

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 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2017 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>
A	This return/report is for: <div style="display: flex; justify-content: space-between;"> <div> ☐ a multiemployer plan </div> <div> ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) </div> </div>
	<div style="display: flex; justify-content: space-between;"> <div> ☒ a single-employer plan </div> <div> ☐ a DFE (specify) ____ </div> </div>
B	This return/report is: <div style="display: flex; justify-content: space-between;"> <div> ☐ the first return/report ☐ an amended return/report </div> <div> ☐ the final return/report ☐ a short plan year return/report (less than 12 months) </div> </div>
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: <div style="display: flex; justify-content: space-between;"> <div> ☒ Form 5558 ☐ special extension (enter description) </div> <div> ☐ automatic extension </div> <div> ☐ the DFVC program </div> </div>

Part II	Basic Plan Information —enter all requested information						
1a	Name of plan <u>THE INDIVIDUAL RETIREMENT PLAN FOR RIVERSTONE RESOURCES LLC</u>						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>				
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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1c Effective date of plan</td> <td style="width: 20%; text-align: center;"><u>10/15/1997</u></td> </tr> </table>	1c Effective date of plan	<u>10/15/1997</u>				
1c Effective date of plan	<u>10/15/1997</u>						
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) <u>RIVERSTONE RESOURCES LLC</u> <u>250 COMMERCIAL STREET, SUITE 5000</u> <u>MANCHESTER, NH 03101</u>						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">2b Employer Identification Number (EIN)</td> <td style="width: 20%; text-align: center;"><u>02-0511580</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number</td> <td style="text-align: center;"><u>603-656-2200</u></td> </tr> <tr> <td>2d Business code (see instructions)</td> <td style="text-align: center;"><u>524150</u></td> </tr> </table>	2b Employer Identification Number (EIN)	<u>02-0511580</u>	2c Plan Sponsor's telephone number	<u>603-656-2200</u>	2d Business code (see instructions)	<u>524150</u>
2b Employer Identification Number (EIN)	<u>02-0511580</u>						
2c Plan Sponsor's telephone number	<u>603-656-2200</u>						
2d Business code (see instructions)	<u>524150</u>						

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.	10/10/2018	KRISTIN CAMPBELL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2017)
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3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN	
		4d PN	
5 Total number of participants at the beginning of the plan year		5	655
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)	293
a(2) Total number of active participants at the end of the plan year		6a(2)	292
b Retired or separated participants receiving benefits		6b	18
c Other retired or separated participants entitled to future benefits		6c	308
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	618
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	6
f Total. Add lines 6d and 6e		6f	624
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	622
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	10
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 2R 2S 2T 3H			
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) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ 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) ☒ 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) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ 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 2017 Form M-1 annual report. If the plan was not required to file the 2017 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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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
		2017
		This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan THE INDIVIDUAL RETIREMENT PLAN FOR RIVERSTONE RESOURCES LLC	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 RIVERSTONE RESOURCES LLC	D Employer Identification Number (EIN) 02-0511580	

Part I	Service Provider Information (see instructions)
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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).. ☐ 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
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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)

MERRILL LYNCH, PIERCE, FENNER AND S

13-5674085

(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?
15 52 59 60 62 63 71 72	RECORDKEEPER	3444	Yes ☒ No ☐	Yes ☒ No ☐	0	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 ☐

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.	

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
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(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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 2017 This Form is Open to Public Inspection
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>		
A Name of plan <u>THE INDIVIDUAL RETIREMENT PLAN FOR RIVERSTONE RESOURCES LLC</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>RIVERSTONE RESOURCES LLC</u>	D Employer Identification Number (EIN) <u>02-0511580</u>	

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	45	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	941174	963893
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	11998216	10136873
(2) U.S. Government securities.....	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other.....	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	660935	791851
(9) Value of interest in common/collective trusts.....	1c(9)	0	0
(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)	68761303	80049767
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	466969	524663

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities	1d(1) 0	0
(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 82828642	92467047
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 through 1j)	1k 0	0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l 82828642	92467047

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.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A) 2052395	
	(B) Participants	2a(1)(B) 2643244	
	(C) Others (including rollovers)	2a(1)(C) 973496	
(2)	Noncash contributions	2a(2) 0	
(3)	Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)	5669135
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A) 78689	
	(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)	
	(E) Participant loans	2b(1)(E) 32802	
	(F) Other	2b(1)(F) 0	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	111491
(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) 5473071	
	(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)	
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A) 3224954	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B) 3224954	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B) 0	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(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)		7019353
c Other income	2c		36957
d Total income. Add all income amounts in column (b) and enter total.....	2d		18310007

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	8538458	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		8538458
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		97825
h Interest expense.....	2h		0
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)	35319	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		35319
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		8671602

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		9638405
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan	2l(2)		0

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) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: PRICEWATERHOUSECOOPERS LLP

(2) EIN: 13-4008234

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:

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.).....

