

STATE OF KANSAS
NATURAL GAS CORPORATION COMMISSION
10 S. Market, Room 2078
Wichita, Kansas 67202
KANSAS CORPORATION COMMISSION

WELL PLUGGING RECORD
K.A.R.-82-3-117

API NUMBER 15-075-00127-0000
LEASE NAME HCU
WELL NUMBER 3611

DEC 08 1999

NOTICE: Fill out completely
and return to Cons. Div.
office within 30 days.

3300 Ft. from S Section Line
3300 Ft. from E Section Line
SEC. 36 TWP. 21 RGE. 41 (Z) or (W)

LEASE OPERATOR Louis Dreyfus Natural Gas Corp.
ADDRESS 14000 Quail Springs Parkway - Suite 600 OKC, OK 73134 COUNTY Hamilton

PHONE # (405) 748 2725 OPERATORS LICENSE NO. 31321 Date Well Completed _____
Character of Well Gas Plugging Commenced 10-26-99
(Oil, Gas, D&A, SWD, Input, Water Supply Well) Plugging Completed 10-27-99

The plugging proposal was approved on 10-26-99 (date)
by Kevin Strube (KCC District Agent's Name).

Is ACO-1 filed? _____ If not, is well log attached? _____

Producing Formation _____ Depth to Top _____ Bottom _____ T.D. _____
How depth and thickness of all water, oil and gas formations.

OIL, GAS OR WATER RECORDS _____ CASING RECORD _____

Formation	Content	From	To	Size	Put In	Pulled out
				<u>7 7/8</u>	<u>193</u>	<u>—</u>
				<u>4 1/2</u>	<u>2790</u>	<u>—</u>

Describe in detail the manner in which the well was plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs are used, state the character of same and depth placed, from _____ feet to _____ feet each set.
Shot 2 3/8 loose @ 2536. Mixed 1 sk hulls to 20 sk cmt to plug perfs from 2746 to 2546. Pull 2 3/8 to 1300. Circ. hole to mixed 75 sk 1300 to 300. 20 sk 300 to 0 TOH/2 3/8 Top off w/5 sk to 0. Cut off & capped 7 7/8 3 ft. below G.L.

(If additional description is necessary, use BACK of this form.)

Name of Plugging Contractor Sargent And Horton Plugging, Inc. License No. 31151
Address Rt. 1, Box 49 BA Tyrone, OK 73951-9731

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Louis Dreyfus Natural Gas Corporation

STATE OF Oklahoma COUNTY OF Oklahoma, ss.

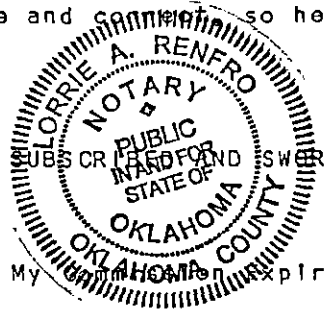
Robert E. Blevins (Employee of Operator) or (Operator) of above-described well, being first duly sworn on oath, says: That I have knowledge of the facts, statements, and matters herein contained and the log of the above-described well as filed that the same are true and correct, so help me God.

(Signature) Robert E. Blevins

(Address) 14000 Quail Springs Parkway - Ste. 600 Oklahoma City, OK 73134

Subscribed and sworn to before me this 6th day of December, 1999

Lorrie A. Renfro
Notary Public



(R)