Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2015

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
CITATION OIL & GAS CORP RETIREMENT SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 04/01/1989

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
CITATION OIL & GAS CORP

14077 CUTTEN RD
HOUSTON, TX 77069-2212

14077 CUTTEN RD
HOUSTON, TX 77069-2212

2b Employer Identification Number (EIN)
74-2163444

2c Plan Sponsor's telephone number
281-891-1000

2d Business code (see instructions)
211110

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, 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.

SIGN HERE	Filed with authorized/valid electronic signature.	08/30/2016	THOMAS PATRICK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	08/30/2016	THOMAS PATRICK
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Preparer's telephone number

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4c**	PN

5	Total number of participants at the beginning of the plan year	**5**	624
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	555
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	549
b	Retired or separated participants receiving benefits	**6b**	2
c	Other retired or separated participants entitled to future benefits	**6c**	79
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	630
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	630
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	548
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	16
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2T 2F 2G 2J 2K 2S 2E

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

(1)	[X]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	[X]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	[X]	**R** (Retirement Plan Information)
(2)	[ ]	**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	[ ]	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	[X]		**H** (Financial Information)
(2)	[ ]		**I** (Financial Information – Small Plan)
(3)	[X]	1	**A** (Insurance Information)
(4)	[X]		**C** (Service Provider Information)
(5)	[ ]		**D** (DFE/Participating Plan Information)
(6)	[ ]		**G** (Financial Transaction Schedules)

Part III **Form M-1 Compliance Information (to be completed by welfare benefit plans)**

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ……..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
CITATION OIL & GAS CORP RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CITATION OIL & GAS CORP

D Employer Identification Number (EIN)
74-2163444

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1050034	93629	41421	630	01/01/2015	12/31/2015

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	14532

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

LOCKTON FINANCIAL ADVISORS LLC
444 WEST 47TH ST
SUITE 900
KANSAS CITY, MO 64112

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	14532	SERVICES TO INSURER OR PLAN	4

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	15389535
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	0
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GUARANTEED GENERAL ACCOUNT CONTRACT

b	Balance at the end of the previous year			7b	13006686
c	Additions: (1) Contributions deposited during the year	7c(1)	1025884		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	297936		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	2070618		
	▶ LOAN REPAYMENTS, TRANSFERS, MISC/FO				
	(6) Total additions			7c(6)	3394438
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	16401124
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	921241		
	(2) Administration charge made by carrier	7e(2)	12080		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	78268		
	▶ LOAN INITIATIONS, TRANSFERS, MISC/F				
	(5) Total deductions			7e(5)	1011589
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	15389535

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2015** **This Form is Open to Public Inspection.**

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
CITATION OIL & GAS CORP RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CITATION OIL & GAS CORP

D Employer Identification Number (EIN)
74-2163444

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

PRUDENTIAL RETIREMENT INSURANCE

06-1050034

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

PRUDENTIAL INSURANCE COMPANY OF

22-1211670

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 50 37 15	NONE	0	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

(a) Enter name and EIN or address (see instructions)

PRUDENTIAL RETIREMENT INSURANCE

06-1050034

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
38 10 50 37 15	NONE	5649	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

(a) Enter name and EIN or address (see instructions)

MELTON & MELTON LLP

74-1550819

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	10000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

LOCKTON FINANCIAL ADVISORS, LLC

20-3247391

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
71 33	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	45492	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PRUDENTIAL INSURANCE COMPANY OF AME	64 60 15	

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PRUDENTIAL INVESTMENTS, LLC 22-3468527	22.000 BPS FROM 1/1/2015 TO 12/31/2015 TARG SMA CAP VALUE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PRUDENTIAL INSURANCE COMPANY OF AME	64 60 15	

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PRUDENTIAL INVESTMENTS, LLC 22-3468527	22.000 BPS FROM 1/1/2015 TO 12/31/2015 PRU JENN NAT RESOUR

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PRUDENTIAL INSURANCE COMPANY OF AME	64 60 15	

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PRUDENTIAL INVESTMENTS, LLC 22-3468527	22.000 BPS FROM 1/1/2015 TO 12/31/2015 PRU JENN MD CP GRW

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PRUDENTIAL RETIREMENT INSURANCE	64 15	

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PRUDENTIAL RETIREMENT INSURANCE 06-1050034	20.000 BPS FROM 1/1/2015 TO 12/31/2015 GUAR INCOME FUND

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
CITATION OIL & GAS CORP RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CITATION OIL & GAS CORP

D Employer Identification Number (EIN)
74-2163444

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	650718	777007
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	45408958	44859212
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	13006686	15389535
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	59066362	61025754
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	59066362	61025754

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	2117734	
	(B) Participants	2a(1)(B)	3267086	
	(C) Others (including rollovers)	2a(1)(C)	311503	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		5696323
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	31560	
	(F) Other	2b(1)(F)	290939	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		322499
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	816896	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		816896
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-1780711
c Other income	2c		7000
d Total income. Add all **income** amounts in column (b) and enter total	2d		5062007
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3086292	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		3086292
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	16323	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		16323
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3102615
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1959392
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: MELTON & MELTON, LLP **(2)** EIN: 74-1550819

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X		
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X		

		Yes	No	N/A	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X		
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X		
e Was this plan covered by a fidelity bond?	4e	X			500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X		
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X		
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X		
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X		
l Has the plan failed to provide any benefit when due under the plan?	4l		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n				
o Did the plan trust incur unrelated business taxable income?	4o				
p Were in-service distributions made during the plan year?	4p				

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

5b 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.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☐ No ☐ Not determined

Part V Trust Information

6a Name of trust	**6b** Trust's EIN

6c Name of trustee or custodian	**6d** Trustee's or custodian's telephone number

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2015

This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
CITATION OIL & GAS CORP RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CITATION OIL & GAS CORP

D Employer Identification Number (EIN)
74-2163444

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 22-1211670

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 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 ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A

22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____ (See instructions for tax law changes and codes).

22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter _____/_____/_____ and the letter's serial number _____.

22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter _____/_____/_____.

23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

CITATION OIL & GAS CORP.
RETIREMENT SAVINGS PLAN

FINANCIAL STATEMENTS

AND SUPPLEMENTAL SCHEDULE

FOR THE

YEARS ENDED DECEMBER 31, 2015 AND 2014

AND INDEPENDENT AUDITOR'S REPORT



MELTON & MELTON, L.L.P.
CERTIFIED PUBLIC ACCOUNTANTS

CITATION OIL & GAS CORP. RETIREMENT SAVINGS PLAN

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MELTON & MELTON, L.L.P.
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

To the Investment Committee of
Citation Oil & Gas Corp. Retirement Savings Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Citation Oil & Gas Corp. Retirement Savings Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, and the related statement of changes in net assets available for benefits for the year ended December 31, 2015, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Prudential Bank & Trust, F.S.B., the trustee of the Plan, and Prudential Retirement Insurance and Annuity Company (PRIAC), except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee and PRIAC hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from the trustee and PRIAC as of December 31, 2015 and 2014, and for the year ended December 31, 2015, that the information provided to the plan administrator by the trustee and PRIAC is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedule H, line 4i - schedule of assets (held at end of year) as of December 31, 2015 is required by the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee and PRIAC, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Melton + Melton, LLP

Houston, Texas
June 27, 2016

CITATION OIL & GAS CORP. RETIREMENT SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2015 and 2014

	2015	2014
Investments, at fair value	$ 44,859,212	$ 45,408,958
Investment, at contract value	15,389,535	13,006,686
Notes receivable from participants	777,007	650,718
Net assets available for benefits	**$ 61,025,754**	**$ 59,066,362**

(See accompanying notes to financial statements)

CITATION OIL & GAS CORP. RETIREMENT SAVINGS PLAN
STATEMENT OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS
For the Year Ended December 31, 2015

Additions to Net Assets Attributable to:	
Investment income (loss):	
Interest and dividend income	$ 1,107,835
Net depreciation in fair value of investments	(1,773,711)
	(665,876)
Interest income on notes receivable from participants	31,560
Contributions:	
Participant	3,267,086
Rollover	311,503
Employer	2,117,734
	5,696,323
Deductions from Net Assets Attributable to:	
Benefits paid to participants	3,086,292
Administrative expenses	16,323
	3,102,615
Change in Net Assets Available for Benefits	1,959,392
Net Assets Available for Benefits at:	
Beginning of year	59,066,362
End of year	**$ 61,025,754**

(See accompanying notes to financial statements)

CITATION OIL & GAS CORP. RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2015 and 2014

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of the Citation Oil & Gas Corp. Retirement Savings Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document or Summary Plan Description for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan originally established April 1, 1989, for all eligible employees of Citation Oil & Gas Corp. and its subsidiaries (the "Company") and is subject to the Employee Retirement Income Security Act of 1974 (ERISA). Employees are eligible to participate in the Plan upon the entry date coinciding with or next following attainment of age 21.