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.)

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	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.)		X	
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.)		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
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?		X	
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?		X	
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?		X	
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.)	X		
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.)		X	
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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			

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

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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____. (See instructions.)

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2017</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan THE INDIVIDUAL RETIREMENT PLAN FOR RIVERSTONE RESOURCES LLC		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 RIVERSTONE RESOURCES LLC		D Employer Identification Number (EIN) 02-0511580
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): 94-1687665		
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 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		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2017 v. 170203		

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): _____

**The Individual Retirement Plan of
RiverStone Resources LLC
Financial Statements and Supplemental Schedule
December 31, 2017 and 2016**

**The Individual Retirement Plan of
RiverStone Resources LLC**
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*Other supplemental schedules required by 29 CFA 2502.103-10 of the Department of Labor (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA) have been omitted because they are not applicable.



Report of Independent Auditors

To the Administrator of The Individual Retirement Plan of RiverStone Resources LLC

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The Individual Retirement Plan of RiverStone Resources LLC (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016 and the related statement of changes in net assets available for benefits for the year ended December 31, 2017, 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 the 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.

Auditors' Responsibility

Our responsibility is to express an opinion on the 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 Bank of America, N.A., 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, 2017 and 2016 and for the year ended December 31, 2017, that the information provided to the plan administrator by the trustee 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 the financial statements.



Other Matter

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2017 is required by the Department of Labor'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, 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.

PricewaterhouseCoopers LLP

Boston, MA
October 10, 2018

**The Individual Retirement Plan of
RiverStone Resources LLC**
Statements of Net Assets Available for Benefits
December 31, 2017 and 2016

	2017	2016
Assets:		
Investments, at fair value	\$ 90,186,491	\$ 80,759,379
Self-directed account	524,663	466,969
Total investments, at fair value	<u>90,711,154</u>	<u>81,226,348</u>
Receivables:		
Employer contributions	963,893	941,175
Notes receivable from participants	791,851	660,935
Accrued interest	149	139
Pending settlement fund	-	45
Total receivables	<u>1,755,893</u>	<u>1,602,294</u>
 Net assets available for benefits	 <u><u>\$ 92,467,047</u></u>	 <u><u>\$ 82,828,642</u></u>

The accompanying notes are an integral part of these financial statements.

**The Individual Retirement Plan of
RiverStone Resources LLC**
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2017

Additions to net assets attributed to:

Interest and dividends	\$ 5,588,521
Interest income on notes receivable from participants	32,802
Net appreciation in fair value of registered investment company investments	7,019,353
Other	<u>500</u>
Change in net assets	<u>12,641,176</u>

Contributions

Contributions - employee	3,616,740
Contributions - employer	<u>2,052,395</u>
Total contributions	<u>5,669,135</u>
Total additions	<u>18,310,311</u>

Deductions from net assets attributed to:

Benefits paid to participants	(8,636,377)
Administrative and other expenses	<u>(35,529)</u>
Total deductions	<u>(8,671,906)</u>

Net increase in net assets available for benefits	<u>9,638,405</u>
---	------------------

Net assets available for benefits:

Beginning of year	<u>82,828,642</u>
End of year	<u>\$ 92,467,047</u>

The accompanying notes are an integral part of these financial statement

**The Individual Retirement Plan of
RiverStone Resources LLC**
Notes to Financial Statements
December 31, 2017 and 2016

1. Description of Plan

The following description of The Individual Retirement Plan (the “Plan”) of RiverStone Resources LLC (“RiverStone Resources”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

General

The Plan was originally established by Crum & Forster, Inc., effective January 1, 1971, as the Crum & Forster Employees Savings Plan for the benefit of eligible employees. The Crum & Forster Employees Savings Plan was subsequently amended several times and was renamed The Individual Retirement Plan of Talegen Holdings, Inc. (the “Talegen Plan”) to reflect the name of the successor to Crum & Forster, Inc.

On October 15, 1997, The Resolution Group, Inc. (“The Resolution Group”), a participating employer under the Talegen Plan, was acquired by TRG Holding Corporation (“TRG Holding”). Effective October 15, 1997, International Insurance Company (“International Insurance”), along with The Resolution Group, the parent company of International Insurance, adopted the Talegen Plan and became a participant in the Talegen Plan. Effective October 15, 1997, the Talegen Plan was renamed The Individual Retirement Plan of International Insurance Company (the “International Plan”). All assets, liabilities and account balances maintained under the Talegen Plan for the benefit of individuals participating in the Talegen Plan were merged into the International Plan. Participant rollover accounts were 100% vested.

