

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)			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) 101'			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 PROTRACTION DIAGRAM NUMBER (7) NR 6-4, Flaxman Island			15. OPERATOR LEASE, UNIT OR COMMUNITIZATION NAME Kuvlum															
16. RIG/PLATFORM NAME BeauDri - 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:		<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"/>
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.																		

Received
OCS District Office

AUG 06 1993

Minerals Management Service
Anchorage, Alaska

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

Received
OCS District Office

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

AUG 30 1993

1. FIELD NAME Wildcat		2. Minerals Management Service Y 0866 Anchorage, Alaska		3. 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	SIDE TRACK (2) NA	COMPLETION CODE (3) E	6. TYPE WELL (1) E	7. CORRECTED ELEVATION (5) -175' (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 0' TVD 0' LEAVE BLANK		10. CORRECTED WATER DEPTH (5) 110' (est)													
11. CORRECTED LOCATION OF WELL (12) Surface: 8000' FWL and 6000' FNL of Block 673 (revised per this Sundry) 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 BeauDrill - Kulluk		17. RIG TYPE (2) SS												
18. WELL STATUS, e.g., shut-in, drilling, etc. Mobilizing / Mooring Operations	19. LAST CASING STRING: size, lb/ft, grade, and setting depth (MD) N/A		20. APPROXIMATE START DATE (6) YYMMDD 93 08 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 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"/> *
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 checked="" type="checkbox"/> Request approval <input 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.)																	

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)

Thomas W. McKay

PHONE NUMBER (10)

(907) 265-6890

EXTENSION NUMBER (4)

AUTHORIZING NAME (First, MI, Last)

Michael B. Winfree

TITLE

New Ventures Area Drilling Engineer

AUTHORIZING SIGNATURE

DATE YYMMDD (6)

93 08 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

OCS District Supervisor 9/3/01/80

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.

MMSU.S. Department of the Interior
Minerals Management Service

Public Information

Received
OCS District Office

OMB APPROVAL NO. 1010-0045

EXPIRES: OCTOBER 31, 1991

SUBMIT: Original,

two copies, and one public
information copy.

AUG 30 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Minerals Management Service

1. FIELD NAME Wildcat		2. MMS LEASE, UNIT OR COMMUNITIZATION NAME Y 0866 0		3. WELL IDENTIFICATION 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	SIDE TRACK(2) NA	COMPLETION CODE (3) E	6. TYPE WELL (1) E	7. CORRECTED ELEVATION (5) -175' (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 0' TVD 0' LEAVE BLANK		10. CORRECTED WATER DEPTH (5) 110' (est)	
11. CORRECTED LOCATION OF WELL (12) Surface: 8000' FWL and 6000' FNL of Block 673 (revised per this Sundry) Production zone: NA Total depth: NA			12. OPERATING AREA CODE (2) FI	13. BLOCK NUMBER (6) 0673	
15. OPERATOR LEASE, UNIT OR COMMUNITIZATION NAME Kulluk			16. RIG/PLATFORM NAME BeauDril - Kulluk		17. RIG TYPE (2) SS
18. WELL STATUS, e.g., shut-in, drilling, etc. Mobilizing / Mooring Operations		19. LAST CASING STRING: size, lb/ft, grade, and setting depth (MD) N/A		20. APPROXIMATE START DATE (6) YYMMDD 93 08 30	
21. PRESENT PRODUCTION ZONE, IF ANY, AND PRODUCTIVE CAPABILITY NA					
22. CHECK APPROPRIATE ACTIVITY: Data correction <input type="checkbox"/> Change plans <input checked="" type="checkbox"/> Request approval <input 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"/> 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"/>			
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.) Original Location: Latitude: 70 deg 19' 44.6", Longitude: 145 deg 25' 30.9" OCS Block 673, Lease OCS-Y-0866, 5100' FWL, 5400' FNL UTM Zone 6, x = 559158.1 m, y = 7803159.7 m Revised Proposed Location: Latitude: 70 deg 19' 36.8" (70.326890), Longitude: 145 deg 24' 14.7" (145.404074) OCS Block 673, Lease OCS-Y-0866, 8000' FWL, 6000' FNL (new location is in same block) UTM Zone 6, x = 559960 m, y = 7802940 m					

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

PRELIMINARY
COPY

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)
Thomas W. McKay	(907) 265-6890	
AUTHORIZING NAME (First, MI, Last)	TITLE	
Michael B. Winfree	New Ventures Area Drilling Engineer	
AUTHORIZING SIGNATURE	DATE YYMMDD (6)	
<i>T.W. McKay FOR M.B. WINFREE</i>	93 08 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

DCS DISTRICT SUPERVISOR 93/07/30

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.

