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| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2023</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| Part I                                                                                     | Annual Report Identification Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| A                                                                                          | This return/report is for: <div><div><input type="checkbox"/> a multiemployer plan</div><div><input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</div><div><input checked="" type="checkbox"/> a single-employer plan</div><div><input type="checkbox"/> a DFE (specify) _____</div><div><input type="checkbox"/> the first return/report</div><div><input type="checkbox"/> the final return/report</div><div><input checked="" type="checkbox"/> an amended return/report</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div></div> |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| D                                                                                          | Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558</div><div><input type="checkbox"/> automatic extension</div><div><input type="checkbox"/> the DFVC program</div><div><input type="checkbox"/> special extension (enter description)</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                  |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

|         |                                                                                                                                                                                                                                                                                                                                            |
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| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                                     |
| 1a      | Name of plan<br>QEP RESOURCES, INC. RETIREMENT PLAN                                                                                                                                                                                                                                                                                        |
| 1b      | Three-digit plan number (PN) ▶ 001                                                                                                                                                                                                                                                                                                         |
| 1c      | Effective date of plan<br>07/01/2010                                                                                                                                                                                                                                                                                                       |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>DIAMONDBACK E & P LLC<br><br>900 NW 63RD ST<br>SUITE 200<br>OKLAHOMA CITY, OK 73116 |
| 2b      | Employer Identification Number (EIN)<br>36-4728559                                                                                                                                                                                                                                                                                         |
| 2c      | Plan Sponsor's telephone number<br>432-221-7400                                                                                                                                                                                                                                                                                            |
| 2d      | Business code (see instructions)<br>551112                                                                                                                                                                                                                                                                                                 |

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. | 10/15/2024 | DAVID MEEK                                                   |
|           | 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                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | <b>3b</b> Administrator's EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | <b>3c</b> Administrator's telephone number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |
| <b>4</b> 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:<br><b>a</b> Sponsor's name QEP RESOURCES, INC.<br><b>c</b> Plan Name QEP RESOURCES, INC. RETIREMENT PLAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | <b>4b</b> EIN 87-0287750<br><b>4d</b> PN 001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | <b>5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 212 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....<br><b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)..... |  | <b>6a(1)</b> 1<br><b>6a(2)</b> 1<br><b>6b</b> 143<br><b>6c</b> 56<br><b>6d</b> 200<br><b>6e</b> 12<br><b>6f</b> 212<br><b>6g(1)</b><br><b>6g(2)</b><br><b>6h</b> 0<br><b>7</b>                                                                                                                                                                                                                                                                                                                                                   |     |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>1A 1I<br><b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                                    |     |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br>(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary<br>(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____<br>(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached 0<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 \_\_\_\_\_

|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                   |                                                                                                |
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| <div>SCHEDULE SB<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Single-Employer Defined Benefit Plan<br/>Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                                                                    |                                                                                                                                                  |
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| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023                                         |                                                                                                                                                  |
| ▶ Round off amounts to nearest dollar.                                                                                             |                                                                                                                                                  |
| ▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.            |                                                                                                                                                  |
| A Name of plan<br>QEP RESOURCES, INC. RETIREMENT PLAN                                                                              | B Three-digit plan number (PN) ▶ 001                                                                                                             |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>DIAMONDBACK E & P LLC                                         | D Employer Identification Number (EIN)<br>36-4728559                                                                                             |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |

|        |                                                                                                                                                                                                  |                            |                           |                          |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| Part I | Basic Information                                                                                                                                                                                |                            |                           |                          |
| 1      | Enter the valuation date: Month 01 Day 01 Year 2023                                                                                                                                              |                            |                           |                          |
| 2      | Assets:                                                                                                                                                                                          |                            |                           |                          |
| a      | Market value                                                                                                                                                                                     | 2a                         | 90778963                  |                          |
| b      | Actuarial value                                                                                                                                                                                  | 2b                         | 99856859                  |                          |
| 3      | Funding target/participant count breakdown                                                                                                                                                       | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| a      | For retired participants and beneficiaries receiving payment                                                                                                                                     | 152                        | 79756814                  | 79756814                 |
| b      | For terminated vested participants                                                                                                                                                               | 59                         | 10862034                  | 10862034                 |
| c      | For active participants                                                                                                                                                                          | 1                          | 188562                    | 188690                   |
| d      | Total                                                                                                                                                                                            | 212                        | 90807410                  | 90807538                 |
| 4      | If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>                                                                                          |                            |                           |                          |
| a      | Funding target disregarding prescribed at-risk assumptions                                                                                                                                       | 4a                         |                           |                          |
| b      | Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | 4b                         |                           |                          |
| 5      | Effective interest rate                                                                                                                                                                          | 5                          | 5.23 %                    |                          |
| 6      | Target normal cost                                                                                                                                                                               |                            |                           |                          |
| a      | Present value of current plan year accruals                                                                                                                                                      | 6a                         | 0                         |                          |
| b      | Expected plan-related expenses                                                                                                                                                                   | 6b                         | 620000                    |                          |
| c      | Target normal cost                                                                                                                                                                               | 6c                         | 620000                    |                          |

