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
JONAH ENERGY 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 06/01/2014

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)
JONAH ENERGY LLC

707 17TH STREET SUITE 2700
DENVER, CO 80202-3429

2b Employer Identification Number (EIN)
46-5193792

2c Plan Sponsor's telephone number
720-577-1000

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.	09/27/2016	RORY OBYRNE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/27/2016	RORY OBYRNE
	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**	191
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)**	185
a(2) Total number of active participants at the end of the plan year	**6a(2)**	213
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	5
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	218
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	2
f Total. Add lines **6d** and **6e**.	**6f**	220
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	220
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	4
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:
2E 2F 2G 2J 2K 2T

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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(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) [ ] ___ **A** (Insurance Information)

(4) [X] **C** (Service Provider Information)

(5) [X] **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 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
JONAH ENERGY 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
JONAH ENERGY LLC

D Employer Identification Number (EIN)
46-5193792

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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)

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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?
13 37 50 64	CONTRACT ADMINISTRATOR	2986	Yes [X] No [ ]	Yes [X] No [ ]	0	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 [ ]

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)

(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 ☐

(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
(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.	

(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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan 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.**

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
JONAH ENERGY 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
JONAH ENERGY LLC

D Employer Identification Number (EIN)
46-5193792

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN TRUST TGT 2010 FUND I			
b Name of sponsor of entity listed in (a): PRINCIPAL TRUST COMPANY			
c EIN-PN 26-6447574-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3730
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN TRUST TGT 2015 FUND I			
b Name of sponsor of entity listed in (a): PRINCIPAL TRUST COMPANY			
c EIN-PN 26-6447574-002	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	160991
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN TRUST TGT 2020 FD I			
b Name of sponsor of entity listed in (a): PRINCIPAL TRUST COMPANY			
c EIN-PN 26-6447574-003	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2783146
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN TRUST TGT 2025 FUND I			
b Name of sponsor of entity listed in (a): PRINCIPAL TRUST COMPANY			
c EIN-PN 26-6447574-004	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2653370
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN TRUST TGT 2030 FUND I			
b Name of sponsor of entity listed in (a): PRINCIPAL TRUST COMPANY			
c EIN-PN 26-6447574-005	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1726252
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN TRUST TGT 2035 FUND I			
b Name of sponsor of entity listed in (a): PRINCIPAL TRUST COMPANY			
c EIN-PN 26-6447574-006	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2049962
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN TRUST TGT 2040 FUND I			
b Name of sponsor of entity listed in (a): PRINCIPAL TRUST COMPANY			
c EIN-PN 26-6447574-007	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2982216

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN TRUST TGT 2045 FD I

b Name of sponsor of entity listed in (a): PRINCIPAL TRUST COMPANY

c EIN-PN 26-6447574-008	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1608968

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN TRUST TGT 2050 FUND I

b Name of sponsor of entity listed in (a): PRINCIPAL TRUST COMPANY

c EIN-PN 26-6447574-009	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 598006

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN TRUST TGT 2055 FUND I

b Name of sponsor of entity listed in (a): PRINCIPAL TRUST COMPANY

c EIN-PN 26-6447574-010	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 325705

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN TRUST INCOME FUND I

b Name of sponsor of entity listed in (a): PRINCIPAL TRUST COMPANY

c EIN-PN 26-6447574-011	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 63160

a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL STABLE VALUE INST

b Name of sponsor of entity listed in (a): UNION BOND & TRUST COMPANY

c EIN-PN 93-6274328-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 829263

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN TRUST TGT 2060 FUND I

b Name of sponsor of entity listed in (a): PRINCIPAL TRUST COMPANY

c EIN-PN 26-6447574-012	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20994

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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
JONAH ENERGY 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
JONAH ENERGY LLC

D Employer Identification Number (EIN)
46-5193792

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)	98836	3514
(2) Participant contributions	1b(2)	64522	0
(3) Other	1b(3)	0	0
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)	262426	471713
(9) Value of interest in common/collective trusts	1c(9)	12561950	15805763
(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)	3203874	4628183
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(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	16191608	20909173
	Liabilities			
g	Benefit claims payable	1g	0	
h	Operating payables	1h	0	
i	Acquisition indebtedness	1i	0	
j	Other liabilities	1j	0	
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	16191608	20909173