Contributions

Participants may contribute up to 80% of their annual eligible compensation on a pre-tax basis, as defined in the Plan, subject to certain limitations prescribed by law. Each eligible employee who has not affirmatively elected not to participate or designated a deferral percentage shall be deemed to have made an election to defer 6% of the employee's eligible compensation. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. The Plan allows rollover contributions from other qualified plans. The Company contributes 100% of each participant's contributions that are up to a maximum of 6% of each participant's eligible compensation each pay period. Participants direct the investment of all contributions into various investment options offered by the Plan and may change their contribution rates every payroll cycle and investment options at any time.

Participant Accounts

Each participant's account is credited with the participant's contribution and the Company's contribution, as well as allocations of Plan earnings and any applicable administrative expenses. Allocations are based on participant earnings, account balances, or specific participant transactions as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are at all times fully vested in their contributions and the appreciation or depreciation thereon. Vesting in the Company's contribution portion of their accounts plus earnings thereon is based on years of continuous service. Participants vest 20% per year after one year of service and are 100% vested after five years of service.

Benefit Payments

A participant is immediately vested upon death, retirement, or termination of employment due to total and permanent disability. Normal retirement age under the Plan is 65. Upon termination or retirement, a participant may receive the value of the vested funds in his or her account in a lump sum or other type of payment as defined in the Plan.

NOTE 1 - DESCRIPTION OF THE PLAN (CONTINUED)

Forfeited Accounts

Forfeitures of nonvested employer contributions are used to first reduce administrative expenses and then to reduce future employer contributions. The forfeitures balance at December 31, 2015 and 2014 was $7,482 and $6,689, respectively. Forfeitures of $103,148 were used to reduce employer contributions during 2015. There were no forfeitures used to reduce administrative expenses during 2015.

Notes Receivable from Participants

Plan participants may borrow Plan assets up to a maximum of the lesser of $50,000 or 50% of their vested account balance in the Plan. Loans are repaid in level installments through payroll deductions for periods ranging up to five years. The loans bear interest at reasonable rates established at the inception of the loan and are secured by the participant's vested account balance to the extent of the principal amount of the loan plus accrued interest. Participants are allowed to have one loan outstanding at a time.

Plan Termination

Although it has not expressed any intent to do so, the Company has the right to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would receive benefits based on their account balances accumulated to the date of termination of the Plan.

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan have been prepared on the accrual basis of accounting.

Administrative Expenses

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to notes receivable from participants and certain other transaction fees are charged directly to the participant's accounts and are included in administrative expenses. Other investment-related expenses are included in net depreciation in fair value of investments.

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from these estimates.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. No allowance for credit losses has been recorded as of December 31, 2015 or 2014. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

Investments

Investments are reported at fair value, except the fully benefit-responsive investment contract which is reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisors, trustee, and Prudential Retirement Insurance and Annuity Company (PRIAC). See Note 3 for discussion of fair value measurements. Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Interest and dividend income, as well as capital gain distributions, are included in investment income. Net depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Contract value is the relevant measurement attributable for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Plan, as discussed in Note 4, invests in PRIAC Guaranteed Income Fund.

Accounting Change

In July 2015, the Financial Accounting Standards Update (FASB) issued Accounting Standards Update (ASU) 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965): (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient*. Part I eliminates the requirements to measure the fair value of fully benefit-responsive investment contracts and provide certain disclosures. Contract value is the only required measure for fully benefit-responsive investment contracts. Part II eliminates the requirements to disclose individual investments that represent 5 percent or more of net assets available for benefits and the net appreciation or depreciation in fair value of investments by general type. Part II also simplifies the level of disaggregation of investments that are measured using fair value. Plans will continue to disaggregate investments that are measured using fair value by general type; however, plans are no longer required to also disaggregate investments by nature, characteristics, and risks. Further, the disclosure of information about fair value measurements shall be provided by general type of plan asset. Part III is not applicable to the Plan. The ASU is effective for fiscal years beginning after December 15, 2015, with early adoption permitted. Management has elected to adopt Parts I and II early. Parts I and II are applied retrospectively.

NOTE 3 - FAIR VALUE MEASUREMENTS

The FASB Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures,* clarifies the definition of fair value for financial reporting, establishes a framework for measuring fair value, and requires additional disclosure about the use of fair value measurements in an effort to make the measurement of fair value more consistent and comparable.

Various inputs are used in determining the fair value of the Plan's investments. Valuation techniques used to measure fair value must maximize the use of observable inputs and minimize the use of unobservable inputs. In addition, ASC 820 establishes a three-tier fair value hierarchy, which prioritizes the inputs used in measuring fair value. The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. The three levels of the fair value hierarchy, including the types of Plan investments that fall under each category and the valuation methodologies used to measure fair value, are described below:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets.

Mutual funds: Valued at net asset value (NAV) of shares held by the Plan at year-end. NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. The NAV is a quoted price in an active market.

Level 2 - Inputs to the valuation methodology are other than quoted market prices in active markets that are observable, either directly or indirectly, such as quoted prices for similar assets or liabilities in active markets; quoted prices that are in inactive markets; inputs other than quoted prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Level 3 - Inputs to the valuation methodology are unobservable inputs (i.e., projections, estimates, interpretations, etc.) that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The inputs and methodologies used for valuing securities are not an indication of the risk associated with investing in those securities. There have been no changes in the methodologies used at December 31, 2015 or 2014.

NOTE 3 - FAIR VALUE MEASUREMENTS (CONTINUED)

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2015 and 2014:

	December 31, 2015			
Description	Level 1	Level 2	Level 3	Total
Mutual Funds	$44,859,212			$44,859,212
Total investments at fair value	$44,859,212			$44,859,212

	December 31, 2014			
Description	Level 1	Level 2	Level 3	Total
Mutual Funds	$45,408,958			$45,408,958
Total investments at fair value	$45,408,958			$45,408,958

NOTE 4 - GUARANTEED INCOME FUND

The Plan invests in the PRIAC Guaranteed Income Fund (GIF). The GIF is a broadly diversified, fixed-income portfolio within PRIAC's general account. Contract value, as reported to the Plan by PRIAC, represents contributions made under the contract, plus earnings at guaranteed crediting rates, less participant withdrawals and administrative fees.

The concept of a value other than contract value does not apply to the contract even upon a discontinuance of the contract. As described in Note 2, the GIF meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive contracts because this is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. Participants may direct the withdrawal or transfer of all or a portion of their account balance at contract value. Contract value represents contributions made under the GIF, plus earnings, less participant withdrawals, and administrative expenses.

Interest is credited on the balance using a single "portfolio rate" approach. Under this methodology, a single interest-crediting rate is applied to all contributions made to the contract regardless of the timing of those contributions. Interest-crediting rates are reviewed on a semi-annual basis for resetting. When establishing interest crediting rates for this product, PRIAC considers many factors, including current economic and market conditions, the general interest rate environment, and both the expected and actual experience of a reference portfolio within the issuer's general account. These rates are established without the use of a specific formula. The minimum crediting rate under the contract is 1.50%.

Generally, there are not any events that could limit the ability of the Plan to transact at contract value paid within 90 days or, in rare circumstances, contract value paid over time. There are also no events that allow the issuer to terminate the contract and which require the plan sponsor to settle at an amount different than contract value paid either within 90 days or over time.

