

Confidentiality Requested:

☐ Yes ☒ NoKANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1

January 2018

Form must be Typed
Form must be Signed
All blanks must be FilledWELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 35483
 Name: Ramshorn Resources, LLC
 Address 1: PO BOX 329
 Address 2: _____
 City: MCPHERSON State: KS Zip: 67460 + 0329
 Contact Person: JD Dubwig
 Phone: (620) 664-9622
 CONTRACTOR: License # 5929
 Name: Duke Drilling Co., Inc.
 Wellsite Geologist: Ben Crouch
 Purchaser: _____

Designate Type of Completion:

☐ New Well ☐ Re-Entry ☒ Workover
☒ Oil ☐ WSW ☐ SWD
☐ Gas ☐ DH ☐ EOR
☐ OG ☐ GSW
☐ CM (Coal Bed Methane)
☐ Cathodic ☐ Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: Ramshorn Resources
 Well Name: Osage 109

Original Comp. Date: 10/29/2007 Original Total Depth: 5551

☐ Deepening ☒ Re-perf. ☐ Conv. to EOR ☐ Conv. to SWD
☐ Plug Back ☐ Liner ☐ Conv. to GSW ☐ Conv. to Producer

☐ Commingled Permit #: _____
☐ Dual Completion Permit #: _____
☐ SWD Permit #: _____
☐ EOR Permit #: _____
☐ GSW Permit #: _____

05/19/2026 05/19/2026
 Spud Date or Date Reached TD Completion Date or
 Recompletion Date Recompletion Date

API No.: 15-007-23148-00-01Spot Description: C SWNE

_____-_____-SW-NE Sec. 25 Twp. 33 S. R. 15 ☐ East ☒ West
1974 Feet from ☒ North / ☐ South Line of Section
1994 Feet from ☒ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☒ NE ☐ NW ☐ SE ☐ SWGPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)Datum: ☐ NAD27 ☐ NAD83 ☐ WGS84County: BarberLease Name: OSAGE Well #: 109

Field Name: _____

Producing Formation: Kansas CityElevation: Ground: 1836 Kelly Bushing: 1844Total Vertical Depth: 5551 Plug Back Total Depth: _____Amount of Surface Pipe Set and Cemented at: 210 FeetMultiple 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 #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ ☐ East ☐ West

County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that 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.

Submitted Electronically

KCC Office Use ONLY

☐ Confidentiality Requested

Date: _____

☐ Confidential Release Date: _____☐ Wireline Log Received☐ Drill Stem Tests Received☐ Geologist Report / Mud Logs Received☒ UIC DistributionALT ☒ I ☐ II ☐ III Approved by: Alexis Vincent Date: 08/27/2026

Operator Name: Ramshorn Resources, LLC Lease Name: OSAGE Well #: 109
 Sec. 25 Twp. 33 S. R. 15 ☐ East ☒ West County: Barber

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken ☐ Yes ☒ No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey ☐ Yes ☒ No Cores Taken ☐ Yes ☒ No Electric Log Run ☐ Yes ☒ No Geologist Report / Mud Logs ☐ Yes ☒ No List All E. Logs Run:	☒ Log Formation (Top), Depth and Datum ☐ Sample <table style="width: 100%;"> <tr> <td style="width: 60%;">Name</td> <td style="width: 20%;">Top</td> <td style="width: 20%;">Datum</td> </tr> <tr> <td>Kansas City</td> <td>4718</td> <td>4722</td> </tr> <tr> <td>Altamont</td> <td>4748</td> <td>4767</td> </tr> </table>	Name	Top	Datum	Kansas City	4718	4722	Altamont	4748	4767
Name	Top	Datum								
Kansas City	4718	4722								
Altamont	4748	4767								

CASING RECORD ☐ New ☒ 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	# Sacks Used	Type and Percent Additives
Surface	12.25	8.625	23	210	common	210	NA
Production	7.875	5.5	15.5	5468	common	575	NA

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
☐ Perforate				
☐ Protect Casing	-			
☐ Plug Back TD				
☐ Plug Off Zone	-			

1. Did you perform a hydraulic fracturing treatment on this well? ☒ Yes ☐ No *(If No, skip questions 2 and 3)*
 2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? ☐ Yes ☒ No *(If No, skip question 3)*
 3. Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? ☐ Yes ☐ No *(If No, fill out Page Three of the ACO-1)*

Date of first Production/Injection or Resumed Production/Injection: <u>05/27/2026</u>		Producing Method: ☐ Flowing ☒ Pumping ☐ Gas Lift ☐ Other <i>(Explain)</i> _____			
Estimated Production Per 24 Hours	Oil Bbls. <u>0.3</u>	Gas Mcf <u>0</u>	Water Bbls. <u>10</u>	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: ☐ Vented ☐ Sold ☐ Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: ☐ Open Hole ☒ Perf. ☐ Dually Comp. ☐ Commingled <i>(Submit ACO-5) (Submit ACO-4)</i>	PRODUCTION INTERVAL: Top <u>4718</u> Bottom <u>4767</u>
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Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>
4	4718	4722			Acidized with 750 gals
4	4748	4767	CIBP Cast Iron Bridge Plug	4770	Frac'd with 526 bbls + 19,000# sand
4	4775	4794	CIBP Cast Iron Bridge Plug	4810	Acidized with 1500 gals
TUBING RECORD: Size: Set At: Packer At:					
2.875 4758					

