 7/8" X 10' TUBING SUB	2.440	2.870	10.00	2 7/8" P X B
10	2 7/8" PIN X 3 1/2" IF BOX CROSSOVER				
11	BELOW PACKER SAFETY JOINT	1.990	6.000	7.50	3 1/2" IF P X B
12	3 1/2" IF PIN X 3 1/2" 8 RD BOX CROSSOVER				
13	ANNULAR PRESSURE TRANSFER SUB	2.370	6.120	1.50	3 1/2" 8RD PIN X 4 1/4" IF BOX
14	9 5/8" RTTS PACKER	4.000	8.250	6.48	4 1/2" IF P X B
15	ANNULAR PRESSURE TRANSFER RESERVOIR	2.370	6.125	4.34	4 1/2" IF P X B
16	RTTS BYPASS	3.000	6.120	4.20	4 1/2" IF P X B
17	4 1/2" IF PIN X 3 1/2" IF BOX CROSSOVER				
18	VR SAFETY JOINT	2.250	4.680	4.68	3 1/2" IF P X B
19	BIG JOHN JARS	2.250	4.625	5.15	3 1/2" IF P X B
20	3 1/2" IF PIN X 4 1/2" IF BOX CROSSOVER				
21	2 - STANDS 6 1/2" DRILL COLLARS	2.250	6.500	180.00	4 1/2" IF P X B
22	4 1/2" IF PIN X 3 1/2" IF BOX CROSSOVER				
23	FUL FLO BUNDLE CARRIER	2.280	5.380	8.00	3 1/2" IF P X B
24	IN STREAM BUNDLE CARRIER	2.250	5.500	8.00	3 1/2" IF P X B
25	JET PUMP RECEPTICLE	1.750	5.532	7.00	3 1/2" IF P X B
26	LPR-N TESTER VALVE	2.280	5.030	15.94	3 1/2" IF P X B
27	MODEL E VALVE	1.875	13.530	13.53	3 1/2" IF P X B
28	DRAIN VALVE	2.280	5.030	2.75	3 1/2" IF P X B
29	3 1/2" IF PIN X 4 1/2" IF BOX CROSSOVER				
30	2 - JOINTS 6 1/2" DRILL COLLARS	2.250	4.750	60.00	4 1/2" IF P X B

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ATTACHMENT 4

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**KUVLUM # . JOL STRING**

31	4 1/2" IF PIN X 3 1/2" IF BOX CROSSOVER				
32	OMNI VALVE	2.280	5.030	21.15	3 1/2" IF P X B
33	DRAIN VALVE	2.280	5.030	2.75	3 1/2" IF P X B
34	3 1/2" IF PIN X 4 1/2" IF BOX CROSSOVER				
35	2 - JOINTS 6 1/2" DRILL COLLARS	2.250	4.750	60.00	4 1/2" IF P X B
36	4 1/2" IF PIN X 3 1/2" IF BOX CROSSOVER				
37	RD SAFETY CIRCULATING VALVE	2.280	5.030	7.52	3 1/2" IF P X B
38	RA SUB	2.680	4.500	2.00	3 1/2" IF P X B
39	SLIP JOINT	2.250	5.030	13.16	3 1/2" IF P X B
40	SLIP JOINT	2.250	5.030	13.16	3 1/2" IF P X B
41	3 1/2" IF PIN X 3 1/2" PH-6 BOX CROSSOVER				
42	3 1/2" PH-6 TUBING	2.750	3.500		3 1/2" PH-6 P X B
43	3 1/2" PH-6 PIN X 4 1/2" 4 STUB BOX XO				
44	ADJUSTABLE FLUTED HANGER	3.000	14.000	3.00	4 1/2" 4 STUB ACME B X P
45	SLICK JOINT	3.000	5.000	6.00	4 1/2" 4 STUB ACME B X P
46	SUB SEA TEST TREE	3.000	13.000	5.62	4 1/2" 4 STUB ACME B X P
47	4 1/2" 4 STUB X 3 1/2" PH-6 CROSSOVER				
48	1 JOINT 3 1/2" PH-6 TUBING	2.750	3.500	30.00	
49	3 1/2" PH-6 PIN X 4 1/2" 4 STUB BOX XO				
50	WIRELINE LUBRICATOR VALVE	3.000	10.750	5.95	4 1/2" 4 STUB ACME B X P
51	4 1/2" 4 STB PIN X 3 1/2" PH-6 BOX XO				
52	3 1/2" PH-6 TUBING AND SUBS AS NEEDED	2.750	3.500		
53	3 1/2" PH-6 PIN X 5 3/4" 4 STUB ACME BOX				
54	STIFF JOINTS	2.500	7.870	9.45	
55	SWIVEL	2.680			
56	TEST HEAD	2.650			3 1/2" IF
57	XO TO LUBRICATOR				