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)	2717156	
	(B) Participants	2a(1)(B)	1816426	
	(C) Others (including rollovers)	2a(1)(C)	627431	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		5161013
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
	(B) U.S. Government securities	2b(1)(B)	0	
	(C) Corporate debt instruments	2b(1)(C)	0	
	(D) Loans (other than to participants)	2b(1)(D)	0	
	(E) Participant loans	2b(1)(E)	16432	
	(F) Other	2b(1)(F)	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		16432
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
	(B) Common stock	2b(2)(B)	0	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	67505	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		67505
	(3) Rents	2b(3)		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
	(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)	0	
	(B) Other	2b(5)(B)	0	
	(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)		-151359
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-73175
c Other income	2c		643
d Total income. Add all **income** amounts in column (b) and enter total	2d		5021059
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	300508	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		300508
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	2986	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		2986
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		303494
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		4717565
l Transfers of assets:			
(1) To this plan	2l(1)		0
(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: ANTON COLLINS MITCHELL LLP **(2)** EIN: 01-0724563

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		0
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		0

		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		0
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		0
e Was this plan covered by a fidelity bond?	4e	X			1000000
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		X		

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
JONAH ENERGY 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
JONAH ENERGY LLC

D Employer Identification Number (EIN)
46-5193792

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** 0

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): 42-0127290

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

Jonah Energy
401(k) Plan

Financial Statements and Supplemental Schedule
As of December 31, 2015 and 2014
and for the Year ended December 31, 2015

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ACM
Anton Collins Mitchell LLP
Accountants & Consultants

Independent Auditor's Report

To the Plan Administrator of the
Jonah Energy 401(k) Plan
Denver, Colorado

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Jonah Energy 401(k) 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 audit 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 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 4, which was certified by Delaware Charter Guarantee & Trust Company d/b/a Principal Trust Company, the trustee of the Plan, 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 holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee 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 is complete and accurate.

303 East 17th Avenue, Suite 600
Denver, Colorado 80203
303.830.1120 · Fax 303.830.8130 · www.acmllp.com

ACM
Anton Collins Mitchell LLP
Accountants & Consultants

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 of assets (held at end of year) as of December 31, 2015 is required by the Department of Labor's (DOL) 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, 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Anton Collins Mitchell LLP

Denver, Colorado
August 24, 2016

JONAH ENERGY 401(K) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2015	2014
ASSETS:		
Investments:		
Collective investment trusts	$ 15,803,583	$ 12,561,950
Mutual funds	4,628,183	3,203,874
Total investments, at fair value	20,431,766	15,765,824
Receivables:		
Participant contributions	-	64,522
Employer contributions	3,514	98,836
Notes receivable from participants	471,713	262,426
Total receivables	475,227	425,784
NET ASSETS AVAILABLE FOR BENEFITS, at fair value	20,906,993	16,191,608
Adjustment from fair value to contract value for interest in collective investment trust relating to fully benefit-responsive investment contracts	-	(1,726)
NET ASSETS AVAILABLE FOR BENEFITS	$ 20,906,993	$ 16,189,882

See accompanying independent auditor's report and notes to financial statements.

JONAH ENERGY 401(K) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEAR ENDED DECEMBER 31, 2015

ADDITIONS TO (DEDUCTIONS FROM) NET ASSETS ATTRIBUTED TO:	
Contributions:	
Participant	$ 1,816,426
Participant rollover	627,431
Employer, net of forfeitures of $9,707	2,717,156
Total contributions	5,161,013
Interest earned on notes receivable from participants	16,432
Earnings (loss) on investments:	
Net depreciation in fair value of investments	(224,345)
Interest and dividends	67,505
Total net loss on investments and interest earned on notes receivable	(140,408)
Benefits paid to participants and loans deemed distributed	(300,508)
Administrative expenses	(2,986)
Net increase in net assets available for benefits	4,717,111
NET ASSETS AVAILABLE FOR BENEFITS	
Beginning of period	16,189,882
End of period	$ 20,906,993

See accompanying independent auditor's report and notes to financial statements.

JONAH ENERGY 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

1. SUMMARY DESCRIPTION OF THE PLAN:

The following description of the Jonah Energy 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Summary Plan Description and Plan Document for a more complete description of the Plan's provisions.

