Form 5500-SF		m 5500-SF	Short Form Annual Return/Report of Small Employ			yee	OMB Nos. 1210-0110 1210-0089			
Department of the Treasury Internal Revenue Service			Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employe			е	2	2012		
Department of Labor Employee Benefits Security Administration			Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058 the Internal Revenue Code (the Code).		B(a) of This Form is Open to		•			
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 55						Inspection 00-SF.				
	art I		entification Information		and anding 4	0/04/	204.0			
-		ar plan year 2012 or fisca	7 · · · · · ·			2/31/2	-			
		urn/report is for:		1 1 9 1	an (not multiemployer)		a one-particip	pant plan		
ВТ	This ret	urn/report is:		ne final return/report						
Image: Check box if filing under: Image:					/report (less than 12 m	DFVC program				
	леск с	ox if filing under:	special extension (enter description)							
Pa	rt II	Basic Plan Inform	nation—enter all requested information							
	Name			011		1b	Three-digit			
		S WELL DRILLING 401(K) PLAN				plan number	004		
						10	(PN) ►	001		
						IC	Effective date o	•		
		oonsor's name and address SWELL DRILLING, LLC	ess; include room or suite number (emp	oloyer, if for a single-e	employer plan)	2b	Employer Identi (EIN) 20-57	fication Number 85114		
73 HA		OLLOW ROAD				2c	Sponsor's telep 208-983			
		LE, ID 83530				2d	Business code (see instructions) 221300			
3a	Plan ad	dministrator's name and	address 🛛 Same as Plan Sponsor Nar	ne Same as Plan	Sponsor Address	3b	Administrator's	EIN		
3c Administrator's telephone number								telephone number		
4	If the n	ame and/or EIN of the p	lan sponsor has changed since the las	t return/report filed fo	r this plan, enter the	4b EIN				
		EIN, and the plan numb or's name	er from the last return/report.			4c PN				
			the beginning of the plan year					3		
b	Total r	umber of participants at	the end of the plan year			5b		3		
С			count balances as of the end of the pla			_				
						5c		3		
			uring the plan year invested in eligible					X Yes No		
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)										
If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.										
			incomplete filing of this return/repo							
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.										
SIG	N	Filed with authorized/va	lid electronic signature.	09/05/2013	CONNIE NAIL					
HER	RE	Signature of plan adn	ninistrator	Date	Enter name of individual signing as plan administrator					
SIG	N									
HER	RE	Signature of employe	r/plan sponsor	Date	Enter name of individu	ual sig	ning as employe	r or plan sponsor		
Prep	oarer's		ne, if applicable) and address; include i					number (optional)		

b Total plan labilities	Part III Financial Information							
b Total plan labilities 7b 0 12341 1275 c Tet plan assets (subtract line 7b from line 7a) 7c 12341 1275 b noome. Expresse, and Transfers for the Plan Year (a) Amount (b) Total a Contributions received or receivable from: 6a(1) (b) Total (c) Total (a) Derive from (los) 6a 6a(3) (c) (c) (c) (b) Derive from (los) 6a 6a 3717 (c)	7 Plan Assets and Liabilities		(a) Beginning of Year			(b) End of Year		
c Net plan assets (subtract line 7b from line 7a) 7e 123841 1275 8 Income. Exponses, and Transfers for his Plan Year (a) Amount (b) Total C Carticultions received or receivable from: 8a(1) (b) Total (c) Participants. 8a(2) (c) (c) Differe (including collowers). 8a(3) (c) (c) D other income (loss) 8a(3) (c) (c) (c) D other income (loss) 8a(3) (c) (c) (c) (c) D other income (loss) 8a(3) (c) (c) (c) (c) (c) D other income (loss) 8a(1) 8a(3) (c) (c) (c) (c) D other income (loss) 8a(1) (c)	a Total plan assets		12384	1			127558	
8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable form: 84(1) (c) (c) <td< td=""><td>b Total plan liabilities</td><td>7b</td><td></td><td>0</td><td></td><td></td><td>0</td></td<>	b Total plan liabilities	7b		0			0	
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(3) Others (including rollovers) Ba(3) 3717 b Other income (loss) Bb 3717 c Total income (data) (ins 841), 84(2), 84(3), and 8b) Bc 377 d Benefits paid (including direct rollovers and insurance premiums) Bd 377 d Benefits paid (including direct rollovers and insurance premiums) Bd 377 d Benefits paid (including direct rollovers (salaries, fees, commissions) Bd 377 g Other expenses (add lines 8d, 8e, 81, and 8g) Bd 378 g Other supenses (add lines 8d, 8e, 81, and 8g) Bd 377 j Transfers to (rom) the plan (see instructions) Bd 377 g I the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 252 £7 £ 23 £ 23 £ 33 20 27 g If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 252 £7 £ 23 £ 3 20 27 g Uning the plan year: Yes No Amount a Was there a rule nonexampt transactions and DoL's Voluntary Fiducitory Correction Program) 10a X g Did the plan have a loss, whether or nor reinbursed by the plan's fidelity bond, that was caused by fraud or dino fio.04 X Image and and to provide any								
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c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				_				
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)			371	(_			
to provide benefits,		,			_		3717	
e Cartain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (salaries, fees, commissions) 8f g Other expenses 8g f Administrative service providers (salaries, fees, commissions) 8f i Net income (loss) (subtract line 8h from line 8c) 8i i Net income (loss) (subtract line 8h from line 8c) 8i j Transfer to (from) the plan (see instructions) 8j Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 9a If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 9a If the plan provides welfare benefits, enter the applicable vention within the time period described in 10a 29 CFR 2510-3102? (Network) 10a 29 CFR 2510-3102? (Network) 10b X c Ware there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X c								
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g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	insurance service or other organization that	provides some or all of the bene	fits under the plan? (See	10e	x		686	
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	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling							
b Enter the minimum required contribution for this plan year	If you completed line 12a, complete lines 3, 9	, and 10 of Schedule MB (For	m 5500), and skip to line 13.					
	b Enter the minimum required contribution for this plan year					12b		

С	Enter	the amount contributed by the employer to the plan for this plan year	12c				
d							
е		he minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A		
Part	Part VII Plan Terminations and Transfers of Assets						
13a	Has a	a resolution to terminate the plan been adopted in any plan year?	, ,	Yes X No			
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a				
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the pBGC?	control		Yes X No		
С	C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)						
1	3c(1)	Name of plan(s): 1	3c(2) E	IN(s)	13c(3) PN(s)		
Part	VIII	Trust Information (optional)					

14a Name of trust	14b Trust's EIN