## Public Information

**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) 1	5. API NUMBER (10) or (12) STATE (2) COUNTY (3) WELL CODE (5) 55 171 00008	SIDE TRACK (2)	COMPLETION CODE (3) NA	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 TVD LEAVE BLANK		10. CORRECTED WATER DEPTH (5) 103'													
11. CORRECTED LOCATION OF WELL (12) Surface: 5884' FWL and 5598' FSL of Block 672 Production zone: Total depth:			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.	19. LAST CASING STRING: size, lb/ft, grade, and setting depth (MD)		20. APPROXIMATE START DATE (6) YYMMDD 92 08 22														
21. PRESENT PRODUCTION ZONE, IF ANY, AND PRODUCTIVE CAPABILITY NA																	
22. CHECK APPROPRIATE ACTIVITY:		<table border="0"> <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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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.)																	

## 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)	PHONE NUMBER (10)	EXTENSION NUMBER (4)
Lowell R. Crane	(907) 265-1544	
AUTHORIZING NAME (First, MI, Last)	TITLE	
Mike B. Winfree	New Ventures Area Drilling Engineer	
AUTHORIZING SIGNATURE	DATE YYMMDD (6)	
	92 08 28	

(THIS SPACE IS FOR FEDERAL OFFICE USE)

CONDITIONS OF APPROVAL FOR SPECIAL CIRCUMSTANCES:

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

TITLE

DATE (6)  
YYMMDD

## 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).

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Public Information

**SUNDRY NOTICES AND REPORTS ON WELLS**

1. FIELD NAME <i>Wildcat</i>		2. MMS LEASE, UNIT OR COMM. NO. (6) <i>Y 0866 0</i>		3. MMS OPERATOR NUMBER (5) <i>00635</i>																	
4. OPERATOR WELL NUMBER (6) <i>1</i>	5. API NUMBER (10) or (12) SIDE STATE(2) COUNTY(3) WELL CODE(5) TRACK(2) <i>55-181-00008</i> <i>NA</i> <i>JBR 8/10/92</i>	COMPLETION CODE (3) <i>NA</i>	6. TYPE WELL (1) <i>E</i>	7. CORRECTED ELEVATION (5) <i>NA</i>																	
8. OPERATOR NAME AND ADDRESS (SUBMITTING OFFICE) <i>ARCO Alaska, Inc.</i> <i>PO Box 100360</i> <i>Anchorage, AK 99510-0360</i>		9. CURRENT WELL DEPTH (5) <i>MD NA TVD NA</i> LEAVE BLANK		10. CORRECTED WATER DEPTH (5) <i>NA</i>																	
11. CORRECTED LOCATION OF WELL (12) <i>Surface: 5900' FWL &amp; 5600' FSL Block 673</i> <i>Production zone: Same</i> <i>Total depth: Same</i>			12. OPERATING AREA CODE (2) <i>R</i>	13. BLOCK NUMBER (6) <i>0673</i>																	
			14. MAP OR OFFICIAL PROTRACTION DIAGRAM NUMBER (7) <i>NR 6-4, Flaxman Island</i>																		
15. OPERATOR LEASE, UNIT OR COMMUNITIZATION NAME <i>Kuvlum</i>		16. RIG/PLATFORM NAME <i>BeauDril - Kulluk</i>		17. RIG TYPE (2) <i>SS</i>																	
18. WELL STATUS, e.g., shut-in, drilling, etc. <i>NA</i>	19. LAST CASING STRING: size, lb/ft, grade, and setting depth (MD) <i>NA</i>		20. APPROXIMATE START DATE (6) YYMMDD <i>920815</i>																		
21. PRESENT PRODUCTION ZONE, IF ANY, AND PRODUCTIVE CAPABILITY <i>NA NA</i>																					
22. CHECK APPROPRIATE ACTIVITY: <table border="0"><tr><td>Data correction <input type="checkbox"/></td><td>Fracture/acidize <input type="checkbox"/></td><td>Artificial Lift <input type="checkbox"/></td><td>Other <input checked="" type="checkbox"/></td></tr><tr><td>Change plans <input checked="" 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 type="checkbox"/></td><td>Reenter to completed <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>						Data correction <input type="checkbox"/>	Fracture/acidize <input type="checkbox"/>	Artificial Lift <input type="checkbox"/>	Other <input checked="" type="checkbox"/>	Change plans <input checked="" 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 type="checkbox"/>	Reenter to completed <input type="checkbox"/>	Multiple complete <input type="checkbox"/>	Recomplete <input type="checkbox"/>
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RECEIVED  
DCS DISTRICT OFFICE