**Statement by Enrolled Actuary**  
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

|                          |                                                                                                                                                                                                                                                               |                                                                                                                                                                              |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div>SIGN<br/>HERE</div> | <div>Signature of actuary</div> <div>BENJAMIN LAW</div> <div>Type or print name of actuary</div> <div>AON CONSULTING, INC.</div> <div>Firm name</div> <div>3550 LENOX ROAD NE,<br/>SUITE 1700<br/>ATLANTA, GA 30326-1799</div> <div>Address of the firm</div> | <div>10/01/2024</div> <div>Date</div> <div>23-08232</div> <div>Most recent enrollment number</div> <div>770-690-7138</div> <div>Telephone number (including area code)</div> |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Part II Beginning of Year Carryover and Prefunding Balances**

|                                                                                                                                                                      | (a) Carryover balance | (b) Prefunding balance |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                             | 0                     | 0                      |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                          |                       |                        |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                                | 0                     | 0                      |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>-22.95</u> % .....                                                                               | 0                     | 0                      |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                       |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                       | 0                      |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.40</u> % ..... |                       | 0                      |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       |                        |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 0                      |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       |                        |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                    | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                         | 0                     | 0                      |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 109.96 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 109.96 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 136.80 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %        |

**Part IV Contributions and Liquidity Shortfalls****18** Contributions made to the plan for the plan year by employer(s) and employees:

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ►</b>          |                                   |                                 | <b>18(b)</b>             | 0                                 | <b>18(c)</b> 0                  |

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

|                                                                                                                         |            |   |
|-------------------------------------------------------------------------------------------------------------------------|------------|---|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years. ....                    | <b>19a</b> | 0 |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                      | <b>19b</b> | 0 |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | <b>19c</b> | 0 |

**20** Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

| Liquidity shortfall as of end of quarter of this plan year |         |         |         |
|------------------------------------------------------------|---------|---------|---------|
| (1) 1st                                                    | (2) 2nd | (3) 3rd | (4) 4th |
|                                                            |         |         |         |

|               |                                                                            |
|---------------|----------------------------------------------------------------------------|
| <b>Part V</b> | <b>Assumptions Used to Determine Funding Target and Target Normal Cost</b> |
|---------------|----------------------------------------------------------------------------|

|                                                                                                                                                                                              |                                                     |                        |                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|------------------------|------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                                                     |                        |                        |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.75 %                              | 2nd segment:<br>5.00 % | 3rd segment:<br>5.74 % |
|                                                                                                                                                                                              | <input type="checkbox"/> N/A, full yield curve used |                        |                        |
| <b>b</b> Applicable month (enter code).....                                                                                                                                                  | <b>21b</b>                                          | 0                      |                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              | <b>22</b>                                           | 61                     |                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                                                     |                        |                        |

|                |                            |
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| <b>Part VI</b> | <b>Miscellaneous Items</b> |
|----------------|----------------------------|

|                                                                                                                                                                        |           |                                                                     |
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| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... |           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....                                      |           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>26</b> Demographic and benefit information                                                                                                                          |           |                                                                     |
| <b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....                             |           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...                       |           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....                                    | <b>27</b> |                                                                     |

|                 |                                                                                |
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| <b>Part VII</b> | <b>Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b> |
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|                                                                                                                                     |           |   |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years .....                                                           | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                   | <b>30</b> | 0 |

|                  |                                                       |
|------------------|-------------------------------------------------------|
| <b>Part VIII</b> | <b>Minimum Required Contribution For Current Year</b> |
|------------------|-------------------------------------------------------|