Nature of Operations – Jonah Energy LLC (the "Company" or "Employer") was formed on March 18, 2014, and on May 12, 2014, acquired natural gas and oil properties in the Jonah field together with undeveloped acreage located in Sublette County, Wyoming. The Plan became effective on June 1, 2014, and was amended and restated January 1, 2015, and is a defined contribution profit sharing plan covering all eligible employees. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). Benefits under the Plan are not guaranteed by the Pension Benefit Guaranty Corporation. The Plan is intended to be a "Qualified" plan under Internal Revenue Code ("IRC") Section 401(a).

Trustee and Administration of the Plan – Delaware Charter Guarantee & Trust Company d/b/a Principal Trust Company ("Trustee" or "Principal") is the Trustee and provides recordkeeping and other administrative services. The administrator of the Plan is the Company. The Trustee holds all assets of the Plan in accordance with provisions of the service provider contract with the Company. All assets of the Plan are in investment plan accounts of Principal.

Eligibility – Employees are eligible for participation in the Plan immediately upon hiring unless the employee is: (i) represented by a bargaining unit that has bargained with the Company in good faith on the subject of retirement benefits; (ii) a nonresident alien with no U.S. income or all such income is exempt from U.S. income tax; (iii) a leased employee; (iv) an intern (provided that if the intern completes at least 1,000 hours of service, they will be eligible); (v) an individual who is considered an independent contractor or an employee of an independent contractor who is later determined by the IRS to be an employee of the Company; (vi) an expatriate covered by employer's retirement plan in the employee's country of residence; or (vii) is scheduled to work less than 1,000 hours in a year and under the age of 21.

Contributions – Participants are eligible to contribute on a pre-tax or Roth after-tax basis up to 75% of their annual compensation, subject to the limits of IRC Section 402(g). In addition, participants are allowed to make catch-up contributions if they will be at least age 50 by the end of that year. Rollover contributions from other qualified plans are permitted if certain criteria are met.

The Company makes Safe Harbor matching contributions to the Plan equal to 100% of each participant's salary deferral contributions, up to a maximum matching contribution of 5% of eligible compensation. The Plan also allows for employer discretionary contributions, which were 8% of eligible compensation for the year ended December 31, 2015.

Participant Accounts – Each participant's account is credited with participant contributions and employer matching and discretionary contributions, as well as an allocation of plan earnings and losses on investments and charged with certain expenses. The investment earnings and

losses are allocated to each participant's account in proportion to the balance that each participant's account bears to the total balance of all participants in each investment fund elected. The benefit to which a participant is entitled is equal to the vested balance in the participant's account.

Vesting – Participants are immediately vested in all employee, rollover, and employer Safe Harbor matching contributions and earnings therein. Participants vest in their employer discretionary contributions 100% after 3 years of service. However, the Company granted prior service credit to all employees who were participants under the Encana (USA) Retirement Plan immediately prior to employment with the Company.

Payment of Benefits – A participant's account balance may be distributed as a lump sum, in-kind or rollover to another qualified plan when the participant terminates from service, reaches age 59½, retires (normal retirement age 65), is disabled, or dies. A distribution from rollover contributions may be taken at any time. Hardship withdrawals are permitted for all or any portion of a participant's contributions, with a minimum $1,000 withdrawal, if certain criteria are met. In the event of a plan termination, participants will have the balance of their accounts distributed to them in a lump sum cash payment.

Investment Options – Upon enrollment in the Plan, a participant may direct his or her contributions in any of the investment accounts that are offered by the Plan which are a variety of mutual funds and collective investment trusts. Participants may change their investment choices and contribution percentages at any time.

Notes Receivable from Participants – Participants may borrow from the Plan in an amount greater than $1,000 up to a maximum of the lesser of $50,000 or 50% of the participant's vested account balance. Notes receivable must be repaid within five years (unless the note is for the purchase of a primary residence) and bear interest at a reasonable rate which is fixed for the term of the note. Principal and interest are paid ratably through payroll deductions.

Forfeited Accounts – At December 31, 2015 and 2014, there were no forfeited non-vested accounts. Forfeitures can be used to pay administrative expenses or reduce employer contributions, if so elected by the Company. For the year ended December 31, 2015, $50 and $9,707 forfeited accounts were used to pay administrative expenses and reduce employer contributions, respectively.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Basis of Accounting – The financial statements of the Plan are presented on the accrual basis of accounting in accordance with U.S. generally accepted accounting principles.