Form	ACO1 - Well Completion
Operator	Ramshorn Resources, LLC
Well Name	OSAGE 109
Doc ID	1980303

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Surface	12.25	8.625	23	210	common	210	NA
Production	7.875	5.5	15.5	5468	common	575	NA



4448

1013 240th AVENUE • HAYS, KANSAS 67601 • 785-621-2135

Date 05-07-2026

CHARGE TO:

ADDRESS

R/A SOURCE NO.

CUSTOMER ORDER NO. OWLEASE AND WELL NO. Osage #109FIELD Aetna Gas AreaNEAREST TOWN AetnaCOUNTY BarberSTATE KansasSPOT LOCATION SW NW SW NESEC. 25TWP. 33SRANGE 15WZERO KB 8' AGLCASING SIZE 5 1/2

WEIGHT

CUSTOMER'S T.D. 5416

LOG-TECH TO

FLUID LEVEL 4570ENGINEER S. Chesney

OPERATOR

D. Cure4360

PERFORATING

Description	No. Shots	Depth		Amount
		From	To	
Perf 4" HEC 4x4	16	4790	4794	365000
4x4	16	4782	4786	365000
4x4	16	4775	4779	365000
4777.5 12.5 4790 (+)				
4774.5 7.5 4782 (-)				
4772.5 2.5 4775 (+)				

DEPTH AND OPERATIONS CHARGES

Description	From	Depth	To	Total No. Pt	Price Per Pt	Amount
5 1/2 C.I.B.P.	5150					1725 00
Setting Charge	0	5150				1500 00
10' Cement Bailer	0	5150				1420 00
5 1/2 C.I.B.P.	4808					1725 00
Setting Charge	0	4810				1500 00
3' Cement Bailer	0	4810				1420 00
5142.5 7.5 5150						
4808.5 7.5 4810						

MISCELLANEOUS

Description	Quantity	Amount
Service Charge		
T.J. 7:30 T906		1500 00
A.O.L. 7:00 Full Lubricator		1275 00
S.J. 8:00 1: Set Plug @ 4808 Plug never Set Fell to bottom		
F.J. 7:00 2: Shot 1st Perf Gun Jumped + came off wire line, Gun Knock out		
T.W.T. Prev Plug So Reset Plug @ 4810' - Fished Guns		

PRICES SUBJECT TO CORRECTION BY BILLING DEPARTMENT

RECEIVED THE ABOVE SERVICES ACCORDING TO THE TERMS AND CONDITIONS SPECIFIED ON THE REVERSE SIDE TO WHICH WE HEREBY AGREE.

Sub Total

Tax

Total

11,391	20
854	33
12,245	33

Customer Signature Heath C. [Signature]

5-7-26

Date



Date 05-12-2026

OPERATOR D. Core

Total

20000000	
12,297	00
922	28
\$13,219	28



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4457

CHARGE TO:

ADDRESS

R/A SOURCE NO.

LEASE AND WELL NO.

NEAREST TOWN

SPOT LOCATION

ZERO

CUSTOMER'S T.D.

ENGINEER

CUSTOMER ORDER NO.

FIELD

COUNTY

SEC.

CASING SIZE

LOG-TECH TD

OPERATOR

Date 05-15-2026

Ramshorn Resources

Osage # 109

Aetna

SE NW SW NE

KB 8 AGL

5406

S. Chesney

OW

Aetna Gas Area

Barber

25

TWP. 33S

STATE Kansas

RANGE 15W

WEIGHT

FLUID LEVEL 4320

PERFORATING

Description	No. Shots	Depth		Amount
		From	To	
Perf 4" HEC 4x4	16	4718	4722	365000
4715.5				
2.5				
4718				

DEPTH AND OPERATIONS CHARGES

Description	Depth		Total No. Pt	Price Per Pt	Amount
	From	To			
5 1/2 CIBP	4718	4730			175000
Depth Charge	0	4730			150000
4722.5					
7.5					
4730					

MISCELLANEOUS

Description	Quantity	Amount
Service Charge		
T.J.		190000
A.O.L.		45000
S.J.		
F.J.		
T.W.T.		

PRICES SUBJECT TO CORRECTION BY BILLING DEPARTMENT

RECEIVED THE ABOVE SERVICES ACCORDING TO THE TERMS AND CONDITIONS SPECIFIED ON THE REVERSE SIDE TO WHICH WE HEREBY AGREE.

Sub Total

Tax

Customer Signature

Keith Elder

5-15-26