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6c).....                                                                                                                                           | <b>31a</b>          | 620000             |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 620000             |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 0                   | 0                  |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |               |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....                                                           | <b>34</b>           | 0                  |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                               |                     |                    | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35).....                                                                                                                   | <b>36</b>           | 0                  |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....                                                   | <b>37</b>           | 0                  |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36)                                                                                                                             | <b>38a</b>          | 0                  |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          |                    |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  | <b>40</b>           | 0                  |               |

|                |                                                                                             |
|----------------|---------------------------------------------------------------------------------------------|
| <b>Part IX</b> | <b>Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b> |
|----------------|---------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2023                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023 |                                                      |     |
| A Name of plan<br>QEP RESOURCES, INC. RETIREMENT PLAN                                      | B Three-digit plan number (PN) ▶                     | 001 |
|                                                                                            |                                                      |     |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>DIAMONDBACK E & P LLC            | D Employer Identification Number (EIN)<br>36-4728559 |     |

|        |                                                 |
|--------|-------------------------------------------------|
| 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).. . . . . ☒ 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 |                                                      |
| DFA EMERGING MARKETS CORE                                                                                  | 6300 BEE CAVE ROAD, BUILDING ONE<br>AUSTIN, TX 78746 |

|                                                                                                            |  |
|------------------------------------------------------------------------------------------------------------|--|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |  |
| WELLINGTON TRUST COMPANY                                                                                   |  |
| 04-6913417                                                                                                 |  |

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

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

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

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

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

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

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

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

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

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**(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)

THE BANK OF NEW YORK MELLON

13-5160382

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 21 33 62 50            | TRUSTEE                                                                                           | 336038                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

AON CONSULTING, INC.

22-2232264

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11 17 50               | NONE                                                                                              | 40793                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

CAUSEY DEMGEN & MOORE INC

84-1158905

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10 50                  | NONE                                                                                              | 16000                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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<br>(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<br>(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<br>(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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                   |                                                                                                                                                                                                                                   |                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE D<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration</div> | <div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection.</div> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

|                                                                          |                                                          |
|--------------------------------------------------------------------------|----------------------------------------------------------|
| <div>A Name of plan</div> <div>QEP RESOURCES, INC. RETIREMENT PLAN</div> | <div>B Three-digit plan number (PN)</div> <div>001</div> |
|--------------------------------------------------------------------------|----------------------------------------------------------|

|                                                                                                               |                                                                         |
|---------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <div>C Plan or DFE sponsor's name as shown on line 2a of Form 5500</div> <div>DIAMONDBACK E &amp; P LLC</div> | <div>D Employer Identification Number (EIN)</div> <div>36-4728559</div> |
|---------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|

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

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

b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON

|                                               |                                       |                                                                                                                            |
|-----------------------------------------------|---------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <div>c EIN-PN</div> <div>25-6078093-023</div> | <div>d Entity code</div> <div>C</div> | <div>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div> <div>1535726</div> |
|-----------------------------------------------|---------------------------------------|----------------------------------------------------------------------------------------------------------------------------|

a Name of MTIA, CCT, PSA, or 103-12 IE: US SMALL CAP OPPORTUNISTIC VALUE EQ

b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON

|                                               |                                       |                                                                                                                      |
|-----------------------------------------------|---------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| <div>c EIN-PN</div> <div>04-3202152-001</div> | <div>d Entity code</div> <div>C</div> | <div>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div> <div>0</div> |
|-----------------------------------------------|---------------------------------------|----------------------------------------------------------------------------------------------------------------------|

a Name of MTIA, CCT, PSA, or 103-12 IE: EB LONG TERM GOVT

b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON

|                                               |                                       |                                                                                                                             |
|-----------------------------------------------|---------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| <div>c EIN-PN</div> <div>25-6078093-063</div> | <div>d Entity code</div> <div>C</div> | <div>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div> <div>14616031</div> |
|-----------------------------------------------|---------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|

a Name of MTIA, CCT, PSA, or 103-12 IE: DAILY VALUE MID CAP STOCK INDEX

b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON

|                                               |                                       |                                                                                                                      |
|-----------------------------------------------|---------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| <div>c EIN-PN</div> <div>25-6078093-124</div> | <div>d Entity code</div> <div>C</div> | <div>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div> <div>0</div> |
|-----------------------------------------------|---------------------------------------|----------------------------------------------------------------------------------------------------------------------|

a Name of MTIA, CCT, PSA, or 103-12 IE: DAILY VALUE LARGE CAP STOCK INDEX

b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON

|                                               |                                       |                                                                                                                      |
|-----------------------------------------------|---------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| <div>c EIN-PN</div> <div>25-6078093-004</div> | <div>d Entity code</div> <div>C</div> | <div>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div> <div>0</div> |
|-----------------------------------------------|---------------------------------------|----------------------------------------------------------------------------------------------------------------------|