On August 11, 1999, all of the outstanding voting stock of TRG Holding was acquired by Fairfax Financial Holdings Limited (“Fairfax”), a Canadian based financial services holding company. The Fairfax acquisition of the voting stock of TRG Holding did not result in any adjustments to the Plan.

Effective January 3, 2000, all employees of International Insurance were transferred to RiverStone Resources, an affiliate of International Insurance. Pursuant to a service contract between International Insurance and RiverStone Resources effective January 1, 2000, and approved by the Illinois Department of Insurance, RiverStone Resources provides the administrative, financial, and technical employees necessary for the operations of International Insurance. International Insurance reimbursed RiverStone Resources on a cost basis for these services. Effective January 1, 2000, all employees of RiverStone Resources were eligible to participate in the International Plan.

Effective December 16, 2002, TIG Insurance Group, an affiliate of TRG Holding, acquired 100% of the outstanding shares of International Insurance and merged International Insurance into TIG Insurance Company (“TIG Insurance”), with TIG Insurance as the surviving entity. Effective January 1, 2003, the Plan sponsor was transferred to RiverStone Resources and the International Plan was renamed The Individual Retirement Plan of RiverStone Resources LLC.

Effective January 1, 2004, the Plan was amended to reflect the merger of the TIG Insurance Company Diversified Savings and Retirement Plan into the Plan. The provisions of the amended and restated Plan apply only to employees who terminate employment after January 1, 2004, and do not apply retroactively. Employee benefit rights for such prior years remain governed by the provisions of the applicable Plan document for such years.

**The Individual Retirement Plan of
RiverStone Resources LLC**
Notes to Financial Statements
December 31, 2017 and 2016

On October 3, 2013, General Fidelity Insurance Company, an affiliate of TRG Holding, purchased all the outstanding shares of American Safety Insurance Holdings LTD, including its two property and casualty insurance subsidiaries. The American Safety Insurance Holding LTD 401(k) Profit Sharing Plan (the “ASI Plan”) merged into the Plan effective November 1, 2014. Prior to the merger, there was a transfer of benefits for certain American Safety Insurance employees who had transitioned to RiverStone Resources with an effective date of January 1, 2014. Effective November 1, 2014, participants of the ASI Plan became eligible to participate in the Plan.

Eligible employees, which include employees of RiverStone Resources and TIG Insurance, may participate in the Plan on the first day of any calendar month following the date such eligible employees begin employment service. The Plan is a defined contribution plan and is funded by employee and employer contributions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”) and is intended to qualify as a profit sharing plan, which includes a qualified cash or deferred arrangement, within the meaning of the Internal Revenue Code (“Code”).

The Plan is administered by an Administration and Finance Committee (the “Committee”) appointed by RiverStone Resources.

Contributions

Participants may elect to contribute, on a pre-tax basis, between 1% through 50% of their eligible base salary for the contribution period subject to the maximum allowable level of pre-tax contributions under the Code. Pre-tax contributions were limited to \$18,000 in 2017 in accordance with Code limitations. Employer regular matching contributions shall be made in an amount equal to 66-2/3% of salary deferral contributions for each pay period up to a total of 6% of compensation for the pay period. The maximum employer regular matching contribution is 4% of compensation for a pay period. In addition, on an annual basis, RiverStone Resources contributes an additional 3% of base salary for all eligible employees whether or not such employees are participants in the Plan. The 3% additional employer contribution of \$963,893 and \$941,175 at December 31, 2017, and 2016, respectively, was accrued at December 31, 2017 and 2016.

It is RiverStone Resource’s policy to fund the Plan for additional profit sharing contributions as practical but typically by the end of the first month following the Plan year-end. In addition, RiverStone Resources may make additional performance-related basic and performance-related matching contributions to the Plan. There were no performance-related contributions for the year ended December 31, 2017 and 2016.