NOTE 5 - INFORMATION CERTIFIED BY THE TRUSTEE AND PRIAC

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Prudential Bank & Trust, F.S.B., the trustee of the Plan, and PRIAC have certified to the completeness and accuracy of all investments and notes receivable from participants reflected in the accompanying statements of net assets available for benefits as of December 31, 2015 and 2014, and the schedule H, line 4i - schedule of assets (held at end of year) as of December 31, 2015, and the related investment activity and interest income on notes receivable from participants reflected in the statement of changes in net assets available for benefits for the year ended December 31, 2015.

NOTE 6 - PARTY-IN-INTEREST

The Plan invests in a guaranteed income fund of PRIAC and mutual funds managed by Prudential Investment Management Services, LLC (an affiliate of PRIAC). PRIAC is the Plan's custodian of the guaranteed income fund; therefore, these investments qualify as party-in-interest transactions. Notes receivable from participants also qualify as party-in-interest transactions. These transactions are covered by an exemption from the prohibited transaction provisions.

NOTE 7 - RISKS AND UNCERTAINTIES

The Plan provides for various investments. In general, such investments are exposed to various risks such as significant world events, interest rate, credit, and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the value of investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

NOTE 8 - TAX STATUS

The Plan received its latest determination letter from the Internal Revenue Service (IRS) dated June 9, 2015 stating that the Plan is qualified under the applicable requirements of the Internal Revenue Code (IRC) and, therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The plan administrator believes the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified and the related trust is tax exempt.

NOTE 9 - SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through June 27, 2016, the date the financial statements were available to be issued.

CITATION OIL & GAS CORP. RETIREMENT SAVINGS PLAN
EIN: 74-2163444 PLAN #001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2015

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Mutual Funds:			
	American Century	Growth Fund Inv	**	$ 6,322,751
	American Funds	EuroPacific Growth Fund R4	**	5,835,591
	Columbia	Acorn International Z	**	644,537
	Columbia	Dividend Income Z	**	6,366,135
	Columbia	Strategic Income Z	**	323,248
	Invesco	Charter Inst	**	666,161
	Janus	Perkins Mid Cap Value Fund A	**	1,841,568
	JPMorgan	Small Cap Equity Sel	**	832,844
	Nuveen	Real Estate Securities I	**	441,190
	Oppenheimer	Developing Markets Y	**	2,053,127
	Oppenheimer	International Bond Y	**	2,820,606
	PIMCO	All Asset Instl	**	2,919,174
	PIMCO	Real Return Bond Fund A	**	81,901
*	Prudential Funds	Total Return Bond Q	**	6,253,197
*	Prudential Funds	Jennison Mid Cap Growth A	**	2,133,284
*	Prudential Funds	Jennison Natural Resources A	**	321,257
*	Prudential Funds	QMA Stock Index Fund Z	**	883,592
*	Prudential Funds	QMA Small Cap Value Z	**	1,495,240
	Wells Fargo	Advantage Emerging Growth Inst	**	2,090,747
	Vanguard	Extended Market Index Fund Admiral	**	527,270
	Vanguard	Total Intl Stock Index Fund Admiral	**	5,577
	Vanguard	Interm-Term Bond Index Fund Admiral	**	215
	Insurance Company General Account:			
*	Prudential Retirement Insurance and Annuity Company	Guaranteed Income Fund	**	15,389,535
				60,248,747
*	**Participant Loans**	4.25%	0	777,007
				$ 61,025,754

* A party-in-interest as defined by ERISA.
** Cost omitted for participant-directed investments.

Form **5558**
(Rev. August 2012)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File Certain Employee Plan Returns

▶ For Privacy Act and Paperwork Reduction Act Notice, see instructions.
▶ Information about Form 5558 and its instructions is at www.irs.gov/form5558

OMB No. 1545-0212

File With IRS Only

Part I Identification

A Name of filer, plan administrator, or plan sponsor (see instructions)
CITATION OIL & GAS CORP.

Number, street, and room or suite no. (If a P.O. box, see instructions)
14077 CUTTEN ROAD

City or town, state, and ZIP code
HOUSTON TX 77069-2212

B Filer's identifying number (see instructions)
Employer identification number (EIN) (9 digits XX-XXXXXXX)
74-2163444
Social security number (SSN) (9 digits XXX-XX-XXXX)

C Plan name	Plan number	Plan year ending – MM	DD	YYYY
CITATION OIL & GAS CORP RETIREMENT SAVINGS PLA	001	12/31/2015		

Part II Extension of Time To File Form 5500 Series, and/or Form 8955-SSA

1 ☐ Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part I, C above.

2 I request an extension of time until 09/15/16 to file Form 5500 series (see instructions).
Note. A signature IS NOT required if you are requesting an extension to file Form 5500 series.

3 I request an extension of time until _____ to file Form 8955-SSA (see instructions).
Note. A signature IS NOT required if you are requesting an extension to file Form 8955-SSA.

The application **is automatically approved** to the date shown on line 2 and/or line 3 (above) if: **(a)** the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested, and **(b)** the date on line 2 and/or line 3 (above) is not later than the 15th day of the third month after the normal due date.

Part III Extension of Time To File Form 5330 (see instructions)

4 I request an extension of time until _____ to file Form 5330.
You may be approved for up to a 6 month extension to file Form 5330, after the normal due date of Form 5330.

a Enter the Code section(s) imposing the tax ▶ a

b Enter the payment amount attached ▶ b

c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date ▶ c

5 **State in detail why you need the extension:**

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ▶ [signature] **Date** ▶ 6-6-2016

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6047(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210 - 0110
1210 - 0089

2015

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2015 or fiscal plan year beginning and ending

A This return/report is for: ☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or

B This return/report is: ☒ a single-employer plan: ☐ a DFE (specify) ____
☐ the first return/report; ☐ the final return/report;
☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here ▶ ☐

D Check box if filing under: ☒ Form 5558; ☐ automatic extension; ☐ the DFVC program;
☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
CITATION OIL & GAS CORP RETIREMENT SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 04/01/1989

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
CITATION OIL & GAS CORP.

14077 CUTTEN ROAD

HOUSTON TX 77069-2212

2b Employer Identification Number (EIN)
74-2163444

2c Plan Sponsor's telephone number
281-891-1000

2d Business code (see instructions)
211110

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, 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.

SIGN HERE	Signature of plan administrator	Date: 8-25-16	Enter name of individual signing as plan administrator: CHRISTOPHER A. PHELPS
SIGN HERE	Signature of employer/plan sponsor	Date: 8-25-16	Enter name of individual signing as employer or plan sponsor: CHRISTOPHER A. PHELPS
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Preparer's telephone number

CITATION OIL & GAS CORP.
RETIREMENT SAVINGS PLAN

FINANCIAL STATEMENTS

AND SUPPLEMENTAL SCHEDULE

FOR THE

YEARS ENDED DECEMBER 31, 2015 AND 2014

AND INDEPENDENT AUDITOR'S REPORT



MELTON & MELTON, L.L.P.
CERTIFIED PUBLIC ACCOUNTANTS

CITATION OIL & GAS CORP. RETIREMENT SAVINGS PLAN

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MELTON & MELTON, L.L.P.
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

To the Investment Committee of
Citation Oil & Gas Corp. Retirement Savings Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Citation Oil & Gas Corp. Retirement Savings Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, and the related statement of changes in net assets available for benefits for the year ended December 31, 2015, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Prudential Bank & Trust, F.S.B., the trustee of the Plan, and Prudential Retirement Insurance and Annuity Company (PRIAC), except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee and PRIAC hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from the trustee and PRIAC as of December 31, 2015 and 2014, and for the year ended December 31, 2015, that the information provided to the plan administrator by the trustee and PRIAC is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedule H, line 4i - schedule of assets (held at end of year) as of December 31, 2015 is required by the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee and PRIAC, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Melton + Melton, LLP

Houston, Texas
June 27, 2016

CITATION OIL & GAS CORP. RETIREMENT SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2015 and 2014

	2015	2014
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Forfeitures of nonvested employer contributions are used to first reduce administrative expenses and then to reduce future employer contributions. The forfeitures balance at December 31, 2015 and 2014 was $7,482 and $6,689, respectively. Forfeitures of $103,148 were used to reduce employer contributions during 2015. There were no forfeitures used to reduce administrative expenses during 2015.

