

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

Operator: License # 32281
Name: GMX RESOURCES INC.
Address: 9400 N. Broadway, Suite 600
City/State/Zip: Oklahoma City, OK 73114
Purchaser: _____
Operator Contact Person: Bill Buntyn
Phone: (405) 600-0711 ext. 15
Contractor: Name: M/A
License: N/A
Wellsite Geologist: NONE

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: Maurice L. Brown
Well Name: Turner #1

Original Comp. Date: 10-28-65 Original Total Depth: 3900'

____ Deepening ____ Re-perf. ____ Conv. to Enhr./SWD
____ Plug Back ____ Plug Back Total Depth
 ~~XXXXXX~~ acidize Docket No. _____
____ Dual Completion Docket No. _____
____ Other (SWD or Enhr.?) Docket No. _____

3/21/01 3-21-01
Date of START Date Reached TD Completion Date
OF WORKOVER Recompletion Date

API No. 15 - 095-30256-0002
County: Kingman
____ SW SE SE 10 Twp. 28 S. R. 5 East West
330 feet from (S) N (circle one) Line of Section
99.0 feet from (E) W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW

Lease Name: Turner Well #: 1
Field Name: Broadway

Producing Formation: Mississippi

Elevation: Ground: 1403' Kelly Bushing: 1408'

Total Depth: 3898' Plug Back Total Depth: 3840'

Amount of Surface Pipe Set and Cemented at 221 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 REWORK gk 6/12/01
(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.: _____

Quantity _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Docket No.: _____

04-04-01

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: [Signature]

Title: Production Manager Date: 4/2/01

Subscribed and sworn to before me this 2nd day of April

19 2001.

Notary Public: [Signature]

Date Commission Expires: December 15, 2004

KCC Office Use ONLY

____ Letter of Confidentiality Attached

If Denied, Yes Date: _____

____ Wireline Log Received

____ Geologist Report Received

____ UIC Distribution

KCC

RECEIVED
 KANSAS CORPORATION COMMISSION
 OIL & GAS CONSERVATION DIVISION
 WICHITA, KANSAS
 APR - 4 2001

Operator Name: GMX RESOURCES INC. Lease Name: Turner Well #: 1
 Sec. 10 Twp. 28 S. R. 5 East West County: Kingman

ORIGINAL

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: None

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	# Sacjs Used	Type and Percent Additives
Surface		8 5/8"	24	221'		175	
Production		5 1/2"	14 & 15.5	3898'		100	

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
2	3794 - 3798	500 gals. 15% HCL	3794-3833
4	3818 - 3833		

TUBING RECORD	Size	Set At	Packer At	Liner Run
	2 7/8"			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr.	Producing Method			
3-21-01	<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
	2	40	80	

Disposition of Gas Vented Sold Used on Lease *(If vented, Sumit ACO-18.)*

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Other (Specify)

Production Interval 3818'-3798'
3794'-3798'