Reporting of Fully Benefit-Responsive Investment Contracts – The Plan reports under Financial Accounting Standards Board's ("FASB") Accounting Standards Codification ™ ("ASC") Topic 962, *Reporting of Investment Contracts Held by Health and Welfare Benefit Plans and Defined Contribution Pension Plans.* The statements of net assets available for benefits presents

investment contracts at fair value as well as an additional line item showing an adjustment for fully benefit-responsive contracts from fair value to contract value as this is the value participants receive. The adjustment as of December 31, 2015 was deminimis. The statement of changes in net assets available for benefits is presented on a contract value basis.

Use of Estimates – The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Payments of Benefits – Benefits are recorded when paid. As of December 31, 2015, there were no benefits requested that had not yet been paid.

Contributions – Participant contributions and related employer matching and discretionary contributions are recorded in the period of the payroll deduction.

Notes Receivable from Participants – Notes receivable from participants are measured at their unpaid principal balance plus any accrued and unpaid interest. Related fees are recorded as administrative expenses and are expensed as incurred. No allowance for credit losses has been recorded as of December 31, 2015 or 2014. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment to the participant is recorded.

Risks and Uncertainties – The Plan provides for various investment options in mutual funds and collective investment trusts. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

Investment Valuation – The Plan's investments are stated at fair value. Shares of mutual funds are valued at quoted market prices, which represent the net asset value of shares held by the Plan at year end. Collective investment trusts, including the Principal Stable Value Fund further described below, are stated at unit value which represents the net asset value as determined by Principal, the issuer of the collective investment trusts, based on the fair market value of the underlying investments.

The preceding valuation methods described may produce a fair value calculation that is simply indicative of the net realizable value and may not be reflective of actual current or actual realizable values. Furthermore, although the Plan believes its valuation methods are reasonable, 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 Plan invests in fully-benefit responsive investment contracts through its investment in the Union Bond & Trust Company Principal Stable Value Fund ("Principal Stable Value Fund"), a collective investment trust fund. Union Bond & Trust Company, the trustee of the Principal Stable Value Fund, is a wholly owned subsidiary of Principal Financial Group. The objective of Principal Stable Value Fund is to provide preservation of capital, have stable returns consistent with a low risk profile and provide liquidity for benefit-responsive payments. The Principal Stable Value Fund seeks to achieve this objective by investing primarily in a variety of high quality stable value investment contracts (the performance of which may be predicated on underlying fixed income securities) as well as cash and cash equivalents. The duration of the Principal Stable Value Fund will not exceed 4 years. In accordance with the Plan, net investment income, if any, and realized and unrealized gains on investments are not distributed. The average yield earned by the Principal Stable Value Fund at December 31, 2015 and 2014, was 1.34% and 1.12%, respectively. The interest rate credited to participants during 2015 and 2014 was 1.36% and 0.69%, respectively.

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for plan 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 Statements of Net Assets Available for Benefits present the fair value of the investment contracts as well as the adjustment from fair value to contract value relating to the investment contracts. The adjustment as of December 31, 2015 was deminimis. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis. Contract value represents the contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer their balances at contract value. The contract issuer is contractually obligated to pay the principal and specified interest rates guaranteed.

Withdrawals, other than for benefit payments and participant transfers to noncompeting options, require a twelve month advance written notice. Included in this advance written notice requirement are full or partial withdrawals of assets invested in the Principal Stable Value Fund resulting from plan sponsor directed actions. Such actions include, but are not limited to: (i) trustee or plan sponsor directed reallocation of investments; (ii) company sponsored layoffs/termination of groups of employees; (iii) disposing of or selling a component of the business which involves the transfer or termination of employees; (iv) terminating the Principal Stable Value Fund as an investment option of the plan; and (v) terminating the plan. All plan sponsor directed requests for full or partial withdrawals must be submitted to the Trustee in writing certifying the reason for the withdrawal request. All such requests are subject to the twelve month advance written notice requirement. The Trustee may choose to disburse withdrawals in less than the required one year period if, in the Trustee's discretion, it determines that such a disbursement is in the best interest of the fund as a whole.

Income Recognition – Purchases and sales of investments are recorded on a trade date basis. Dividend income is recorded on the ex-dividend date and interest income is recorded when earned. The net appreciation or depreciation is determined as the difference between beginning market value or cost if purchased during the year and year end market value and capital gains reinvested.