Notes Receivable from Participants

Plan participants may borrow Plan assets up to a maximum of the lesser of $50,000 or 50% of their vested account balance in the Plan. Loans are repaid in level installments through payroll deductions for periods ranging up to five years. The loans bear interest at reasonable rates established at the inception of the loan and are secured by the participant's vested account balance to the extent of the principal amount of the loan plus accrued interest. Participants are allowed to have one loan outstanding at a time.

Plan Termination

Although it has not expressed any intent to do so, the Company has the right to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would receive benefits based on their account balances accumulated to the date of termination of the Plan.

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan have been prepared on the accrual basis of accounting.

Administrative Expenses

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to notes receivable from participants and certain other transaction fees are charged directly to the participant's accounts and are included in administrative expenses. Other investment-related expenses are included in net depreciation in fair value of investments.

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from these estimates.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. No allowance for credit losses has been recorded as of December 31, 2015 or 2014. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

Investments

Investments are reported at fair value, except the fully benefit-responsive investment contract which is reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisors, trustee, and Prudential Retirement Insurance and Annuity Company (PRIAC). See Note 3 for discussion of fair value measurements. Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Interest and dividend income, as well as capital gain distributions, are included in investment income. Net depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Contract value is the relevant measurement attributable for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Plan, as discussed in Note 4, invests in PRIAC Guaranteed Income Fund.

Accounting Change

In July 2015, the Financial Accounting Standards Update (FASB) issued Accounting Standards Update (ASU) 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965): (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient*. Part I eliminates the requirements to measure the fair value of fully benefit-responsive investment contracts and provide certain disclosures. Contract value is the only required measure for fully benefit-responsive investment contracts. Part II eliminates the requirements to disclose individual investments that represent 5 percent or more of net assets available for benefits and the net appreciation or depreciation in fair value of investments by general type. Part II also simplifies the level of disaggregation of investments that are measured using fair value. Plans will continue to disaggregate investments that are measured using fair value by general type; however, plans are no longer required to also disaggregate investments by nature, characteristics, and risks. Further, the disclosure of information about fair value measurements shall be provided by general type of plan asset. Part III is not applicable to the Plan. The ASU is effective for fiscal years beginning after December 15, 2015, with early adoption permitted. Management has elected to adopt Parts I and II early. Parts I and II are applied retrospectively.

NOTE 3 - FAIR VALUE MEASUREMENTS

The FASB Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures,* clarifies the definition of fair value for financial reporting, establishes a framework for measuring fair value, and requires additional disclosure about the use of fair value measurements in an effort to make the measurement of fair value more consistent and comparable.

Various inputs are used in determining the fair value of the Plan's investments. Valuation techniques used to measure fair value must maximize the use of observable inputs and minimize the use of unobservable inputs. In addition, ASC 820 establishes a three-tier fair value hierarchy, which prioritizes the inputs used in measuring fair value. The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. The three levels of the fair value hierarchy, including the types of Plan investments that fall under each category and the valuation methodologies used to measure fair value, are described below:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets.

Mutual funds: Valued at net asset value (NAV) of shares held by the Plan at year-end. NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. The NAV is a quoted price in an active market.

Level 2 - Inputs to the valuation methodology are other than quoted market prices in active markets that are observable, either directly or indirectly, such as quoted prices for similar assets or liabilities in active markets; quoted prices that are in inactive markets; inputs other than quoted prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Level 3 - Inputs to the valuation methodology are unobservable inputs (i.e., projections, estimates, interpretations, etc.) that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The inputs and methodologies used for valuing securities are not an indication of the risk associated with investing in those securities. There have been no changes in the methodologies used at December 31, 2015 or 2014.

NOTE 3 - FAIR VALUE MEASUREMENTS (CONTINUED)

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2015 and 2014:

	December 31, 2015			
Description	Level 1	Level 2	Level 3	Total
Mutual Funds	$44,859,212			$44,859,212
Total investments at fair value	$44,859,212			$44,859,212

	December 31, 2014			
Description	Level 1	Level 2	Level 3	Total
Mutual Funds	$45,408,958			$45,408,958
Total investments at fair value	$45,408,958			$45,408,958

NOTE 4 - GUARANTEED INCOME FUND

The Plan invests in the PRIAC Guaranteed Income Fund (GIF). The GIF is a broadly diversified, fixed-income portfolio within PRIAC's general account. Contract value, as reported to the Plan by PRIAC, represents contributions made under the contract, plus earnings at guaranteed crediting rates, less participant withdrawals and administrative fees.

The concept of a value other than contract value does not apply to the contract even upon a discontinuance of the contract. As described in Note 2, the GIF meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive contracts because this is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. Participants may direct the withdrawal or transfer of all or a portion of their account balance at contract value. Contract value represents contributions made under the GIF, plus earnings, less participant withdrawals, and administrative expenses.

Interest is credited on the balance using a single "portfolio rate" approach. Under this methodology, a single interest-crediting rate is applied to all contributions made to the contract regardless of the timing of those contributions. Interest-crediting rates are reviewed on a semi-annual basis for resetting. When establishing interest crediting rates for this product, PRIAC considers many factors, including current economic and market conditions, the general interest rate environment, and both the expected and actual experience of a reference portfolio within the issuer's general account. These rates are established without the use of a specific formula. The minimum crediting rate under the contract is 1.50%.

Generally, there are not any events that could limit the ability of the Plan to transact at contract value paid within 90 days or, in rare circumstances, contract value paid over time. There are also no events that allow the issuer to terminate the contract and which require the plan sponsor to settle at an amount different than contract value paid either within 90 days or over time.

NOTE 5 - INFORMATION CERTIFIED BY THE TRUSTEE AND PRIAC

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Prudential Bank & Trust, F.S.B., the trustee of the Plan, and PRIAC have certified to the completeness and accuracy of all investments and notes receivable from participants reflected in the accompanying statements of net assets available for benefits as of December 31, 2015 and 2014, and the schedule H, line 4i - schedule of assets (held at end of year) as of December 31, 2015, and the related investment activity and interest income on notes receivable from participants reflected in the statement of changes in net assets available for benefits for the year ended December 31, 2015.

NOTE 6 - PARTY-IN-INTEREST

The Plan invests in a guaranteed income fund of PRIAC and mutual funds managed by Prudential Investment Management Services, LLC (an affiliate of PRIAC). PRIAC is the Plan's custodian of the guaranteed income fund; therefore, these investments qualify as party-in-interest transactions. Notes receivable from participants also qualify as party-in-interest transactions. These transactions are covered by an exemption from the prohibited transaction provisions.

NOTE 7 - RISKS AND UNCERTAINTIES

The Plan provides for various investments. In general, such investments are exposed to various risks such as significant world events, interest rate, credit, and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the value of investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

NOTE 8 - TAX STATUS

The Plan received its latest determination letter from the Internal Revenue Service (IRS) dated June 9, 2015 stating that the Plan is qualified under the applicable requirements of the Internal Revenue Code (IRC) and, therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The plan administrator believes the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified and the related trust is tax exempt.

NOTE 9 - SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through June 27, 2016, the date the financial statements were available to be issued.

CITATION OIL & GAS CORP. RETIREMENT SAVINGS PLAN
EIN: 74-2163444 PLAN #001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2015

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Mutual Funds:			
	American Century	Growth Fund Inv	**	$ 6,322,751
	American Funds	EuroPacific Growth Fund R4	**	5,835,591
	Columbia	Acorn International Z	**	644,537
	Columbia	Dividend Income Z	**	6,366,135
	Columbia	Strategic Income Z	**	323,248
	Invesco	Charter Inst	**	666,161
	Janus	Perkins Mid Cap Value Fund A	**	1,841,568
	JPMorgan	Small Cap Equity Sel	**	832,844
	Nuveen	Real Estate Securities I	**	441,190
	Oppenheimer	Developing Markets Y	**	2,053,127
	Oppenheimer	International Bond Y	**	2,820,606
	PIMCO	All Asset Instl	**	2,919,174
	PIMCO	Real Return Bond Fund A	**	81,901
*	Prudential Funds	Total Return Bond Q	**	6,253,197
*	Prudential Funds	Jennison Mid Cap Growth A	**	2,133,284
*	Prudential Funds	Jennison Natural Resources A	**	321,257
*	Prudential Funds	QMA Stock Index Fund Z	**	883,592
*	Prudential Funds	QMA Small Cap Value Z	**	1,495,240
	Wells Fargo	Advantage Emerging Growth Inst	**	2,090,747
	Vanguard	Extended Market Index Fund Admiral	**	527,270
	Vanguard	Total Intl Stock Index Fund Admiral	**	5,577
	Vanguard	Interm-Term Bond Index Fund Admiral	**	215
	Insurance Company General Account:			
*	Prudential Retirement Insurance and Annuity Company	Guaranteed Income Fund	**	15,389,535
				60,248,747
*	**Participant Loans**	4.25%	0	777,007
				$ 61,025,754

* A party-in-interest as defined by ERISA.
** Cost omitted for participant-directed investments.