a Name of MTIA, CCT, PSA, or 103-12 IE: INT'L EQUITY MULTI STRATEGY

b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON

|                                               |                                       |                                                                                                                      |
|-----------------------------------------------|---------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| <div>c EIN-PN</div> <div>25-6078093-326</div> | <div>d Entity code</div> <div>C</div> | <div>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div> <div>0</div> |
|-----------------------------------------------|---------------------------------------|----------------------------------------------------------------------------------------------------------------------|

a Name of MTIA, CCT, PSA, or 103-12 IE: DAILY VALUE INT'L MARKETS STOCK

b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON

|                                               |                                       |                                                                                                                      |
|-----------------------------------------------|---------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| <div>c EIN-PN</div> <div>25-6078093-034</div> | <div>d Entity code</div> <div>C</div> | <div>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div> <div>0</div> |
|-----------------------------------------------|---------------------------------------|----------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: BYNM-M DB SL HIGH YIELD FUND

**b** Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON

|                                |                        |                                                                                                       |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 25-6078093-312 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: BNYM LONG DURATION FUND

**b** Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON

|                                |                        |                                                                                                              |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 25-6078093-329 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14203177 |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: WELLINGTON TRUST CORP LONG BOND

**b** Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY NA

|                                |                        |                                                                                                              |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 04-6913417-120 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14128628 |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: LONG TERM CREDIT BOND INDEX

**b** Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON

|                                |                        |                                                                                                              |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 25-6078093-062 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19241056 |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SL INTERMEDIATE GOVT BI FUND

**b** Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON

|                                |                        |                                                                                                              |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 25-6078093-061 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29310136 |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|

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

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

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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, other than DCGs)**

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

**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

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                   |                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| <div>SCHEDULE H</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Financial Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                      |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                   | 2023                                   |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                   | This Form is Open to Public Inspection |

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023 |                                                      |     |
| A Name of plan<br>QEP RESOURCES, INC. RETIREMENT PLAN                                      | B Three-digit plan number (PN) ▶                     | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>DIAMONDBACK E & P LLC            | D Employer Identification Number (EIN)<br>36-4728559 |     |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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 |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>                     |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                       |                 |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1b(1)</b>                  |                       |                 |
| <b>(2)</b> Participant contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1b(2)</b>                  |                       |                 |
| <b>(3)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(3)</b>                  | 180580                | 401410          |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>                  |                       |                 |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>                  |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                       |                 |
| <b>(A)</b> Preferred.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(3)(A)</b>               |                       |                 |
| <b>(B)</b> All other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(3)(B)</b>               |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(A)</b> Preferred.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(4)(A)</b>               |                       |                 |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(4)(B)</b>               |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>                  |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>                  |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>                  |                       |                 |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(8)</b>                  |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>                  | 88501280              | 93034754        |
| <b>(10)</b> Value of interest in pooled separate accounts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(10)</b>                 |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>                 |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(12)</b>                 |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(13)</b>                 | 2297103               | 0               |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(14)</b>                 |                       |                 |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(15)</b>                 |                       |                 |

|                                                                           |              |                       |                 |
|---------------------------------------------------------------------------|--------------|-----------------------|-----------------|
| <b>1d</b> Employer-related investments:                                   |              | (a) Beginning of Year | (b) End of Year |
| (1) Employer securities .....                                             | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                          | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....        | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>    | 90978963              | 93436164        |
| <b>Liabilities</b>                                                        |              |                       |                 |
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b>    |                       |                 |
| <b>h</b> Operating payables .....                                         | <b>1h</b>    | 86240                 | 25337           |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities .....                                          | <b>1j</b>    | 200000                | 1300000         |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>    | 286240                | 1325337         |
| <b>Net Assets</b>                                                         |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>    | 90692723              | 92110827        |

