PLUGGING RECORD

The owner or operator of any oil or gas well or stratigraphic hole shall file this form with the Director of the State of Oregon Department of Geology and Mineral Industries setting forth in detail the method used in plugging such well. The form must be filed within twenty (20) days after plugging for oil and gas wells, or within sixty (60) days for stratigraphic holes.

Rule I of rules and regulations adopted pursuant to ORS 520.095 (1) (13) (Chapter 667 OL 1953)

Operator: Oregon Natural Gas Devel. Corp.  Field: St. Louis
Pool: Unnamed
County: Marion

ADDRESS ALL CORRESPONDENCE CONCERNING THIS FORM TO:

Street: 220 N.W. 2nd Avenue  City: Portland  State: Oregon
Lease Name: DeShazer
Well No.: 13-22  Sec.: 22  T.: 5S  R.: 2W

Date well was plugged: February 18, 1985.

Was the well filled with mud laden fluid, according to regulations of the Board of the State of Oregon Department of Geology and Mineral Industries?  Yes

How was the mud applied?  Circulated from surface
Were plugs used?  Yes - cement

If so, show all shoulders left for casing, depth of each, and size of casing, size and kind of plugs used, and depths placed. Also amount of cement and rock.

Use additional sheets if necessary.

Plug #1 - Hung open ended drill pipe at 2303'. Mixed and displaced 59 sx Class G cement (calculated fill to 2103').

Plug #2 - Hung open ended drill pipe at 603'. Mixed and displaced 95 sc Class G cement. Felt and found plug at 443'.

Was notice given, before plugging, to all available adjoining lease and land owners?

Charles Sturman
(Operator)

AFFIDAVIT

State of ________________________________

County of ________________________________

I, ________________________________, being duly sworn, say that I have knowledge of the facts stated herein, that they are true and correct, and that I am authorized to make this report.

Subscribed and sworn to before me this ______________________ day of ______________________ 19

Notary public in and for ________________________________

My commission expires ________________________________