Attachment 1 - Disclosure on Service Providers Receiving Eligible Indirect Compensation

Plan Name	Plan Number	Plan Year Start Date	Plan Year End Date
CITATION OIL & GAS CORP. RETIREMENT SAVINGS PLAN	764480	01/01/2015	12/31/2015

Name of Person/Entity Who Provided Disclosures on Eligible Indirect Compensation	EIN or Address of Entity Who Provided Disclosures on Eligible Indirect Compensation
Prudential Retirement Insurance and Annuity Company	06-1050034

Eligible Indirect Compensation

Name of Service Provider/Payee	Name of Payor	Amount of Fee or Formula	Nature of Service	Name of Fund (for Formula)
Prudential Investment Management Services LLC	American Funds Europacific Growth R4	25.000 BPS from 1/1/2015 to 12/31/2015	Distribution (12b-1) Fees	AMER:EUROPACIFIC GROW R4 298706847
Prudential Investment Management Services LLC	Perkins Mid Cap Value A	25.000 BPS from 1/1/2015 to 12/31/2015	Distribution (12b-1) Fees	JANUS PRK MD CP VAL A 47103C266
Prudential Investment Management Services LLC	PIMCO Real Return A	25.000 BPS from 1/1/2015 to 12/31/2015	Distribution (12b-1) Fees	PIMCO REAL RET BOND FD A 693391120
Prudential Investment Management Services LLC	PIMCO Total Return Admin	25.000 BPS from 1/1/2015 to 12/31/2015	Distribution (12b-1) Fees	PIMCO TOT RET BOND ADMIN 693390726
Prudential Investment Management Services LLC	Prudential Jennison Mid Cap Growth A	30.000 BPS from 1/1/2015 to 12/31/2015	Distribution (12b-1) Fees	PRU JENN MD CP GRW A 74441C105
Prudential Investment Management Services LLC	Prudential Jennison Natural Resources A	30.000 BPS from 1/1/2015 to 12/31/2015	Distribution (12b-1) Fees	PRU JENN NAT RESOURCES A 74441K107
American Century Inv Mgt Inc	American Century Growth Inv	97.000 BPS from 11/1/2015 to 12/31/2015	Investment Management Fees	AMER CENT GROWTH FD 025083106
American Century Inv Mgt, Inc.	American Century Growth Inv	97.000 BPS from 1/1/2015 to 10/31/2015	Investment Management Fees	AMER CENT GROWTH FD 025083106
Capital Research and Management Company	American Funds Europacific Growth R4	42.000 BPS from 1/1/2015 to 12/31/2015	Investment Management Fees	AMER:EUROPACIFIC GROW R4 298706847

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Attachment 1 - Disclosure on Service Providers Receiving Eligible Indirect Compensation

Plan Name	Plan Number	Plan Year Start Date	Plan Year End Date
CITATION OIL & GAS CORP. RETIREMENT SAVINGS PLAN	764480	01/01/2015	12/31/2015

Name of Person/Entity Who Provided Disclosures on Eligible Indirect Compensation	EIN or Address of Entity Who Provided Disclosures on Eligible Indirect Compensation
Prudential Retirement Insurance and Annuity Company	06-1050034

Eligible Indirect Compensation

Name of Service Provider/Payee	Name of Payor	Amount of Fee or Formula	Nature of Service	Name of Fund (for Formula)
Columbia Wanger Asset Management LLC	Columbia Acorn International Z	75.000 BPS from 5/1/2015 to 12/31/2015	Investment Management Fees	COLUMBIA ACORN INTL Z 197199813
Columbia Wanger Asset Management LLC	Columbia Acorn International Z	76.000 BPS from 1/1/2015 to 4/30/2015	Investment Management Fees	COLUMBIA ACORN INTL Z 197199813
Columbia Mangmt Investment Advisers, LLC	Columbia Dividend Income Z	52.000 BPS from 1/1/2015 to 9/30/2015	Investment Management Fees	COLUMBIA DIVIDEND INC Z 19765N245
Columbia Mangmt Investment Advisers, LLC	Columbia Dividend Income Z	56.000 BPS from 10/1/2015 to 12/31/2015	Investment Management Fees	COLUMBIA DIVIDEND INC Z 19765N245
Columbia Mangmt Investment Advisers, LLC	Columbia Strategic Income Z	51.000 BPS from 1/1/2015 to 2/28/2015	Investment Management Fees	COLUMBIA STRATEGIC INC Z 19765L694
Columbia Mangmt Investment Advisers, LLC	Columbia Strategic Income Z	52.000 BPS from 3/1/2015 to 12/31/2015	Investment Management Fees	COLUMBIA STRATEGIC INC Z 19765L694
Invesco Advisers, Inc.	Invesco Mid Cap Core Equity R5	68.000 BPS from 1/1/2015 to 12/31/2015	Investment Management Fees	INV MID CAP CORE EQUIT R5 00141M630
Invesco Advisers, Inc.	Invesco Charter R5	60.000 BPS from 2/1/2015 to 12/31/2015	Investment Management Fees	INVESCO CHARTER INST 001413400
Invesco Advisers, Inc.	Invesco Charter R5	61.000 BPS from 1/1/2015 to 1/31/2015	Investment Management Fees	INVESCO CHARTER INST 001413400
Janus Capital Management LLC	Perkins Mid Cap Value A	41.000 BPS from 10/1/2015 to 12/31/2015	Investment Management Fees	JANUS PRK MD CP VAL A 47103C266
Janus Capital Management LLC	Perkins Mid Cap Value A	45.000 BPS from 1/1/2015 to 9/30/2015	Investment Management Fees	JANUS PRK MD CP VAL A 47103C266

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Attachment 1 - Disclosure on Service Providers Receiving Eligible Indirect Compensation

Plan Name	Plan Number	Plan Year Start Date	Plan Year End Date
CITATION OIL & GAS CORP. RETIREMENT SAVINGS PLAN	764480	01/01/2015	12/31/2015

Name of Person/Entity Who Provided Disclosures on Eligible Indirect Compensation	EIN or Address of Entity Who Provided Disclosures on Eligible Indirect Compensation
Prudential Retirement Insurance and Annuity Company	06-1050034