AUG 10 1992

MINERALS MANAGEMENT SERVICE  
ANCHORAGE, ALASKA

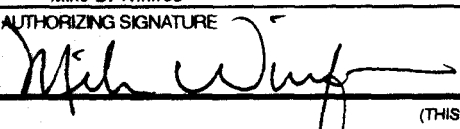


## 23. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (continued from page 1)

SUBSURFACE SAFETY VALVE: SUBSURFACE CONTROLLED ☐ SURFACE CONTROLLED ☐ SET AT DEPTH OF \_\_\_\_\_

MANUFACTURER \_\_\_\_\_ MODEL NO. \_\_\_\_\_ SERIAL NO. \_\_\_\_\_

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CONTACT NAME (First, MI, Last)	PHONE NUMBER (10)	EXTENSION NUMBER (4)
Lowell R. Crane	907/265-1544	
AUTHORIZING NAME (First, MI, Last)	TITLE	
Mike B. Winfree	New Ventures Area Drilling Engineer	
AUTHORIZING SIGNATURE	DATE YYMMDD (6)	
	92 08 07	

(THIS SPACE IS FOR FEDERAL OFFICE USE)

CONDITIONS OF APPROVAL FOR SPECIAL CIRCUMSTANCES: ARE ATTACHED ☐ NONE ☐☒ APPROVED BY:

DATE (6)

YYMMDD

☐ ACCEPTED BY:

James B. Regg TITLE District Supervisor (Acting) 8/10/92

## PAPERWORK REDUCTION ACT STATEMENT

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## SUNDRY NOTICES AND REPORTS ON WELLS