In accordance with rules and procedures established by the Committee and without regard to any limitations on contributions set forth in Article 3, the Plan may receive or refuse to receive from a participant, or an employee who has not yet met the eligibility requirements to become a Participant, in cash, any amount of \$100 or more previously received (or deemed to be received) by him or her from (i) another qualified plan described in Sections 401(a) or 403(b) of the Code, excluding after-tax employee contributions, (ii) an annuity contract described in Section 403(b) of the Code, excluding after-tax employee contributions, (iii) an eligible plan under Section 457(b) of the Code which is maintained by a state, political subdivision of a state, or any agency or instrumentality of a state or political subdivision of a state, or (iv) from an individual retirement account or annuity described in

**The Individual Retirement Plan of
RiverStone Resources LLC**
Notes to Financial Statements
December 31, 2017 and 2016

Section 408(a) of the Code that is eligible to be rolled over and would otherwise be included in gross income. The Plan may receive such amount either directly from the participant or employee or from the other plan in the form of a direct rollover. Notwithstanding the foregoing, the Plan shall not accept any amount unless such amount is eligible to be rolled over in accordance with applicable law and the participant or employee provides satisfactory evidence under rules and procedures as established by the Committee that such amount qualifies for rollover treatment. Unless received by the Plan in the form of a direct rollover from another plan, the rollover contribution must be paid to the Trustee on or before the 60th day after the day it was received by the participant or employee.

Participant's Accounts

Each participant's account is credited with his or her contributions and an allocation of employer contributions and Plan earnings. Earnings are allocated by fund based on the ratio of a participant's account invested in a particular fund to all participants' investments in that fund. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Vesting

Participants are immediately vested in their voluntary contributions, plus actual earnings thereon. Employees who were participants in the Talegen Plan are 100% vested in employer contributions made on their behalf, plus actual earnings thereon. Employer contributions to the Plan on behalf of existing employees on October 15, 1997, who became participants subsequent to that date, are vested pursuant to the terms of the Talegen Plan. Employer contributions to the Plan on behalf of employees who become both employees and participants subsequent to October 15, 1997, are vested pursuant to the following: a participant becomes 25% vested after 1 year of service, 50% vested after 2 years of service and 100% vested after 3 years of service. In addition, participants are 100% vested if age 65 is attained, or if participants die or become totally disabled while employed by RiverStone Resources or TIG Insurance.

Forfeitures

When participants terminate employment or service before fully vesting, the unvested portion of their account is forfeited. The forfeited amounts may be used to reduce employer contributions. Forfeitures used to reduce employer contributions for the years ended December 31, 2017, and 2016, were \$113,000 and \$33,000 respectively.

Investment Options

Upon enrollment in the Plan, a participant may direct contributions among any of the authorized investment options, which from time to time may include money market, fixed income, equity, and insurance contract funds. Participants who do not make an investment election will be auto enrolled into the Qualified Default Investment Alternative ("QDIA"), an age appropriate target date fund. Changes to the Plan for the year ending December 31, 2016, include two additional target date funds for retirement years 2055 and 2060, and the movement of funds from the FFI Treasury Fund to the BlackRock Money Market to adhere to new regulations for money market fund. There were no changes made to the Plan during 2017.

**The Individual Retirement Plan of
RiverStone Resources LLC**
Notes to Financial Statements
December 31, 2017 and 2016

Payment of Benefits

On termination of service, a participant may elect to directly roll over the vested value of his or her account in an Individual Retirement Account or to receive a lump-sum payment, a distribution in the form of an annuity, or a combination of the two. All distributions are subject to the applicable provisions of the Plan agreement.

Notes Receivable from Participants

Participants may borrow, pursuant to Code rules governing the Plan, up to the lesser of \$50,000 or 50% of the vested portion of their account balance. The term of any loan may not exceed a period of five years unless such proceeds are used by the participant to acquire a principal residence, in which case the repayment period shall not exceed 10 years. Interest on the loan will be charged based on a rate determined at the time of the loan application and shall be a reasonable rate as determined within the rules and procedures established by the Committee of the Plan. Principal loans outstanding at December 31, 2017, and 2016, were \$791,851 and \$660,935, respectively, with loan rates between 3.25% through 5.25%. The minimum loan amount per the Plan is \$750. If a loan is not repaid or any other event of default occurs, the unpaid balance of such loan will become immediately due and payable and such amount will be deemed a taxable distribution to the extent provided by the Code.

2. Summary of Accounting Policies

Method of Accounting

The Plan's financial statements are prepared under accounting principles generally accepted in the United States of America ("GAAP") on an accrual basis of accounting and reflect management's estimates and assumptions, such as those regarding fair value, that affect the recorded amounts.

Investments

The Plan's investments are stated at fair value based on quoted or estimated market prices available. Shares of registered investment company investments are valued at the net asset value of shares held by the Plan using the end of the day net asset value of the funds. Purchases and sales of investments are recorded on a trade-date basis. Investment income is recorded when earned. Dividends are recorded on the ex-dividend date. Realized gains and losses are reported on the average cost method. Self-directed accounts consist of registered investment companies.