**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.

|                                                                                                            |                 |            |           |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>Income</b>                                                                                              |                 | (a) Amount | (b) Total |
| <b>a</b> Contributions:                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: (A) Employers .....                                               | <b>2a(1)(A)</b> |            |           |
| (B) Participants .....                                                                                     | <b>2a(1)(B)</b> |            |           |
| (C) Others (including rollovers) .....                                                                     | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 0         |
| <b>b</b> Earnings on investments:                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit) .....              | <b>2b(1)(A)</b> | 10348      |           |
| (B) U.S. Government securities .....                                                                       | <b>2b(1)(B)</b> |            |           |
| (C) Corporate debt instruments .....                                                                       | <b>2b(1)(C)</b> |            |           |
| (D) Loans (other than to participants) .....                                                               | <b>2b(1)(D)</b> |            |           |
| (E) Participant loans .....                                                                                | <b>2b(1)(E)</b> |            |           |
| (F) Other .....                                                                                            | <b>2b(1)(F)</b> |            |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                                     | <b>2b(1)(G)</b> |            | 10348     |
| (2) Dividends: (A) Preferred stock .....                                                                   | <b>2b(2)(A)</b> |            |           |
| (B) Common stock .....                                                                                     | <b>2b(2)(B)</b> |            |           |
| (C) Registered investment company shares (e.g. mutual funds) .....                                         | <b>2b(2)(C)</b> | 837380     |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                         | <b>2b(2)(D)</b> |            | 837380    |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds .....                                        | <b>2b(4)(A)</b> |            |           |
| (B) Aggregate carrying amount (see instructions) .....                                                     | <b>2b(4)(B)</b> |            |           |
| (C) Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                         | <b>2b(4)(C)</b> |            |           |
| (5) Unrealized appreciation (depreciation) of assets: (A) Real estate .....                                | <b>2b(5)(A)</b> |            |           |
| (B) Other .....                                                                                            | <b>2b(5)(B)</b> |            |           |
| (C) Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....                | <b>2b(5)(C)</b> |            |           |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                               | 2b(6)  |            | 7242896   |
| (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 <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 8090624   |

**Expenses**

|                                                                                      |        |         |         |
|--------------------------------------------------------------------------------------|--------|---------|---------|
| e Benefit payment and payments to provide benefits:                                  |        |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1)  | 6155548 |         |
| (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)  |         | 6155548 |
| f Corrective distributions (see instructions) .....                                  | 2f     |         |         |
| g Certain deemed distributions of participant loans (see instructions) .....         | 2g     |         |         |
| h Interest expense .....                                                             | 2h     |         |         |
| i Administrative expenses:                                                           |        |         |         |
| (1) Salaries and allowances .....                                                    | 2i(1)  |         |         |
| (2) Contract administrator fees.....                                                 | 2i(2)  | 2077    |         |
| (3) Recordkeeping fees.....                                                          | 2i(3)  |         |         |
| (4) IQPA audit fees.....                                                             | 2i(4)  | 16000   |         |
| (5) Investment advisory and investment management fees .....                         | 2i(5)  |         |         |
| (6) Bank or trust company trustee/custodial fees .....                               | 2i(6)  | 336038  |         |
| (7) Actuarial fees .....                                                             | 2i(7)  | 40793   |         |
| (8) Legal fees .....                                                                 | 2i(8)  |         |         |
| (9) Valuation/appraisal fees .....                                                   | 2i(9)  |         |         |
| (10) Other trustee fees and expenses .....                                           | 2i(10) |         |         |
| (11) Other expenses .....                                                            | 2i(11) | 122064  |         |
| (12) Total administrative expenses. Add lines 2i(1) through (11) .....               | 2i(12) |         | 516972  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j     |         | 6672520 |

**Net Income and Reconciliation**

|                                                          |       |  |         |
|----------------------------------------------------------|-------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 1418104 |
| 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) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

**b** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: CAUSEY DEMGEN & MOORE P.C.

(2) EIN: 84-1158905

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) ☐ This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

|                                                                                                                                                                                                                                                                                                            | Yes                                 | No                                  | Amount   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|----------|
| <b>a</b> 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.)                 |                                     | <input checked="" type="checkbox"/> |          |
| <b>b</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.) |                                     | <input checked="" type="checkbox"/> |          |
| <b>c</b> 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.)                                                                                                                             |                                     | <input checked="" type="checkbox"/> |          |
| <b>d</b> 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.)                                                                                                                  |                                     | <input checked="" type="checkbox"/> |          |
| <b>e</b> Was this plan covered by a fidelity bond?                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> |                                     | 10000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?                                                                                                                                                                          |                                     | <input checked="" type="checkbox"/> |          |
| <b>g</b> 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?                                                                                                                                       |                                     | <input checked="" type="checkbox"/> |          |
| <b>h</b> 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?                                                                                                                             |                                     | <input checked="" type="checkbox"/> |          |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)                                                                                                                                                   | <input checked="" type="checkbox"/> |                                     |          |
| <b>j</b> 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.)                                                                                     | <input checked="" type="checkbox"/> |                                     |          |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?                                                                                                                                              |                                     | <input checked="" type="checkbox"/> |          |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?                                                                                                                                                                                                                               |                                     | <input checked="" type="checkbox"/> |          |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)                                                                                                                                                                                     |                                     |                                     |          |
| <b>n</b> 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.                                                                                                                        |                                     |                                     |          |