1. FIELD NAME <i>Wildcat</i>		2. MMS LEASE, UNIT OR COMM. NO. (6) <i>Y 0866 0</i>		3. MMS OPERATOR NUMBER (5) <i>00635</i>													
4. OPERATOR WELL NUMBER (6) <i>1</i>	5. API NUMBER (10) or (12) SIDE STATE(2) COUNTY(3) WELL CODE(5) TRACK(2) <i>55-171-00008</i> <i>NA 352 817/92</i>		COMPLETION CODE (3) <i>NA</i>	6. TYPE WELL (1) <i>E</i>	7. CORRECTED ELEVATION (5) <i>NA</i>												
8. OPERATOR NAME AND ADDRESS (SUBMITTING OFFICE) <i>ARCO Alaska, Inc.</i> <i>PO Box 100360</i> <i>Anchorage, AK 99510-0360</i>			9. CURRENT WELL DEPTH (5) MD <i>NA</i> TVD <i>NA</i> LEAVE BLANK		10. CORRECTED WATER DEPTH (5) <i>NA</i>												
11. CORRECTED LOCATION OF WELL (12) Surface: <i>5900' FWL &amp; 5600' FSL Block 673</i> Production zone: <i>Same</i> Total depth: <i>Same</i>			12. OPERATING AREA CODE (2) <i>F</i>		13. BLOCK NUMBER (6) <i>0673</i>												
15. OPERATOR LEASE, UNIT OR COMMUNITIZATION NAME <i>Kuvlum</i>			16. RIG/PLATFORM NAME <i>BeauDril - Kulluk</i>		17. RIG TYPE (2) <i>SS</i>												
18. WELL STATUS, e.g., shut-in, drilling, etc. <i>NA</i>		19. LAST CASING STRING: size, lb/ft, grade, and setting depth (MD) <i>NA</i>		20. APPROXIMATE START DATE (6) YYMMDD <i>920815</i>													
21. PRESENT PRODUCTION ZONE, IF ANY, AND PRODUCTIVE CAPABILITY <i>NA NA</i>																	
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"/> Data correction <input type="checkbox"/> Sidetrack <input type="checkbox"/> Deepen <input type="checkbox"/> Plug back <input type="checkbox"/> Change plans <input checked="" type="checkbox"/> Reenter to completed <input type="checkbox"/> Multiple complete <input type="checkbox"/> Recomplete <input type="checkbox"/> Request approval <input type="checkbox"/> Subsequent report <input type="checkbox"/>															
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AUG 07 1992

## 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)

Lowell R. Crane

PHONE NUMBER (10)

907/265-1544

EXTENSION NUMBER (4)

AUTHORIZING NAME (First, MI, Last)

Mike B. Winfree

TITLE

New Ventures Area Drilling Engineer

AUTHORIZING SIGNATURE

DATE YYMMDD (6)

92 08 07

(THIS SPACE IS FOR FEDERAL OFFICE USE)

CONDITIONS OF APPROVAL FOR SPECIAL CIRCUMSTANCES ARE ATTACHED ☐NONE ☐

DATE (6)

YYMMDD

☒ APPROVED BY:☐ ACCEPTED BY:

James B. Regg

TITLE

District Supervisor (Acting)