Contributions

Employee contributions are recorded in the period during which RiverStone Resources makes payroll deductions from the Plan participants' earnings. Matching employer contributions, if any, are recorded in the same period. The additional contribution of 3% of base salary is recorded as of the end of the year. Upon a participant's termination from the Plan, unvested employer contributions are available to reduce subsequent employer contributions.

Benefits

Benefit claims are recorded as distributions when they have been approved for payment and paid by the Plan.

Administrative Expenses

Administrative, trustee and other loan expenses of \$35,529 for the year ended December 31, 2017, were deducted from Plan assets.

**The Individual Retirement Plan of
RiverStone Resources LLC**
Notes to Financial Statements
December 31, 2017 and 2016

Notes Receivable from Participants

Participant loans are reported as loans receivable from participants on the Statement of Net Assets Available for Benefits at their unpaid principal balance plus any accrued but unpaid interest, with no allowance for credit losses, as repayments of principal and interest are received through direct payments or payroll deductions.

Use of Estimates

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of net assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of changes in net assets and liabilities during the reporting period. Actual results could differ from these estimates, but management does not believe such differences will materially affect the Plan's Net Assets Available for Benefits or Changes in Net Assets Available for benefits.

Risks and Uncertainties

The Plan invests in various investment securities. 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 the 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.

3. Fair Value Measurement

Accounting Standards Codification ("ASC 820"), *Fair Value Measurements* guidance defines fair value, establishes a framework for measuring fair value, establishes a fair value hierarchy based on the quality of inputs used to measure fair value and enhances disclosure requirements for fair value measurements. Fair value is defined as 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. ASC 820 establishes a three-level valuation hierarchy for disclosure of fair value measurements. The valuation hierarchy is based upon the transparency of inputs to the valuation of an asset or liability as of the measurement date. The three levels, from highest to lowest, are defined as follows:

- Level 1 – inputs to the valuation methodology are quoted prices (unadjusted) for identical assets or liabilities in active markets.
- Level 2 – inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets, and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the financial instrument.
- Level 3 – inputs to the valuation methodology are unobservable and significant to the fair value measurement.

**The Individual Retirement Plan of
RiverStone Resources LLC**
Notes to Financial Statements
December 31, 2017 and 2016

The fair value measurements at December 31, 2017, and 2016, and their related inputs are as follows:

December 31, 2017				
	Total	Level 1	Level 2	Level 3
Self-directed accounts	\$ 524,663	\$ 524,663	\$ -	\$ -
Bond funds	7,782,916	7,782,916	-	-
Domestic stock funds	48,237,665	48,237,665	-	-
International stock funds	6,623,914	6,623,914	-	-
Lifecycle funds	17,405,272	17,405,272	-	-
Money market funds	10,136,724	10,136,724	-	-
Total	\$ 90,711,154	\$ 90,711,154	\$ -	\$ -

December 31, 2016				
	Total	Level 1	Level 2	Level 3
Self-directed accounts	\$ 466,969	\$ 466,969	\$ -	\$ -
Bond funds	6,999,389	6,999,389	-	-
Domestic stock funds	42,219,009	42,219,009	-	-
International stock funds	4,914,325	4,914,325	-	-
Lifecycle funds	14,628,580	14,628,580	-	-
Money market funds	11,998,076	11,998,076	-	-
Total	\$ 81,226,348	\$ 81,226,348	\$ -	\$ -

There were no transfers between Level 1 and Level 2 for the years ended December 31, 2017, and 2016. There were no securities measured at fair market value based upon unobservable inputs and accordingly, none were classified within Level 3 at December 31, 2017, or 2016.

4. Certified Financial Information

The following is a summary of the Plan's financial information and data as of December 31, 2017, and 2016, and for the year ended December 31, 2017. This information has been certified as complete and accurate in accordance with Section 2520.103-5 of the Department of Labor's Rules and Regulations under ERISA by Bank of America N.A, as of December 31, 2017, and 2016, and for the year ended December 31, 2017. In addition, the supplemental schedule was certified.

