

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 Filled

CONFIDENTIAL WELL 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 112

Original Comp. Date: 12/02/2007 Original Total Depth: 5411

☐ 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 #: _____

06/30/2026 06/30/2026

Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No.: 15-007-23228-00-01

Spot Description:

- NE - SW - NE Sec. 14 Twp. 33 S. R. 15 ☐ East ☒ West1915 Feet from ☒ North / ☐ South Line of Section1922 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 ☐ WGS84

County: Barber

Lease Name: OSAGE Well #: 112

Field Name:

Producing Formation: Altamont/Mississippian

Elevation: Ground: 1885 Kelly Bushing: 1893

Total Vertical Depth: 5411 Plug Back Total Depth: 5100

Amount of Surface Pipe Set and Cemented at: 212 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 #: _____

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: 08/27/2026

☐ Confidential Release Date: 08/26/2028☐ 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