

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

AMENDED REPORT
CORRECTING WELL NUMBER

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

C-SE
RECEIVED
FEB 11 2002
KCC
COPY

Operator: License # 32281
Name: GMX RESOURCES INC.
Address: 9400 N. Broadway, Suite 600
City/State/Zip: Oklahoma City, OK 73114
Purchaser: Oneok Field Services
Operator Contact Person: Jon Stromberg
Phone: (405) 600-0711 ext. 12
Contractor: Name: NA - prior to GMX Resources Inc.
License: na
Wellsite Geologist: na

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SIOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-entry: Old Well Info as follows:
Operator: Petroleum Production Management, Inc.
Well Name: Stevenson "A" #4

Original Comp. Date: 5-1-80 Original Total Depth: 4803'
 Deepening Re-perf. Conv. to Enhr./SWD
 Plug Back 2790' Plug Back Total Depth
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Enhr.?) Docket No. _____

<u>5-1-80</u>	<u>5-20-80</u>	<u>8-29-94</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 055-20,404-00-01
County: Finney
10-22 -C-SE Sec. 22 Twp. 22 S. R. 22 East West
1320 feet from (S) N (circle one) Line of Section
1320 feet from (E) W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Stevenson Gas Unit Well #: 2

Field Name: Hugoton
Producing Formation: Chase
Elevation: Ground: 2893' Kelly Bushing: 2898'
Total Depth: 4802' Plug Back Total Depth: 2790'
Amount of Surface Pipe Set and Cemented at 601' Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from _____
feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content _____ ppm Fluid volume _____ bbls
Dewatering method used _____
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Docket No.: _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature: Jon Stromberg Jon Stromberg
Title: OP - Operations Date: 1/14/02
Subscribed and sworn to before me this 14th day of January,
19 2002
Notary Public: Maryalice Falk
Date Commission Expires: December 15, 2004

KCC Office Use ONLY
RECEIVED
KANSAS CORPORATION COMMISSION
Confidentiality Attached
If Denied, Yes Date: _____
JAN 16 2002
Geologist Report Received
CONSERVATION DIVISION

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken Yes No
(Attach Additional Sheets)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No
(Submit Copy)

List All E. Logs Run:

Log Formation (Top), Depth and Datum Sample

Name Top Datum

CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacs Used	Type and Percent Additives
Surface	12 1/4"	8 5/8"	23#	601'	HLC	450	3% cc, 1/4# flocele
Production		5 1/2"	14#	4765'	HLC	250	10# gil/sx 65/35 poz. 10% salt, 3/4 CFR-2.

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
4	2642-64', 2604-18', 2588-96, 2536-56'	750 gal. 15% HCL	
4	4734-35' CIBP @ 4702' (prior to GMX)		
	sqz. perfs 2800-02', 340 sx Halliburton	lite - tail w/125 sx premium	
	sqz. perfs 2734-36' 4 SPF, 2466-68', pkr @ 2710', 100 sx. premium, circ.		

TUBING RECORD		Size	Set At	Packer At	Liner Run
		5 1/2"	4765'		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enh.		Producing Method			
8-29-04		<input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	na				

Disposition of Gas Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

METHOD OF COMPLETION _____

Production Interval _____

(If vented, Submit ACO-18.)