

Public Information

**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 (8) OCS-Y-1597 #1		5. API NUMBER (10) or (12) STATE (2) COUNTY (3) WELL CODE (5) 55 171 00011		SIDE TRACK(2) NA	6. TYPE WELL (1) E	7. CORRECTED ELEVATION (5) 65' RKB-MSL												
8. OPERATOR NAME AND ADDRESS (SUBMITTING OFFICE) ARCO Alaska, Inc. PO Box 100360 Anchorage, AK 99510-0360			9. CURRENT WELL DEPTH (5) MD 1000' TVD 1000' LEAVE BLANK		10. CORRECTED WATER DEPTH (5) 87'													
11. CORRECTED LOCATION OF WELL (12) Surface: 2801' FSL and 3134' FEL (12,706' FWL) of Block 760 Production zone: NA Total depth: NA				12. OPERATING AREA CODE (2) FI		13. BLOCK NUMBER (6) 0760												
				14. MAP OR OFFICIAL PROTRACTION DIAGRAM NUMBER (7) NR 6-4, Flexman Island														
15. OPERATOR LEASE, UNIT OR COMMUNITIZATION NAME Kuvlum			16. RIG/PLATFORM NAME BeauDrill - Kujluk		17. RIG TYPE (2) SS													
18. WELL STATUS, e.g., shut-in, drilling, etc. Circulating		19. LAST CASING STRING: size, lb/ft, grade, and setting depth (MD) 20", 133 lb/ft, X-56 @ 1000'			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"/> *
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"/> *																
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.																		