**The Individual Retirement Plan of
RiverStone Resources LLC**
Notes to Financial Statements
December 31, 2017 and 2016

		2017	
		Units / Shares	Fair Value
Investments:			
Dodge & Cox Stock FD	60,056	\$	12,228,015
Deutsche Equity 500 Ind FD-Inst	48,401		10,689,418
Blackrock FedFund Instl CL	10,136,724		10,136,724
PIMCO Total Return Port. Instl	757,830		7,782,916
American Fundamental	93,574		5,822,177
T. Rowe Price 2010 Retirement	248,658		4,545,477
Neuberg & Bermn Genesis	67,574		3,885,489
AMG Managers Cadence Mid Cap	114,132		3,736,678
American Europacific	57,701		3,239,325
American Growth Fund	58,573		2,902,867
T. Rowe Price 2020 Retirement	118,351		2,667,623
T. Rowe Price 2030 Retirement	99,240		2,572,289
Vanguard Grwth and Income FD	30,913		2,383,679
T. Rowe Price 2025 Retirement	127,592		2,244,339
Templeton Foreign Fund (Adv)	259,096		2,059,811
Janus Growth & Income Fund CL	36,537		2,015,013
JPMorgan Market Exp Enh Ind Selc	144,311		1,655,247
T. Rowe Price 2035 Retirement	70,684		1,340,876
Dodge & Cox International ST	28,601		1,324,779
T. Rowe Price 2040 Retirement	46,012		1,253,355
Lord Abbett Mid Cap Stock CL A	41,263		1,223,871
Invesco Small Cap Grth Instl	26,199		1,100,877
T. Rowe Price 2050 Retirement	58,220		903,573
T. Rowe Price Retirement Balance Inv	56,621		871,400
T. Rowe Price 2045 Retirement	34,531		637,795
Franklin Small Cap Gth Fd	13,872		326,260
T. Rowe Price 2015 Retirement	19,165		287,085
Royce FD:SPEC EQ:Inst	12,405		268,073
T. Rowe Price 2055 Retirement	2,759		42,980
T. Rowe Price 2060 Retirement	3,191		38,480
Subtotal investments			90,186,491
Participants loans receivable*			791,851
Self-directed account			524,663
Total Investments			\$91,503,005

* Represents party-in-interest

**The Individual Retirement Plan of
RiverStone Resources LLC**
Notes to Financial Statements
December 31, 2017 and 2016

	2016	
	Units / Shares	Fair Value
Investments:		
Blackrock FedFund Instl CL	11,996,347	\$ 11,996,347
Dodge & Cox Stock FD	60,810	11,207,375
Deutsche Equity 500 Ind FD-Inst	47,403	9,957,002
PIMCO Total Return Port. Instl	697,845	6,999,389
American Fundamental	85,692	4,665,926
T. Rowe Price 2010 Retirement	240,161	4,166,786
Neuberg & Bermn Genesis	70,160	3,980,875
AMG Managers Cadence Mid Cap	108,897	3,138,405
T. Rowe Price 2030 Retirement	110,716	2,494,440
American Europacific	49,872	2,246,224
T. Rowe Price 2020 Retirement	102,005	2,081,921
Vanguard Grwth and Income FD	29,801	2,015,143
Templeton Foreign Fund (Adv)	289,644	1,992,748
American Growth Fund	46,036	1,935,824
T. Rowe Price 2025 Retirement	110,316	1,709,898
JPMorgan Market Exp Enh Ind Selc	150,642	1,688,695
Janus Growth & Income Fund CL	33,887	1,551,010
T. Rowe Price 2035 Retirement	63,717	1,037,950
T. Rowe Price Retirement Balance Inv	59,243	868,502
T. Rowe Price 2040 Retirement	36,220	840,660
Invesco Small Cap Grth Instl	19,872	721,157
T. Rowe Price 2050 Retirement	52,091	684,479
Lord Abbett Mid Cap Stock CL A	23,934	681,407
Dodge & Cox International ST	17,726	675,353
T. Rowe Price 2045 Retirement	29,555	461,651
Franklin Small Cap Gth Fd	19,811	391,068
Royce FD:SPEC EQ:Inst	13,055	285,122
T. Rowe Price 2015 Retirement	18,733	265,637
T. Rowe Price 2055 Retirement	722	9,503
T. Rowe Price 2060 Retirement	705	7,153
BIF Money Fund*	-	1,729
Subtotal investments		80,759,379
Participants loans receivable*		660,935
Self-directed account		466,969
Total Investments		\$81,887,283

* Represents party-in-interest

**The Individual Retirement Plan of
RiverStone Resources LLC**
Notes to Financial Statements
December 31, 2017 and 2016

4. Certified Financial Information (continued)

The following is a summary of the Plan's net investment income for the year ended December 31, 2017:

Interest and dividends:

Investments	\$	5,588,521
Notes receivable from participants		32,802
	\$	<u>5,621,323</u>

Net appreciation in fair value of investments	\$	7,019,353
	\$	<u>7,019,353</u>

**The Individual Retirement Plan of
RiverStone Resources LLC**
Notes to Financial Statements
December 31, 2017 and 2016

5. Plan Termination

Although it has not expressed any intent to do so, RiverStone Resources has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, the total amount in each participant's account shall be distributed to the participant or continued in trust, in accordance with the applicable provisions of ERISA.