Administrative Expenses – During the 2015 plan year, the Plan incurred total administrative expenses of $2,986, which were paid by the Plan. These administrative expenses include recordkeeping services for participant note setup fees. Certain management fees, in the form of an expense ratio charged to each investment option, are paid by the Plan and deducted from earnings or investments. All other administrative expenses of maintaining the Plan including audit, trustee and participant maintenance fees are paid directly by the Company and are excluded from these financial statements.

3. INVESTMENTS:

The Plan's investments, including gains and losses on investments purchased and sold, as well as held during the period ended December 31, 2015, depreciated in value as follows:

	2015
Collective investment trusts	$(151,311)
Mutual funds	(73,034)
Net depreciation in fair value of investments	$(224,345)

The following table presents the fair value of investments that represent 5% or more of the Plan's net assets available for benefits at December 31, 2015, and 2014:

	2015	2014
Principal Trust(SM) Target 2040 Fund	$ 2,982,216	$ 2,456,884
Principal Trust(SM) Target 2020 Fund	$ 2,783,146	$ 2,400,316
Principal Trust(SM) Target 2025 Fund	$ 2,653,370	$ 2,598,751
Principal Trust(SM) Target 2035 Fund	$ 2,049,962	$ 1,593,997
Principal Trust(SM) Target 2030 Fund	$ 1,726,252	$ 1,409,856
Principal Trust(SM) Target 2045 Fund	$ 1,608,968	$ 1,138,915

4. INFORMATION CERTIFIED BY THE PLAN'S TRUSTEE:

The following unaudited information in the financial statements and supplemental schedule was certified to be complete and accurate by the Trustee within the meaning of 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA:

- All amounts relating to investments and notes receivable from participants as enumerated in the Statements of Net Assets Available For Benefits as of December 31, 2015 and 2014, including the adjustment from fair value to contract value for interest in collective investment trust relating to fully benefit-responsive investment contracts, and the Schedule of Assets (Held at End of Year) as of December 31, 2015;

- All amounts relating to net losses on investments and interest earned on notes receivable from participants as enumerated in the Statement of Changes in Net Assets Available for Benefits for the Year Ended December 31, 2015;

- All amounts relating to investments described in Note 3 and Note 5.

The Plan's independent auditors did not perform any auditing procedures with respect to this investment information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

5. FAIR VALUE MEASUREMENTS:

The Plan applies the provisions of the FASB's ASC Topic 820, *Fair Value Measurements and Disclosures* (ASC 820), for all financial assets and liabilities measured at fair value on a recurring basis. The topic establishes a framework for measuring fair value and requires disclosures about fair value measurements. ASC 820 defines fair value as the price that would be received to sell an asset or paid to transfer a liability, defined as an exit price, in an orderly transaction between market participants at the measurement date. ASC 820 establishes market or observable inputs as the preferred sources of values, followed by assumptions based on hypothetical transactions in the absence of market inputs. The topic also establishes a hierarchy for grouping these assets and liabilities, based on the significance level of the following inputs:

Level 1 Quoted prices in active markets for identical assets and liabilities.

Level 2 Quoted prices in active markets for similar assets and liabilities, quoted prices for identical or similar instruments in markets that are not active and model-derived valuations whose inputs are observable or whose significant value drivers are observable.

Level 3 Significant inputs to the valuation model are unobservable.

The following table presents the Plan assets that are measured at fair value on a recurring basis, and the levels of inputs used to measure fair value at December 31, 2015:

	Fair Value	Level 1	Level 2	Level 3
Collective investment trusts:				
Balanced/asset allocation (a)	$ 14,976,500	$ -	$ 14,976,500	$ -
Short-term fixed income (b)	827,083	-	827,083	-
Total collective investment trusts	15,803,583	-	15,803,583	-
Mutual funds:				
Fixed income	817,996	817,996	-	-
International equity	450,132	450,132	-	-
Large U.S. equity	2,150,413	2,150,413	-	-
Small/mid U.S. equity	1,209,642	1,209,642	-	-
Total mutual funds	4,628,183	4,628,183	-	-
Total investments, at fair value	$ 20,431,766	$ 4,628,183	$ 15,803,583	$ -

The following table presents the Plan assets that are measured at fair value on a recurring basis, and the levels of inputs used to measure fair value at December 31, 2014:

	Fair Value	Level 1	Level 2	Level 3
Collective investment trusts:				
Balanced/asset allocation (a)	$ 12,397,862	$ -	$ 12,397,862	$ -
Short-term fixed income (b)	164,088	-	164,088	-
Total collective investment trusts	12,561,950	-	12,561,950	-
Mutual funds:				
Fixed income	730,120	730,120	-	-
International equity	217,051	217,051	-	-
Large U.S. equity	1,436,775	1,436,775	-	-
Small/mid U.S. equity	819,928	819,928	-	-
Total mutual funds	3,203,874	3,203,874	-	-
Total investments, at fair value	$ 15,765,824	$ 3,203,874	$ 12,561,950	$ -

(a) The objective of the funds is to seek a total return consisting of long term growth of capital and current income, consistent with the investment strategy of the investor's expected retirement date. There are no restrictions on the redemption of the fund and they are valued daily at NAV.

(b) The objective of the fund is to seek current income and capital appreciation. The fund is valued daily at NAV. There are no restrictions on the redemption of the funds, except plan sponsor directed requests for full or partial withdrawals require a twelve month advance written notice.

A financial asset is categorized within the hierarchy based upon the lowest level of input that is significant to the fair value measurement. See the investment valuation described in Note 2 for valuation methodologies. The Company has not changed valuation methodologies nor has transferred assets within the hierarchy during the years ended December 31, 2015 or 2014.

6. PLAN TERMINATION:

Although it has not expressed any intent to do so, the Employer reserves the right to terminate the Plan at any time by written notice to the Trustee. In the event of a plan termination, all account balances will be fully vested and payable to the participants.

7. TAX STATUS:

The Company adopted a Principal Financial Group Prototype Plan Document which received an opinion letter from the Internal Revenue Service ("IRS") dated March 31, 2008, indicating that the Prototype plan and trust are designed in accordance with the applicable sections of the IRC. The Company adopted a new Principal Financial Group Prototype Plan Document on November 6, 2014, which received an opinion letter dated March 31, 2014. Furthermore, the Company adopted an individually designed plan on January 1, 2015, which received a determination letter dated November 3, 2015. The Plan has been amended since adopting the Prototype, however, the plan administrator believes that the Plan is currently designed and operated in compliance with the applicable requirements of the IRS. No provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded as of December 31, 2015, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions. There are currently no audits for any tax periods in progress.

Certain plan document and operational errors were identified by the Company. The Company made a voluntary submission to the IRS under the Employee Plans Compliance Resolution System (EPCRS) (the "Submission") on July 8, 2015, outlining the issues and proposed resolution and corrective action. The value of the estimated corrective amounts, based on the proposed corrective action in the Submission, is immaterial to the Plan's financial statements and was funded in 2015. The Company received a favorable determination letter from the IRS

dated November 3, 2015, and no additional corrective action was required. Accordingly, no provision for income taxes has been included in the Plan's financial statements related to the foregoing matters because the Company believes that the Plan continues to be qualified, and the tax status of the related trust continues to be tax exempt.

8. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS:

Certain Plan investments are shares of mutual funds and collective investment trusts that are managed by Principal, which is also the Trustee as defined by the Plan, and therefore these transactions qualify as party-in-interest. For the year ended December 31, 2015, the Plan paid $2,986 of administrative fees to Principal. In addition, the notes receivable from participants qualify as party-in-interest transactions. These transactions are exempt from the prohibited transaction rules.

9. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500:

Participant loans are reported as notes receivable from participants in the accompanying financial statements as required by current authoritative guidance; however, for Form 5500 purposes and reporting on the supplemental Schedule of Assets (Held at End of Year) they are shown as investments.

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of December 31, 2015 and 2014:

	2015	2014
Net assets available for benefits per the financial statements	$ 20,906,993	$ 16,189,882
Adjustment from contract value to fair value for interest in collective investment trust relating to fully benefit-responsive investment contracts	2,180	1,726
Net assets available for benefits per Form 5500, Schedule H, Part I, line 1l (unaudited)	$ 20,909,173	$ 16,191,608

The following is a reconciliation of net change in net assets per the financial statements to the Form 5500 for the year ended December 31, 2015:

	2015
Net increase in assets available for benefits per the financial statements	$ 4,717,111
Change in adjustment from contract value to fair value for interest in collective investment trust relating to fully benefit-responsive investment contracts	454
Net gain per Form 5500, Schedule H, Part II, line 2k (unaudited)	$ 4,717,565

10. SUBSEQUENT EVENTS:

The plan administrator has evaluated subsequent events through August 24, 2016, which is the date the financial statements were available to be issued. There were no events discovered in the evaluation that require disclosure.