8-7-92

## PAPERWORK REDUCTION ACT STATEMENT

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## PUBLIC INFORMATION COPY

# APPLICATION FOR PERMIT TO DRILL

**INITIAL DRILLING OF WELL ONLY**

1. FIELD NAME Wildcat		2. MMS LEASE, UNIT OR COMM. NO. (6) Y 0866 O		3. MMS OPERATOR NUMBER (5) 00635																																																					
4. OPERATOR WELL NUMBER (6) 1		5. TYPE OF WELL (1) E		LEAVE BLANK																																																					
7. OPERATOR NAME AND ADDRESS (SUBMITTING OFFICE) ARCO, Alaska, Inc. P.O. Box 100360 Anchorage, AK 99510-0360		8. PROPOSED WELL DEPTH (5) MD 12,000' TVD 12,000'		9. ESTIMATED WATER DEPTH (5) 110'																																																					
10. PROPOSED LOCATION OF WELL (12) Surface: 5900' FWL & 5600' FSL Block 673 Production zone: Total depth:		11. OPERATING AREA CODE (2) FI		12. BLOCK NUMBER (6) 0673																																																					
14. OPERATOR LEASE, UNIT OR COMMUNITIZATION NAME Kuvlum		15. RIG/PLATFORM NAME BeauDril - Kulluk		16. RIG TYPE (2) SS																																																					
17. DISTANCE IN FEET FROM NEAREST WELL 15 mi E. DRILLING, PRODUCING, OR ABANDONED (6) Hammerhead		18. DISTANCE IN MILES FROM PROPOSED (3) 16 mi NE LOCATION TO NEAREST SHORELINE Pt Brownlow		19. APPROXIMATE START DATE (6) YYMMDD 92 08 15																																																					
20. PROPOSED CASING AND CEMENTING PROGRAM (Attach complete well prognosis.)																																																									
<table border="1"><thead><tr><th rowspan="2">HOLE SIZE (4)</th><th rowspan="2">CASING SIZE (4), LB/FT (5) &amp; GRADE</th><th colspan="2">SETTING DEPTH</th><th rowspan="2">QUANTITY OF CEMENT (Cu. Ft./type)</th></tr><tr><th>MD (5)</th><th>TVD (5)</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>						HOLE SIZE (4)	CASING SIZE (4), LB/FT (5) & GRADE	SETTING DEPTH		QUANTITY OF CEMENT (Cu. Ft./type)	MD (5)	TVD (5)																																													
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CASING DESIGN SAFETY FACTORS																																																									
<table border="1"><thead><tr><th>CASING SIZE</th><th>COLLAPSE</th><th>TENSION</th><th>BURST</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>				CASING SIZE	COLLAPSE	TENSION	BURST					ASSUMPTIONS USED TO ARRIVE AT THESE VALUES: (Attach a separate sheet, if necessary, showing all assumptions and calculations)																																													
CASING SIZE	COLLAPSE	TENSION	BURST																																																						

## 21. COMMENTS

## 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 Crane

## PHONE NUMBER (10)

(907) 265-1544

## EXTENSION NUMBER (4)

## AUTHORIZING NAME (First, MI, Last)

Mike B. Winfree

## TITLE

New Ventures Area Drilling Engineer

## AUTHORIZING SIGNATURE

## DATE YMMDD (6)

92-07-10

## API WELL NUMBER (10)

(This space is for MMS use)

## STATE

## COUNTY

## SEQUENCE

(2)

(3)

(5)

55

171

00008

## ASSIGNED BY:

## DATE

July 29, 92

## CONDITIONS OF APPROVAL FOR SPECIAL CIRCUMSTANCES

ARE ATTACHED ☐ NONE ☐

## APPROVED BY:

## TITLE

District Supervisor (Acting)

## DATE

8-7-92

## 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 equipment and procedures to be used in drilling operations. This information will be used by MMS District Supervisors to evaluate and approve or disapprove the adequacy of the equipment and/or procedures to safely perform the proposed drilling operation. Response to this request is mandatory (43 U.S.C. 1334).

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## ATTACHMENTS

The following check list is provided for your convenience: (Refer to 30 CFR 250.64 for complete details)

## a. Mobile drilling units

- \_\_\_\_\_ 1. Environmental and operational maximums of unit
- \_\_\_\_\_ 2. Vessel certification
  - \_\_\_\_\_ (a) American Bureau of Shipping classification, and
  - \_\_\_\_\_ (b) U.S. Coast Guard
    - \_\_\_\_\_ (1) Certificate of Inspection (U.S. flag vessel), or
    - \_\_\_\_\_ (2) Letter of Compliance (foreign flag vessel)
- \_\_\_\_\_ 3. Operating or design limitations and applicable contingency plans
- \_\_\_\_\_ 4. Program for drilling from floater or semisubmersible without returns

## b. All APD's

- \_\_\_\_\_ 1. Location plat at 2000'/1" scale
- \_\_\_\_\_ 2. Design criteria for well control
- \_\_\_\_\_ 3. BOP equipment program
- \_\_\_\_\_ 4. Casing program
- \_\_\_\_\_ 5. Drilling prognosis
- \_\_\_\_\_ 6. Cementing program
- \_\_\_\_\_ 7. Mud program
- \_\_\_\_\_ 8. Directional survey program (directional wells)
- \_\_\_\_\_ 9. Plot of estimated pore pressures and formation fracture gradients
- \_\_\_\_\_ 10. Hydrogen sulfide contingency plan
- \_\_\_\_\_ 11. Any additional information required