6. Income Taxes

The Plan has received a favorable determination letter from the Internal Revenue Service dated June 20, 2012, indicating that it is qualified under Section 401(a) of the Code and therefore the related Trust is exempt from federal income taxes under the provisions of Section 501(a) of the Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe the Plan is designed and being operated in compliance with the applicable requirements of the Code.

The Plan administrator evaluated the Plan's tax positions and concluded that the Plan had maintained its tax exempt status and had taken no uncertain tax positions that require recognition or disclosure in the financial statements.

The Plan is no longer subject to examination by federal or state tax authorities for years before 2012.

7. Related Party Transactions

Bank of America N.A, the trustee of the Plan, manages the investments held by the Plan. Loan transactions to participants are deemed to be party-in-interest. Expenses of \$35,529 related to recordkeeping services provided by the trustee also qualify as party-in-interest transactions.

8. Subsequent Events

The Plan sponsor has evaluated events subsequent to December 31, 2017, and through the financial statements issuance date of October 10, 2018. The Plan sponsor has not evaluated subsequent events after the issuance date for presentation in these financial statements.

**The Individual Retirement Plan of
RiverStone Resources LLC**
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2017

**Description of investments including
maturity date, rate or interest collateral,
and par or maturity value**

Investments:	Cost (1)	Shares/ Units	Fair Value
Dodge & Cox Stock FD		60,056 \$	12,228,015
Deutsche Equity 500 Ind FD-Inst		48,401	10,689,418
Blackrock FedFund Instl CL		10,136,724	10,136,724
PIMCO Total Return Port. Instl		757,830	7,782,916
American Fundamental		93,574	5,822,177
T. Rowe Price 2010 Retirement		248,658	4,545,477
Neuberg & Bermn Genesis		67,574	3,885,489
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American Growth Fund		58,573	2,902,867
T. Rowe Price 2020 Retirement		118,351	2,667,623
T. Rowe Price 2030 Retirement		99,240	2,572,289
Vanguard Grwth and Income FD		30,913	2,383,679
T. Rowe Price 2025 Retirement		127,592	2,244,339
Templeton Foreign Fund (Adv)		259,096	2,059,811
Janus Growth & Income Fund CL		36,537	2,015,013
JPMorgan Market Exp Enh Ind Selc		144,311	1,655,247
T. Rowe Price 2035 Retirement		70,684	1,340,876
Dodge & Cox International ST		28,601	1,324,779
T. Rowe Price 2040 Retirement		46,012	1,253,355
Lord Abbett Mid Cap Stock CL A		41,263	1,223,871
Invesco Small Cap Grth Instl		26,199	1,100,877
T. Rowe Price 2050 Retirement		58,220	903,573
T. Rowe Price Retirement Balance Inv		56,621	871,400
T. Rowe Price 2045 Retirement		34,531	637,795
Franklin Small Cap Gth Fd		13,872	326,260
T. Rowe Price 2015 Retirement		19,165	287,085
Royce FD:SPEC EQ:Inst		12,405	268,073
T. Rowe Price 2055 Retirement		2,759	42,980
T. Rowe Price 2060 Retirement		3,191	38,480
Subtotal investments			90,186,491
Participants loans receivable*			791,851
Self-directed account			524,663
Total Investments			\$91,503,005

*A party in interest as defined by ERISA, 3.25% - 5.25% maturing through November 4, 2027

(1) Cost information not required for participant-directed investments.

*The information in this schedule has been certified as complete and accurate by Bank of America N.A
This supplemental schedule should be read together with the Report of Independent Auditors.*

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2017 This Form is Open to Public Inspection
For calendar plan year 2017 or fiscal plan year beginning _____ and ending _____		
A Name of plan	B Three-digit plan number (PN) ►	
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	

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)		
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(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		

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 through 1j)	1k		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l		
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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)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
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)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(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)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(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)		
(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)		

		(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)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(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)		
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)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		
j Total expenses. Add all expense amounts in column (b) and enter total	2j		

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		
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) ☐ Disclaimer (4) ☐ Adverse

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

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

(1) Name:

(2) EIN:

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:

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.)

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.)

	Yes	No	Amount
4a			
4b			

	Yes	No	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			
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			
e Was this plan covered by a fidelity bond?			
4e			
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			
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			
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			
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			
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			
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			
l Has the plan failed to provide any benefit when due under the plan?.....			
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
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			

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

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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____. (See instructions.)