JONAH ENERGY 401(K) PLAN

SUPPLEMENTAL SCHEDULE

SCHEDULE I

EIN: 46-5193792 PLAN NO. 001

FORM 5500: SCHEDULE H, PART IV, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2015

(A)	(B) Identity of Issuer, 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
*	PRINCIPAL STABLE VALUE INSTITUTIONAL FUND	COLLECTIVE INVESTMENT TRUST	a	$ 827,083
*	PRINCIPAL TRUST(SM) INCOME FUND	COLLECTIVE INVESTMENT TRUST	a	63,160
*	PRINCIPAL TRUST(SM) TARGET 2010 FUND	COLLECTIVE INVESTMENT TRUST	a	3,730
*	PRINCIPAL TRUST(SM) TARGET 2015 FUND	COLLECTIVE INVESTMENT TRUST	a	160,991
*	PRINCIPAL TRUST(SM) TARGET 2020 FUND	COLLECTIVE INVESTMENT TRUST	a	2,783,146
*	PRINCIPAL TRUST(SM) TARGET 2025 FUND	COLLECTIVE INVESTMENT TRUST	a	2,653,370
*	PRINCIPAL TRUST(SM) TARGET 2030 FUND	COLLECTIVE INVESTMENT TRUST	a	1,726,252
*	PRINCIPAL TRUST(SM) TARGET 2035 FUND	COLLECTIVE INVESTMENT TRUST	a	2,049,962
*	PRINCIPAL TRUST(SM) TARGET 2040 FUND	COLLECTIVE INVESTMENT TRUST	a	2,982,216
*	PRINCIPAL TRUST(SM) TARGET 2045 FUND	COLLECTIVE INVESTMENT TRUST	a	1,608,968
*	PRINCIPAL TRUST(SM) TARGET 2050 FUND	COLLECTIVE INVESTMENT TRUST	a	598,006
*	PRINCIPAL TRUST(SM) TARGET 2055 FUND	COLLECTIVE INVESTMENT TRUST	a	325,705
*	PRINCIPAL TRUST(SM) TARGET 2060 FUND	COLLECTIVE INVESTMENT TRUST	a	20,994
	ALLIANCE BERNSTEIN GLOBAL BOND FUND	MUTUAL FUND	a	149,830
	MELLON BOND MARKET INDEX INSTITUTIONAL FUND	MUTUAL FUND	a	216,579
	METROPOLITAN WEST TOTAL RETURN BOND FUND	MUTUAL FUND	a	451,587
	T ROWE PRICE LARGECAP GROWTH I INSTITUTIONAL FUND	MUTUAL FUND	a	760,742
	VANGUARD WINDSOR II ADMIRAL FUND	MUTUAL FUND	a	545,848
	VANGUARD 500 INDEX ADMIRAL FUND	MUTUAL FUND	a	843,823
	DFA U.S. SMALL CAP I FUND	MUTUAL FUND	a	415,258
*	PRINCIPAL MIDCAP S&P 400 INDEX INSTITUTIONAL FUND	MUTUAL FUND	a	259,123
*	PRINCIPAL SMALLCAP S&P 600 INDEX INSTITUTIONAL FUND	MUTUAL FUND	a	114,070
*	PRINCIPAL REAL ESTATE SECURITIES INSTITUTIONAL FUND	MUTUAL FUND	a	421,191
	DFA INTERNATIONAL SMALL COMPANY I FUND	MUTUAL FUND	a	107,792
	HARBOR INTERNATIONAL INSTITUTIONAL FUND	MUTUAL FUND	a	128,170
	OPPENHEIMER DEVELOPING MARKETS INSTITUTIONAL FUND	MUTUAL FUND	a	75,670
*	PRINCIPAL INTERNATIONAL EQUITY INDEX INSTITUTIONAL FUND	MUTUAL FUND	a	138,500
				20,431,766
*	PLAN PARTICIPANTS	PARTICIPANT LOANS, AT INTEREST RATES RANGING FROM 4.25% TO 9.25% ANNUALLY, VARIOUS MATURITY DATES	-	471,713
	TOTAL ASSETS (HELD AT END OF YEAR), EXCLUDING EMPLOYEE CONTRIBUTIONS			$ 20,903,479

* A party-in-interest to the Plan as defined by ERISA. Principal acts as the Plan's trustee and recordkeeper.

a Cost of participant-directed investments is not required to be disclosed.