AUG 30 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Minerals Management Service

1. FIELD NAME Wildcat			2. MMS LEASE, UNIT OR COMMUNITIZATION NAME Y 0866 0			3. 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		SIDE TRACK(2) NA	COMPLETION CODE (3) E	6. TYPE WELL (1) E		7. CORRECTED ELEVATION (5) -175' (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 0' TVD 0' LEAVE BLANK		10. CORRECTED WATER DEPTH (5) 110' (est)														
11. CORRECTED LOCATION OF WELL (12) Surface: 8000' FWL and 6000' FNL of Block 673 (revised per this Sundry) 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. Mobilizing / Mooring Operations		19. LAST CASING STRING: size, lb/ft, grade, and setting depth (MD) N/A			20. APPROXIMATE START DATE (6) YYMMDD 93 08 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 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"/> *
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 checked="" type="checkbox"/> Request approval <input 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.																				
<p>Based on recent shallow hazard interpretation of seismic data obtained during the 1993 Beaufort Sea open water operating season, originally permitted Kuvlum #3 surface location is being changed as follows:</p> <p>Original Location:</p> <p>Latitude: 70 deg 19' 44.6", Longitude: 145 deg 25' 30.9"</p> <p>OCS Block 673, Lease OCS-Y-0866, 5100' FWL, 5400' FNL</p> <p>UTM Zone 6, x = 559158.1 m, y = 7803159.7 m</p> <p>Seismic Lines CB90-123, S.P. 1403, and CB90-420, S.P. 1125</p> <p>Revised Proposed Location:</p> <p>Latitude: 70 deg 19' 36.8" (70.326890), Longitude: 145 deg 24' 14.7" (145.404074)</p> <p>OCS Block 673, Lease OCS-Y-0866, 8000' FWL, 6000' FNL (new location is in same block)</p> <p>UTM Zone 6, x = 559960 m, y = 7802940 m</p> <p>Seismic Lines CB90-123, S.P. 1403, and CB90-420, S.P. 1125</p> <p>Location was moved to avoid a shallow seismic anomaly observed which may be potential shallow gas or other hazard. Final surveyed location plot to follow.</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)

Thomas W. McKay

PHONE NUMBER (10)

(907) 265-6890

EXTENSION NUMBER (4)

AUTHORIZING NAME (First, MI, Last)

Michael B. Winfree

TITLE

New Ventures Area Drilling Engineer

AUTHORIZING SIGNATURE

T.W. McKay FOR M.B. WINFREE

DATE YYMMDD (6)

93 08 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

OCS DISTRICT SUPERVISOR 93/07/30

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.

AUG 30 1993

OMB APPROVAL NO. 1010-0045

EXPIRES: OCTOBER 31, 1991

SUBMIT: Original,

two copies, and one public
information copy.

**Minerals Management Service
Anchorage, Alaska**

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		SIDE TRACK(2) NA	COMPLETION CODE (3) E	6. TYPE WELL (1) E	
7. CORRECTED ELEVATION (5) -175' (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 0' TVD 0' LEAVE BLANK		10. CORRECTED WATER DEPTH (5) 110' (est)	
11. CORRECTED LOCATION OF WELL (12) Surface: 8000' FWL and 6000' FNL of Block 673 (revised per this Sundry) 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. Mobilizing / Mooring Operations		19. LAST CASING STRING: size, lb/ft, grade, and setting depth (MD) N/A			20. APPROXIMATE START DATE (6) YYMMDD 93 08 30		
21. PRESENT PRODUCTION ZONE, IF ANY, AND PRODUCTIVE CAPABILITY NA							
22. CHECK APPROPRIATE ACTIVITY:							
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 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>							
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) Thomas W. McKay	PHONE NUMBER (10) (907) 265-6890	EXTENSION NUMBER (4)
AUTHORIZING NAME (First, MI, Last) Michael B. Winfree	TITLE New Ventures Area Drilling Engineer	
AUTHORIZING SIGNATURE <i>T.W. McKay For M.B. Winfree</i>	DATE YYMMDD (6) 93 08 30	

(THIS SPACE IS FOR FEDERAL OFFICE USE)

CONDITIONS OF APPROVAL FOR SPECIAL CIRCUMSTANCES:

ARE ATTACHED ☐NONE ☐

DATE (6)

YYMMDD

☒ APPROVED BY: *[Signature]*☐ ACCEPTED BY: *[Signature]*

TITLE

*Ops District Supervisor 93/02/30***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.

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

OMB APPROVAL NO. 1010-0045

EXPIRES: OCTOBER 31, 1991

SUBMIT: Original,

two copies, and one public
information copy.

Public Information

SEP 16 1993

SUNDRY NOTICES AND REPORTS ON WELLSMinerals Management Service
Anchorage, Alaska

1. FIELD NAME Wildcat		2. MMS LEASE, UNIT OR COMMUNITIZATION NAME Y 0866 0		3. 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	SIDE TRACK(2) NA	COMPLETION CODE (3) NA	6. TYPE WELL (1) E	7. CORRECTED ELEVATION (5) -172' (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 1805' TVD 1805' LEAVE BLANK		10. CORRECTED WATER DEPTH (5) 107'	
11. CORRECTED LOCATION OF WELL (12) Surface: 7743' FWL and 9643' FSL 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 BeauDrii - 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 @ 1022'		20. APPROXIMATE START DATE (6) YYMMDD 93 08 30	
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"/> * 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"/> * 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.)					

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

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

Received
OCS District Office

SEP 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)	PHONE NUMBER (10)	EXTENSION NUMBER (4)
Tim Billingsley	(907) 265-6575	
AUTHORIZING NAME (First, MI, Last)	TITLE	
Mike B. Winfree	New Ventures Area Drilling Engineer	
AUTHORIZING SIGNATURE	DATE YYMMDD (6)	
T.W. McK FOR M.B. WINFREE	93 09 14	

(THIS SPACE IS FOR FEDERAL OFFICE USE)

CONDITIONS OF APPROVAL FOR SPECIAL CIRCUMSTANCES:

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

DATE (6)

YYMMDD

TITLE

DISTRICT SUPERVISOR 93/09/20

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.