Eligible Indirect Compensation

Name of Service Provider/Payee	Name of Payor	Amount of Fee or Formula	Nature of Service	Name of Fund (for Formula)
J.P. Morgan Investment Management Inc	JPMorgan Small Cap Equity Sel	65.000 BPS from 11/1/2015 to 12/31/2015	Investment Management Fees	JP MORGAN SM CAP EQ SEL 4812A1373
J.P. Morgan Investment Management Inc.	JPMorgan Small Cap Equity Sel	65.000 BPS from 1/1/2015 to 10/31/2015	Investment Management Fees	JP MORGAN SM CAP EQ SEL 4812A1373
Nuveen Fund Advisors, LLC.	Nuveen Real Estate Securities I	82.000 BPS from 1/1/2015 to 12/31/2015	Investment Management Fees	NUVEEN REAL EST SEC I 670678507
OFI Global Asset Management, Inc.	Oppenheimer Developing Markets Y	77.000 BPS from 1/1/2015 to 12/31/2015	Investment Management Fees	OPPENHEIMER DEV MARKETS Y 683974505
OFI Global Asset Management, Inc.	Oppenheimer International Bond Y	51.000 BPS from 1/1/2015 to 6/30/2015	Investment Management Fees	OPPENHEIMER INTL BOND Y 68380T509
OFI Global Asset Management, Inc.	Oppenheimer International Bond Y	52.000 BPS from 7/1/2015 to 12/31/2015	Investment Management Fees	OPPENHEIMER INTL BOND Y 68380T509
Pacific Investment Management Co LLC	PIMCO All Asset Instl	23.000 BPS from 1/1/2015 to 12/31/2015	Investment Management Fees	PIMCO ALL ASSET INSTIT FD 722005626
Pacific Investment Management Co LLC	PIMCO Real Return A	60.000 BPS from 1/1/2015 to 12/31/2015	Investment Management Fees	PIMCO REAL RET BOND FD A 693391120
Pacific Investment Management Co LLC	PIMCO Total Return Admin	46.000 BPS from 1/1/2015 to 12/31/2015	Investment Management Fees	PIMCO TOT RET BOND ADMIN 693390726
Prudential Investments LLC	Prudential Jennison Mid Cap Growth A	55.000 BPS from 11/1/2015 to 12/31/2015	Investment Management Fees	PRU JENN MD CP GRW A 74441C105
Prudential Investments LLC	Prudential Jennison Mid Cap Growth A	56.000 BPS from 1/1/2015 to 10/31/2015	Investment Management Fees	PRU JENN MD CP GRW A 74441C105

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Attachment 1 - Disclosure on Service Providers Receiving Eligible Indirect Compensation

Plan Name	Plan Number	Plan Year Start Date	Plan Year End Date
CITATION OIL & GAS CORP. RETIREMENT SAVINGS PLAN	764480	01/01/2015	12/31/2015

Name of Person/Entity Who Provided Disclosures on Eligible Indirect Compensation	EIN or Address of Entity Who Provided Disclosures on Eligible Indirect Compensation
Prudential Retirement Insurance and Annuity Company	06-1050034

Eligible Indirect Compensation

Name of Service Provider/Payee	Name of Payor	Amount of Fee or Formula	Nature of Service	Name of Fund (for Formula)
Prudential Investments LLC	Prudential Jennison Natural Resources A	71.000 BPS from 1/1/2015 to 11/30/2015	Investment Management Fees	PRU JENN NAT RESOURCES A 74441K107
Prudential Investments LLC	Prudential Jennison Natural Resources A	72.000 BPS from 12/1/2015 to 12/31/2015	Investment Management Fees	PRU JENN NAT RESOURCES A 74441K107
Prudential Investments LLC	Prudential QMA Stock Index Z	15.000 BPS from 12/1/2015 to 12/31/2015	Investment Management Fees	PRU QMA STOCK INDEX Z 74441F504
Prudential Investments LLC	Prudential Stock Index Z	15.000 BPS from 1/1/2015 to 11/30/2015	Investment Management Fees	PRU STOCK INDEX Z 74441F504
Prudential Investments LLC	Prudential Small Cap Value Z	60.000 BPS from 7/1/2015 to 11/30/2015	Investment Management Fees	PRUD SM CAP VALUE FUND 875921306
Prudential Investments LLC	Prudential Total Return Bond Q	46.000 BPS from 9/1/2015 to 12/31/2015	Investment Management Fees	PRUDENTIAL TOT RET BOND Q 74440B884
Prudential Investments LLC	Prudential Total Return Bond Q	47.000 BPS from 1/1/2015 to 8/31/2015	Investment Management Fees	PRUDENTIAL TOT RET BOND Q 74440B884
Prudential Investments LLC	Target Small Capitalization Value T	60.000 BPS from 1/1/2015 to 5/31/2015	Investment Management Fees	TARGET SMALL CAP VALUE FD 875921306
Prudential Investments LLC	Prudential Small-Cap Value Z	60.000 BPS from 6/1/2015 to 6/30/2015	Investment Management Fees	TARGET SMALL CAP VALUE FD 875921306
Vanguard Group Inc	Vanguard Extended Market Idx Adm	8.000 BPS from 11/1/2015 to 12/31/2015	Investment Management Fees	VANGUARD EXT MARK IDX ADM 922908694
Vanguard Group, Inc.	Vanguard Extended Market Idx Adm	8.000 BPS from 1/1/2015 to 10/31/2015	Investment Management Fees	VANGUARD EXT MARK IDX ADM 922908694

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Attachment 1 - Disclosure on Service Providers Receiving Eligible Indirect Compensation

Plan Name	Plan Number	Plan Year Start Date	Plan Year End Date
CITATION OIL & GAS CORP. RETIREMENT SAVINGS PLAN	764480	01/01/2015	12/31/2015

Name of Person/Entity Who Provided Disclosures on Eligible Indirect Compensation	EIN or Address of Entity Who Provided Disclosures on Eligible Indirect Compensation
Prudential Retirement Insurance and Annuity Company	06-1050034

Eligible Indirect Compensation

Name of Service Provider/Payee	Name of Payor	Amount of Fee or Formula	Nature of Service	Name of Fund (for Formula)
Vanguard Group, Inc.	Vanguard Interm-Term Bond Index Adm	8.000 BPS from 1/1/2015 to 10/31/2015	Investment Management Fees	VANGUARD INTERMED TERM 921937801
Vanguard Group Inc	Vanguard Interm-Term Bond Index Adm	8.000 BPS from 11/1/2015 to 12/31/2015	Investment Management Fees	VANGUARD INTERMED TERM 921937801
Vanguard Group Inc	Vanguard Total Intl Stock Index Admiral	10.000 BPS from 11/1/2015 to 12/31/2015	Investment Management Fees	VANGUARD TOT STK ADMIRAL 921909818
Vanguard Group, Inc.	Vanguard Total Intl Stock Index Admiral	10.000 BPS from 1/1/2015 to 10/31/2015	Investment Management Fees	VANGUARD TOT STK ADMIRAL 921909818
Wells Fargo Funds Management LLC	Wells Fargo Emerging Growth Inst	83.000 BPS from 12/1/2015 to 12/31/2015	Investment Management Fees	WF EMERGING GROWTH INST 949921688
Wells Fargo Funds Management LLC	Wells Fargo Advantage Emerging Gr Instl	78.000 BPS from 1/1/2015 to 6/30/2015	Investment Management Fees	WFA EMERGING GROWTH INST 949921688
Wells Fargo Funds Management LLC	Wells Fargo Advantage Emerging Gr Instl	83.000 BPS from 7/1/2015 to 11/30/2015	Investment Management Fees	WFA EMERGING GROWTH INST 949921688
The Prudential Insurance Company of America	The Prudential Insurance Company of America	$482	Other Services/Breakage	AMER CENT GROWTH FD
The Prudential Insurance Company of America	The Prudential Insurance Company of America	$6,025	Other Services/Breakage	AMER:EUROPACIFIC GROW R4
The Prudential Insurance Company of America	The Prudential Insurance Company of America	$270	Other Services/Breakage	COLUMBIA ACORN INTL Z

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Attachment 1 - Disclosure on Service Providers Receiving Eligible Indirect Compensation

Plan Name	Plan Number	Plan Year Start Date	Plan Year End Date
CITATION OIL & GAS CORP. RETIREMENT SAVINGS PLAN	764480	01/01/2015	12/31/2015

Name of Person/Entity Who Provided Disclosures on Eligible Indirect Compensation	EIN or Address of Entity Who Provided Disclosures on Eligible Indirect Compensation
Prudential Retirement Insurance and Annuity Company	06-1050034

