

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF DELAWARE**

In re:

**KCS ENERGY, INC., PROLIQ, INC., KCS ENERGY
MARKETING, INC., KCS RESOURCES, INC. A/K/A
KCS MOUNTAIN RESOURCES, INC., KCS
MEDALLION RESOURCES, INC., MEDALLION
CALIFORNIA PROPERTIES, INC., MEDALLION GAS
SERVICES, INC., KCS ENERGY SERVICES, INC.,
KCS MICHIGAN RESOURCES, INC. AND NATIONAL
ENERDRILL CORP.,**

Debtors.

Chapter 11

Case No. 00-0028 (PJW) and
Case Nos. 00-0310 (PJW) through
00-0318 (PJW)

JOINTLY ADMINISTERED

PLAN PREFERENCE FORM FOR SENIOR SUBORDINATED NOTES CLAIMS (CLASS 5)

KCS Energy, Inc. and its affiliates listed above, as debtors and debtors in possession (collectively, the "Debtors") filed their Third Amended Joint Plan of Reorganization Under Chapter 11 of the Bankruptcy Code (the "Debtors' Plan"). The Official Committee of Unsecured Creditors and Credit Suisse First Boston Corporation filed their Second Amended Joint Plan of Reorganization Under Chapter 11 of the Bankruptcy Code (the "Committee/CSFB Plan"). This Plan Preference Form is for Creditors and holders of Equity Interests as of October 20, 2000 (the "Voting Record Date") in Classes 2, 4, 5, 6 and 7 under the Plans. The Voting Instructions on your Ballot shall, to the extent applicable, apply to this Plan Preference Form.

If, after tabulating votes to accept and reject the Debtors' Plan and the Committee/CSFB Plan, both Plans are confirmable under the confirmation procedures of § 1129 of the Bankruptcy Code, the Court may confirm only one Plan and shall consider the preferences of Creditors and Equity Interests holders in determining which Plan to confirm.

HOW TO INDICATE YOUR PREFERENCE

1. COMPLETE ITEM 1, ITEM 2, AND, IF APPLICABLE, ITEM 3.
2. REVIEW THE CERTIFICATION CONTAINED IN ITEM 4.
3. COMPLETE AND SIGN THE PLAN PREFERENCE FORM.
4. RETURN THE PLAN PREFERENCE FORM IN THE PRE-ADDRESSED POSTAGE-PAID ENVELOPE (if the enclosed envelope is addressed to your bank, broker or their agent, make sure such entity receives your Plan Preference Form in sufficient time to submit it to the Voting Agent before the Voting Deadline) OR IF THE PRE-ADDRESSED POSTAGE PAID ENVELOPE IS ADDRESSED TO THE ALTMAN GROUP, YOU MAY FAX THE COMPLETED PLAN PREFERENCE FORM TO (212) 681-1383.
5. YOU MUST INDICATE YOUR PREFERENCE IN THE FULL AMOUNT OF YOUR CLAIM OR FOR ALL OF YOUR EQUITY INTERESTS, AND MAY NOT SPLIT YOUR PREFERENCE.

Item 1. Principal Amount of Senior Subordinated Notes. The undersigned certifies that, as of the Voting Record Date, the undersigned was either the beneficial owner or the nominee of a beneficial owner of Senior Subordinated Notes in the following aggregate unpaid principal amount:

\$

Item 2. Preference. By checking one of the boxes below, this Plan Preference Form is to be used to express a preference for one Plan over the other (or no preference) if both Plans are confirmable:

Check one box only:

IF BOTH PLANS ARE CONFIRMABLE, I/WE

- Prefer the Debtors' Plan
- Prefer the Committee/CSFB Plan
- Have No Preference

Item 3. Identify All Other Senior Subordinated Notes Indicating a Preference. If any other Plan Preference Forms have been or will be submitted for Senior Subordinated Notes owned by the Beneficial Owner other than those identified in Item 1 above, complete the following table with respect to such other Senior Subordinated Notes (please use additional sheets of paper if necessary):

ONLY COMPLETE ITEM 3 IF YOU HAVE SUBMITTED OTHER PLAN PREFERENCE FORMS.

Name of Record Holder of any other Senior Subordinated Notes	Account Number of any other Senior Subordinated Notes (if held in Street Name)	Principal Amount of any other Senior Subordinated Notes Indicating a Preference

Item 4. Certification. By returning this Plan Preference Form, the Creditor or holder of Equity Interests certifies that (a) it has received a copy of the Debtors' Disclosure Statement (including the exhibits thereto) and the Committee/CSFB Disclosure Statement (including the exhibits thereto), (b) it was the holder of the Claim or Equity Interests described in Item 1 on the Voting Record Date, and (c) this Plan Preference Form is the only Plan Preference Form being submitted (or supersedes any previous Plan Preference Form submitted) for this Creditor or holder of Equity Interests.

Name: _____
(Print or Type)

Social Security or Federal Tax I.D. No.: _____

Signature: _____

By: _____

Title: _____

Street Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Fax Number: _____

Date Completed: _____

IMPORTANT

IN ORDER FOR YOUR PREFERENCE TO BE COUNTED, YOUR PREFERENCE MUST BE FORWARDED TO YOUR NOMINEE OR THE VOTING AGENT, AS APPLICABLE, IN AMPLE TIME FOR YOUR PREFERENCE TO BE RECEIVED BY THE VOTING AGENT BEFORE THE VOTING DEADLINE OF 10:00 P.M., EASTERN TIME, ON JANUARY 5, 2001.

QUESTIONS

IF YOU HAVE ANY QUESTIONS REGARDING THIS PREFERENCE FORM OR THE VOTING PROCEDURES, PLEASE CALL THE VOTING AGENT, THE ALTMAN GROUP, INC., AT (212) 681-9600.