Attachment to 2017 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name The Individual Retirement Plan for RiverStone Resources LLC **LEIN:** 02-0511580
Plan Sponsor's Name RiverStone Resources LLC **PN:** 001

(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
	BLACKROCK FEDFUND INSTL CL	MONEY MARKET	10,136,724	10,136,724
	DEUTSCHE EQTY 500 IND FD-INST	MUTUAL FUNDS	8,888,577	10,689,418
	PIMCO TOTAL RETURN PORT. INSTL	MUTUAL FUNDS	8,018,519	7,782,916
	AMERICAN EUROPACIFIC GROWTH R6	MUTUAL FUNDS	2,810,020	3,239,324
	AMERICAN FUNDAMENTAL	MUTUAL FUNDS	4,870,283	5,822,177
	AMERICAN GROWTH FUND OF	MUTUAL FUNDS	2,596,284	2,902,867
	JANUS HNDRSN GRTH AND INCM I	MUTUAL FUNDS	1,618,215	2,015,012

Attachment to 2017 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name The Individual Retirement Plan for RiverStone Resources LLC **LEIN:** 02-0511580
Plan Sponsor's Name RiverStone Resources LLC **PN:** 001

(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
	DODGE & COX INTERNATIONAL ST	MUTUAL FUNDS	1,163,399	1,324,779
	NEUBERGER BERMAN GENESIS	MUTUAL FUNDS	3,985,317	3,885,488
	T. ROWE PRICE 2040 RETIREMENT	MUTUAL FUNDS	1,079,860	1,253,355
	LORD ABBETT MID CAP STOCK CL I	MUTUAL FUNDS	1,151,787	1,223,871
	AMG MANAGERS CADENCE MID CAP Z	MUTUAL FUNDS	2,819,451	3,736,678
	T. ROWE PRICE 2010 RETIREMENT	MUTUAL FUNDS	3,973,279	4,545,477
	T. ROWE PRICE 2020 RETIREMENT	MUTUAL FUNDS	2,270,711	2,667,623

Attachment to 2017 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name The Individual Retirement Plan for RiverStone Resources LLC **EIN:** 02-0511580
Plan Sponsor's Name RiverStone Resources LLC **PN:** 001

(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
	T. ROWE PRICE 2030 RETIREMENT	MUTUAL FUNDS	2,293,825	2,572,289
	T ROWE PRICE RTRMT BALANCE INV	MUTUAL FUNDS	785,084	871,400
	T. ROWE PRICE 2015 RETIREMENT	MUTUAL FUNDS	267,052	287,085
	T. ROWE PRICE 2025 RETIREMENT	MUTUAL FUNDS	2,013,592	2,244,339
	T. ROWE PRICE 2035 RETIREMENT	MUTUAL FUNDS	1,183,666	1,340,876
	ROYCE FD SPEC EQ;INST	MUTUAL FUNDS	277,597	268,073
	FRANKLIN SMALL CAP GTH FD	MUTUAL FUNDS	254,468	326,260

Attachment to 2017 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name The Individual Retirement Plan for RiverStone Resources LLC **EIN:** 02-0511580
Plan Sponsor's Name RiverStone Resources LLC **PN:** 001

(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
	INVESCO SMALL CAP GRTH CL R5	MUTUAL FUNDS	963,955	1,100,877
	JP MORGAN MRKT EXPANSION CL I	MUTUAL FUNDS	1,704,115	1,655,247
	T. ROWE PRICE 2045 RETIREMENT	MUTUAL FUNDS	561,778	637,795
	T. ROWE PRICE 2055 RETIREMENT	MUTUAL FUNDS	39,664	42,980
	T. ROWE PRICE 2050 RETIREMENT	MUTUAL FUNDS	776,319	903,573
	VANGUARD GRW AND INC FD	MUTUAL FUNDS	2,125,810	2,383,679
	T. ROWE PRICE 2060 RETIREMENT	MUTUAL FUNDS	35,733	38,480

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Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name The Individual Retirement Plan for RiverStone Resources LLC **LEIN:** 02-0511580
Plan Sponsor's Name RiverStone Resources LLC **PN:** 001

(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
	TEMPLETON FOREIGN FUND (ADV)	MUTUAL FUNDS	1,431,649	2,059,811
	DODGE & COX STOCK FUND	MUTUAL FUNDS	8,248,375	12,228,015
	SELF-DIRECT ACCT	OTHER ASSETS	524,663	524,663
	LOAN FUND	LOANS	791,851	791,851
	Uninvested Cash	Uninvested Cash	0	0
	Accrued Income	Accrued Income	149	149