Eligible Indirect Compensation

Name of Service Provider/Payee	Name of Payor	Amount of Fee or Formula	Nature of Service	Name of Fund (for Formula)
The Prudential Insurance Company of America	The Prudential Insurance Company of America	$-628	Other Services/Breakage	COLUMBIA DIVIDEND INC Z
The Prudential Insurance Company of America	The Prudential Insurance Company of America	$3	Other Services/Breakage	COLUMBIA STRATEGIC INC Z
The Prudential Insurance Company of America	The Prudential Insurance Company of America	$-28	Other Services/Breakage	INVESCO CHARTER INST
The Prudential Insurance Company of America	The Prudential Insurance Company of America	$25	Other Services/Breakage	JANUS PRK MD CP VAL A
The Prudential Insurance Company of America	The Prudential Insurance Company of America	$-2	Other Services/Breakage	JP MORGAN SM CAP EQ SEL
The Prudential Insurance Company of America	The Prudential Insurance Company of America	$500	Other Services/Breakage	NUVEEN REAL EST SEC I
The Prudential Insurance Company of America	The Prudential Insurance Company of America	$8	Other Services/Breakage	OPPENHEIMER INTL BOND Y
The Prudential Insurance Company of America	The Prudential Insurance Company of America	$-632	Other Services/Breakage	PIMCO ALL ASSET INSTIT FD
The Prudential Insurance Company of America	The Prudential Insurance Company of America	$25	Other Services/Breakage	PIMCO REAL RET BOND FD A

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Attachment 1 - Disclosure on Service Providers Receiving Eligible Indirect Compensation

Plan Name	Plan Number	Plan Year Start Date	Plan Year End Date
CITATION OIL & GAS CORP. RETIREMENT SAVINGS PLAN	764480	01/01/2015	12/31/2015

Name of Person/Entity Who Provided Disclosures on Eligible Indirect Compensation	EIN or Address of Entity Who Provided Disclosures on Eligible Indirect Compensation
Prudential Retirement Insurance and Annuity Company	06-1050034

Eligible Indirect Compensation

Name of Service Provider/Payee	Name of Payor	Amount of Fee or Formula	Nature of Service	Name of Fund (for Formula)
The Prudential Insurance Company of America	The Prudential Insurance Company of America	$26,289	Other Services/Breakage	PIMCO TOT RET BOND ADMIN
The Prudential Insurance Company of America	The Prudential Insurance Company of America	$18,468	Other Services/Breakage	PRU JENN MD CP GRW A
The Prudential Insurance Company of America	The Prudential Insurance Company of America	$-322	Other Services/Breakage	PRU JENN NAT RESOURCES A
The Prudential Insurance Company of America	The Prudential Insurance Company of America	$1,654	Other Services/Breakage	PRU QMA SM CAP VALUE Z
The Prudential Insurance Company of America	The Prudential Insurance Company of America	$30,062	Other Services/Breakage	PRU QMA STOCK INDEX Z
The Prudential Insurance Company of America	The Prudential Insurance Company of America	$-12,307	Other Services/Breakage	PRUDENTIAL TOT RET BOND Q
The Prudential Insurance Company of America	The Prudential Insurance Company of America	$-1,537	Other Services/Breakage	VANGUARD EXT MARK IDX ADM
The Prudential Insurance Company of America	The Prudential Insurance Company of America	$-4,040	Other Services/Breakage	VANGUARD INTERMED TERM
The Prudential Insurance Company of America	The Prudential Insurance Company of America	$-3,098	Other Services/Breakage	VANGUARD TOT STK ADMIRAL

The information contained in this document is not covered by the Certification of Reports and is not intended to be certified under 29 CFR 2520.103-5(C).

Attachment 1 - Disclosure on Service Providers Receiving Eligible Indirect Compensation

Plan Name	Plan Number	Plan Year Start Date	Plan Year End Date
CITATION OIL & GAS CORP. RETIREMENT SAVINGS PLAN	764480	01/01/2015	12/31/2015

Name of Person/Entity Who Provided Disclosures on Eligible Indirect Compensation	EIN or Address of Entity Who Provided Disclosures on Eligible Indirect Compensation
Prudential Retirement Insurance and Annuity Company	06-1050034

Eligible Indirect Compensation

Name of Service Provider/Payee	Name of Payor	Amount of Fee or Formula	Nature of Service	Name of Fund (for Formula)
The Prudential Insurance Company of America	The Prudential Insurance Company of America	$176	Other Services/Breakage	WF EMERGING GROWTH INST
Prudential Retirement Insurance and Annuity Company	Prudential Retirement Insurance and Annuity Company	20.000 BPS from 1/1/2015 to 12/31/2015	Recordkeeping Fee	GUARANTEED INCOME FUND P764480XV
Prudential Retirement Insurance and Annuity Company	American Century Growth Inv	35.000 BPS and $0.00 per participant invested in the fund from 1/1/2015 to 12/31/2015	Service Fee	AMER CENT GROWTH FD 025083106
Prudential Retirement Insurance and Annuity Company	American Funds EuroPacific Gr R4	10.000 BPS and $0.00 per participant invested in the fund from 1/1/2015 to 12/31/2015	Service Fee	AMER:EUROPACIFIC GROW R4 298706847
Prudential Retirement Insurance and Annuity Company	Columbia Acorn International Z	25.000 BPS and $0.00 per participant invested in the fund from 1/1/2015 to 12/31/2015	Service Fee	COLUMBIA ACORN INTL Z 197199813
Prudential Retirement Insurance and Annuity Company	Columbia Dividend Income Z	25.000 BPS and $0.00 per participant invested in the fund from 1/1/2015 to 12/31/2015	Service Fee	COLUMBIA DIVIDEND INC Z 19765N245
Prudential Retirement Insurance and Annuity Company	Columbia Strategic Income Z	25.000 BPS and $0.00 per participant invested in the fund from 1/1/2015 to 12/31/2015	Service Fee	COLUMBIA STRATEGIC INC Z 19765L694
Prudential Retirement Insurance and Annuity Company	Invesco Mid Cap Core Equity R5	35.000 BPS and $0.00 per participant invested in the fund from 1/1/2015 to 12/31/2015	Service Fee	INV MID CAP CORE EQUIT R5 00141M630
Prudential Retirement Insurance and Annuity Company	Invesco Charter R5	35.000 BPS and $0.00 per participant invested in the fund from 1/1/2015 to 12/31/2015	Service Fee	INVESCO CHARTER INST 001413400

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CITATION OIL & GAS CORP. RETIREMENT SAVINGS PLAN	764480	01/01/2015	12/31/2015

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Prudential Retirement Insurance and Annuity Company	06-1050034

Eligible Indirect Compensation

Name of Service Provider/Payee	Name of Payor	Amount of Fee or Formula	Nature of Service	Name of Fund (for Formula)
Prudential Retirement Insurance and Annuity Company	Perkins Mid Cap Value Fund	25.000 BPS and $0.00 per participant invested in the fund from 1/1/2015 to 12/31/2015	Service Fee	JANUS PRK MD CP VAL A 47103C266
Prudential Retirement Insurance and Annuity Company	JPMorgan Small Cap Equity Sel	30.000 BPS and $0.00 per participant invested in the fund from 1/1/2015 to 12/31/2015	Service Fee	JP MORGAN SM CAP EQ SEL 4812A1373
Prudential Retirement Insurance and Annuity Company	Nuveen Real Estate Securities I	25.000 BPS and $0.00 per participant invested in the fund from 1/1/2015 to 12/31/2015	Service Fee	NUVEEN REAL EST SEC I 670678507
Prudential Retirement Insurance and Annuity Company	Oppenheimer Developing Markets Y	30.000 BPS and $0.00 per participant invested in the fund from 1/1/2015 to 12/31/2015	Service Fee	OPPENHEIMER DEV MARKETS Y 683974505
Prudential Retirement Insurance and Annuity Company	Oppenheimer International Bond Y	30.000 BPS and $0.00 per participant invested in the fund from 1/1/2015 to 12/31/2015	Service Fee	OPPENHEIMER INTL BOND Y 68380T509
Prudential Retirement Insurance and Annuity Company	PIMCO Real Return A	20.000 BPS and $0.00 per participant invested in the fund from 1/1/2015 to 12/31/2015	Service Fee	PIMCO REAL RET BOND FD A 693391120
The Prudential Insurance Company of America	Prudential Jennison Mid Cap Growth Fund	13.000 BPS and $0.00 per participant invested in the fund from 1/1/2015 to 12/31/2015	Service Fee	PRU JENN MD CP GRW A 74441C105
The Prudential Insurance Company of America	Prudential Jennison Natural Resources Fund	13.000 BPS and $0.00 per participant invested in the fund from 1/1/2015 to 12/31/2015	Service Fee	PRU JENN NAT RESOURCES A 74441K107
The Prudential Insurance Company of America	Prudential Stock Index Fund	13.000 BPS and $0.00 per participant invested in the fund from 1/1/2015 to 12/31/2015	Service Fee	PRU QMA STOCK INDEX Z 74441F504

