

SUNDRY NOTICES AND REPORTS ON WELLS

1. FIELD NAME Wildcat		2. MMS LEASE, UNIT OR COMM. NO. (6) Y 1597 0		3. MMS OPERATOR NUMBER (5) 0635													
4. OPERATOR WELL NUMBER (6) OCS-Y-1597 #1		5. API NUMBER (10) or (12) STATE (2) COUNTY (3) WELL CODE (5) 55 171 00011		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 3860' TVD 3860' LEAVE BLANK		7. CORRECTED ELEVATION (5) 66' RKB-MSL est													
11. CORRECTED LOCATION OF WELL (12) Surface: 2801' FSL and 3134' FEL of Block 760 planned Production zone: NA Total depth: NA		12. OPERATING AREA CODE (2) FI		13. BLOCK NUMBER (6) 0760													
15. OPERATOR LEASE, UNIT OR COMMUNITIZATION NAME Kulluk		16. RIG/PLATFORM NAME BeauDrill - Kulluk		14. MAP OR OFFICIAL PROTRACTION DIAGRAM NUMBER (7) NR 6-4, Flaxman Island													
18. WELL STATUS, e.g., shut-in, drilling, etc. Circulating at 3860'		19. LAST CASING STRING: size, lb/ft, grade, and setting depth (MD) 20", 133 lb/ft, X-56 set at 1000'		17. RIG TYPE (2) SS													
20. APPROXIMATE START DATE (6) YYMMDD 93 10 13		21. PRESENT PRODUCTION ZONE, IF ANY, AND PRODUCTIVE CAPABILITY NA															
22. CHECK APPROPRIATE ACTIVITY:		<table border="0" style="width:100%;"> <tr> <td>Fracture/acidize <input type="checkbox"/></td> <td>Artificial Lift <input type="checkbox"/></td> <td>Other <input checked="" type="checkbox"/></td> </tr> <tr> <td>Pull or alter casing <input type="checkbox"/></td> <td>Repair well <input type="checkbox"/></td> <td>Perforate <input type="checkbox"/></td> </tr> <tr> <td>Sidetrack <input type="checkbox"/></td> <td>Deepen <input type="checkbox"/></td> <td>Plug back <input type="checkbox"/></td> </tr> <tr> <td>Reenter to complete <input type="checkbox"/></td> <td>Multiple complete <input type="checkbox"/></td> <td>Recomplete <input type="checkbox"/></td> </tr> </table> <p>Note: Submit a separate Well (Re) Completion Report and a subsequent report of operations on this form for each completion. Alternatively, submit a Well (Re) Completion Report for each completion with a narrative as in item 23 of this form.</p>				Fracture/acidize <input type="checkbox"/>	Artificial Lift <input type="checkbox"/>	Other <input checked="" type="checkbox"/>	Pull or alter casing <input type="checkbox"/>	Repair well <input type="checkbox"/>	Perforate <input type="checkbox"/>	Sidetrack <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug back <input type="checkbox"/>	Reenter to complete <input type="checkbox"/>	Multiple complete <input type="checkbox"/>	Recomplete <input type="checkbox"/>
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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. Waiver is requested to eliminate the open hole wireline logs from the surface hole interval ($\pm 4000'$ to $\pm 1000'$).</p> <p>Open hole wireline logs are being eliminated because there are no zones of interest and 1-3 days of rig time can be saved.</p> <p>MWD logs have been obtained in this interval (gamma ray and resistivity)</p>																	