See accompanying independent auditor's report and notes to financial statements.

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SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

JONAH ENERGY 401(K) PLAN

EIN 46 5193792
PLAN NUMBER 001
PLAN YEAR 01/01/2015 TO 12/31/2015

(A)	(B) Identity of issuer, 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
	Alliance Bernstein	Registered Investment Company AB GLOBAL BOND Z FUND	$ 0.00	$ 149,829.77
	Dimensional Investment Group	Registered Investment Company DFA Int'l Small Company I Fd	$ 0.00	$ 107,791.57
	Dimensional Investment Group	Registered Investment Company DFA US Small Cap I Fund	$ 0.00	$ 415,258.45
	Harbor	Registered Investment Company Harbor International Inst Fund	$ 0.00	$ 128,170.13
	Metropolitan Life Insurance Co	Registered Investment Company METROPOLITAN WT TL RTN BD PLAN	$ 0.00	$ 451,587.13
	Oppenheimer	Registered Investment Company Oppenheimer Dev Markets I Fund	$ 0.00	$ 75,670.78
*	Principal Funds Inc	Registered Investment Company Prin LgCap Growth I Inst Fund	$ 0.00	$ 760,741.57
*	Principal Funds Inc	Registered Investment Company Prin MidCp S&P 400 Idx Inst Fd	$ 0.00	$ 259,123.03
*	Principal Funds Inc	Registered Investment Company Prin Real Estate Secs Inst Fd	$ 0.00	$ 421,190.56
*	Principal Funds Inc	Registered Investment Company Prin SmCap S&P 600 Idx Inst Fd	$ 0.00	$ 114,069.75
*	Principal Trust Company	Common/Collective Trust Prin Trust Income Fund I	$ 0.00	$ 63,160.44
*	Principal Trust Company	Common/Collective Trust Prin Trust Tgt 2015 Fund I	$ 0.00	$ 160,990.69
*	Principal Trust Company	Common/Collective Trust Prin Trust Tgt 2020 Fd I	$ 0.00	$ 2,783,145.66
*	Principal Trust Company	Common/Collective Trust Prin Trust Tgt 2025 Fund I	$ 0.00	$ 2,653,370.27
*	Principal Trust Company	Common/Collective Trust Prin Trust Tgt 2030 Fund I	$ 0.00	$ 1,726,251.95

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

JONAH ENERGY 401(K) PLAN

EIN 46 5193792
PLAN NUMBER 001
PLAN YEAR 01/01/2015 TO 12/31/2015

(A)	(B) Identity of issuer, 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
*	Principal Trust Company	Common/Collective Trust Prin Trust Tgt 2035 Fund I	$ 0.00	$ 2,049,961.81
*	Principal Trust Company	Common/Collective Trust Prin Trust Tgt 2040 Fund I	$ 0.00	$ 2,982,216.36
*	Principal Trust Company	Common/Collective Trust Prin Trust Tgt 2045 Fd I	$ 0.00	$ 1,608,967.97
*	Principal Trust Company	Common/Collective Trust Prin Trust Tgt 2050 Fund I	$ 0.00	$ 598,006.20
*	Principal Trust Company	Common/Collective Trust Prin Trust Tgt 2055 Fund I	$ 0.00	$ 325,705.28
*	Principal Funds Inc	Registered Investment Company Principal Bond Mkt Ind Inst Fd	$ 0.00	$ 216,579.23
*	Principal Funds Inc	Registered Investment Company Principal Int'l Eq Ind Inst Fd	$ 0.00	$ 138,500.29
*	Union Bond & Trust Company	Common/Collective Trust Principal Stable Value Inst	$ 0.00	$ 829,262.97
*	Principal Trust Company	Common/Collective Trust PRIN TRUST TGT 2010 FUND I	$ 0.00	$ 3,730.01
*	Principal Trust Company	Common/Collective Trust PRIN TRUST TGT 2060 FUND I	$ 0.00	$ 20,993.75
	Vanguard Group	Registered Investment Company Vanguard Windsor II Adm Fund	$ 0.00	$ 545,848.24
	Vanguard Group	Registered Investment Company Vanguard 500 Index Admiral Fd	$ 0.00	$ 843,822.74
*	Participant Loans	Range of Interest Rates Rates Range From 4.25% To 9.25%	$ 0.00	$ 471,713.00

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)