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Prudential Retirement Insurance and Annuity Company	06-1050034

Eligible Indirect Compensation

Name of Service Provider/Payee	Name of Payor	Amount of Fee or Formula	Nature of Service	Name of Fund (for Formula)
The Prudential Insurance Company of America	Prudential Stock Index Fund	13.000 BPS and $0.00 per participant invested in the fund from 1/1/2015 to 12/31/2015	Service Fee	PRU STOCK INDEX Z 74441F504
The Prudential Insurance Company of America	Prudential Small Capitalization Value Fund	13.000 BPS and $0.00 per participant invested in the fund from 7/1/2015 to 12/31/2015	Service Fee	PRUD SM CAP VALUE FUND 875921306
The Prudential Insurance Company of America	Target Small Capitalization Value Fund	13.000 BPS and $0.00 per participant invested in the fund from 1/1/2015 to 6/30/2015	Service Fee	TARGET SMALL CAP VALUE FD 875921306
Prudential Retirement Insurance and Annuity Company	Wells Fargo Advantage Emerging Gr Instl	15.000 BPS and $0.00 per participant invested in the fund from 1/1/2015 to 12/31/2015	Service Fee	WF EMERGING GROWTH INST 949921688
Prudential Retirement Insurance and Annuity Company	Wells Fargo Advantage Emerging Gr Instl	15.000 BPS and $0.00 per participant invested in the fund from 1/1/2015 to 12/31/2015	Service Fee	WFA EMERGING GROWTH INST 949921688

Generally, indirect compensation is reported on a calendar year basis. Fees are disclosed in basis points ("bps") and are expressed as annual fee rates on the amount invested. Unless otherwise noted, for plans with non-calendar fiscal years, fee schedules are for the calendar year ending within your plan year. Note for Short Plan Years - The information in this report is based on the prior calendar year. For more current information, please refer to your account documentation or contact your Prudential Client Service Representative.

With the exception of slippage/breakage, any negative dollar amounts in this report represent fee waivers, rebates, or reimbursements.

Securities lending fees, if any, summarize the fees received for the entire investment fund and not your individual plan.

Please note that this report may not include securities lending fee information with respect to investment managers for all funds offered under your plan due to delays by such managers in providing information to Prudential. For investment managers of collective trusts offered on the Prudential Retirement platform (including, but not limited to, collective trusts offered through Prudential Retirement Insurance and Annuity Company and Prudential Insurance Company of America separate accounts) who receive securities lending fees, Prudential posts any information that Prudential has received from investment managers regarding their receipt of securities lending fees on the Plan Sponsor website furnished by Prudential for your plan. Prudential will post any such information in the format received from investment managers and without alteration on the Plan Sponsor website as soon as possible. Please contact your Prudential Client Service Representative if you need assistance locating this information on the Plan Sponsor website.

If your report includes slippage/breakage, it is because in certain circumstances (such as trading errors or delays), market trades may occur at times when the security's share price or account's unit value related to the trade is not the price assured to the plan and participants. At the investment fund level, Prudential will net any pricing differences that occur along with other small differences and will either make-up any net loss (reported in this

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Attachment 1 - Disclosure on Service Providers Receiving Eligible Indirect Compensation

Plan Name	Plan Number	Plan Year Start Date	Plan Year End Date
CITATION OIL & GAS CORP. RETIREMENT SAVINGS PLAN	764480	01/01/2015	12/31/2015

Name of Person/Entity Who Provided Disclosures on Eligible Indirect Compensation	EIN or Address of Entity Who Provided Disclosures on Eligible Indirect Compensation
Prudential Retirement Insurance and Annuity Company	06-1050034

Eligible Indirect Compensation

section as a negative number) or retain any net gain that results over the course of the year. The amount reported in this report as slippage/breakage, if any, represents the slippage/breakage incurred for the entire investment fund and not for your individual plan.

For Prudential Retirement Insurance and Annuity Company sub-advised funds, Prudential Insurance Company of America separate accounts, and Prudential Trust Company collective trusts, this report includes soft dollar research compensation and/or disclosures for investment managers who are active as of December 31st.

For investment managers who receive soft dollar research that they can only partially quantify, the soft dollar disclosure language that is populated in the "Amount of Fee or Formula" column may include a subset of the soft dollar research providers, the quantifiable portion of the soft dollar research, and/or a description of the eligibility conditions for the receipt of soft dollars research. Additionally, the top 10 brokers are provided for the portion of research that the investment manager cannot quantify in the "Name of Payor" column.

If all research services are quantifiable, the soft dollar disclosure language that is populated in the "Amount of fee or formula" column will include the amount of soft dollar compensation and may include a subset of the soft dollar research providers and/or soft dollar language. The top 10 brokers that provide soft dollar research are listed in the "Name of Payor" column.

Please contact your Prudential Client Service Representative to obtain a complete list of brokers from whom the manager received soft dollar research.

For investment managers of mutual funds offered on the Prudential Retirement platform (including, but not limited to, mutual funds offered through Prudential Retirement Insurance and Annuity Company and Prudential Insurance Company of America separate accounts) who receive soft dollar research, Prudential posts any information that Prudential has received from investment managers regarding their receipt of soft dollar research on the Plan Sponsor website furnished by Prudential for your plan. Prudential will post any such information in the format received from investment managers and without alteration on the Plan Sponsor website on and after April 30th. Please contact your Prudential Client Service Representative if you need assistance locating this information on the Plan Sponsor website.

For Prudential Retirement Insurance and Annuity Company Alliance funds that may have converted to sub-advised funds during the year, this report includes the fees in effect both before and after the conversion. Please refer to the communications you received for more information regarding which Alliance funds converted and the dates they converted.
For plans with IncomeFlex funds, please note that the fees described above include both investment management fees and guarantee fees.

Prudential Retirement Insurance and Annuity Company sub-advised separate accounts use the State Street Bank and Trust Company ("SSB&T"), Short Term Investment Fund ("STIF") for cash management purposes. The income earned by the cash invested in the SSB&T STIF, is net of SSB&T's management fee for the STIF, which is 0.10% on the first $100M, 0.08% on the next $400M, and 0.05% thereafter. To determine the daily effective fee rate, this fee schedule is applied to the aggregate STIF cash balance of all participating Prudential Retirement Insurance and Annuity Company separate accounts. The determined daily fee rate is then netted against the daily investment factor, which is then applied to each fund's respective STIF holding position.

For clients invested in the Prudential Trust Company Collective Trust, please refer to the audited financial statements for information on fees collected with respect to underlying mutual fund holdings.

In "fund-of-funds" arrangements, one "fund-of-funds" separate account invests in other "investment" separate accounts. In some cases, an "investment" separate account invests in mutual fund shares. We report mutual fund management fees, sub-transfer agency fees, 12b-1 fees, securities lending fees, slippage/breakage, and any soft dollar compensation as attributable to the "investment" separate account and not to the "fund-of-funds" separate account.

For plans with an Individually Directed Account ("IDA"), the Variable Rate Savings Account ("VRSA") balance equals the amount of the IDA deposited in the VRSA, calculated on the basis of the average daily balances for the period. Assumed VRSA Spread is the periodic equivalent of the Federal Funds Rate calculated on the basis of the average daily rate in effect for the period, minus the interest rate credited under the VRSA product, calculated on the basis of the average daily rate in effect for the period.

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Prudential Retirement Insurance and Annuity Company	06-1050034

Eligible Indirect Compensation

This report may not summarize all of the eligible indirect compensation associated with your plan. When applicable, we provided (or will provide) you with additional disclosures on other eligible indirect compensation.

The information contained in this report is generally limited to information contained in our ordinary business records. This report, however, may include some limited information that third parties (e.g., sub-advisors and bank collective trusts) provided to us, which we included for your convenience.

If you have questions about the contents of this report, please contact your Prudential Client Service Representative.

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