**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.)

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> PN(s) |
|------------------------------|---------------------|--------------------|
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... ☒ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 519021.

|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>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>2023</div> <div>This Form is Open to Public Inspection.</div> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023 |                                                      |     |
| A Name of plan<br>QEP RESOURCES, INC. RETIREMENT PLAN                                      | B Three-digit plan number (PN) ▶                     | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>DIAMONDBACK E & P LLC            | D Employer Identification Number (EIN)<br>36-4728559 |     |

|        |               |
|--------|---------------|
| 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):<br>EIN(s): 04-1107180 |   |   |
| 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 | 0 |

|         |                                                                                                                                                                        |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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)? .....                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> 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 _____<br>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? .....                                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> 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? .....                                                                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> 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. .... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input checked="" type="checkbox"/> 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? .....                                                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11 | a Does the ESOP hold any preferred stock? .....                                                                                                                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> 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.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12 | Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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 deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

**a** The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment) .....

**14a**

**b** The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....

**14b**

**c** The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....

**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) and (b):

**a** Enter the percentage of plan assets held as:

Public Equity: \_\_\_\_\_% Private Equity: \_\_\_\_\_% Investment-Grade Debt and Interest Rate Hedging Assets: \_\_\_\_\_%

High-Yield Debt: \_\_\_\_\_% Real Assets: \_\_\_\_\_% Cash or Cash Equivalents: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

**a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation. \_\_\_\_\_

## **Part VII IRS Compliance Questions**

- 21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No

- 21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

- 22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY) and the Opinion Letter serial number \_\_\_\_\_.

**QEP RESOURCES, INC. RETIREMENT PLAN**  
**FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES**  
**DECEMBER 31, 2023 AND 2022**  
**WITH**  
**INDEPENDENT AUDITOR'S REPORT**

# QEP RESOURCES INC. RETIREMENT PLAN

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All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure Under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

## Independent Auditor's Report

To the Administrator and Participants of the  
QEP Resources, Inc. Retirement Plan

### Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the accompanying financial statements of QEP Resources, Inc. Retirement Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The Financial Statements comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the Financial Statements ("Financial Statements").

Management, having determined it is permissible in the circumstances, has elected to have the audits of QEP Resources, Inc. Retirement Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained certifications from a qualified institution as of December 31, 2023 and 2022, and for the years then ended, stating that the certified investment information, as described in Note 6 to the Financial Statements, is complete and accurate.

### Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section—

- the amounts and disclosures in the Financial Statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the Financial Statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

### Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be

independent of QEP Resources, Inc. Retirement Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

### **Responsibilities of Management 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, and for 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the Financial Statements.

In preparing the Financial Statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about QEP Resources, Inc. Retirement Plan's ability to continue as a going concern for one year after the date the Financial Statements are available to be issued.

Management is also responsible for maintaining a current Plan instrument, including all Plan amendments; administering the Plan; and determining that the Plan's transactions that are presented and disclosed in the Financial Statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

### **Auditor's Responsibilities for the Audit of the Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the Financial Statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the Financial Statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the Financial Statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the Financial Statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of QEP Resources, Inc. Retirement Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the Financial Statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about QEP Resources, Inc. Retirement Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the Financial Statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the Financial Statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

### **Supplemental Schedules Required by ERISA**

The supplemental schedule of assets (held at end of year) as of December 31, 2023, and the supplemental schedule of reportable transactions for the year ended December 31, 2023, are presented for purposes of additional analysis and are not a required part of the Financial Statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the Financial Statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the Financial Statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the Financial Statements or to the Financial Statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Denver, Colorado  
October 14, 2024

*Carsey Demgen & Moore P.C.*

**QEP RESOURCES, INC. RETIREMENT PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

|                                            | December 31,  |               |
|--------------------------------------------|---------------|---------------|
|                                            | 2023          | 2022          |
| <b>Assets:</b>                             |               |               |
| Investments at fair value (Notes 5 and 6): |               |               |
| Commingled funds:                          |               |               |
| Short-term fixed income fund               | \$ 1,535,726  | \$ 647,444    |
| Equity index funds                         | —             | 22,864,578    |
| Fixed income index funds                   | 91,499,028    | 67,286,361    |
| Total investments at fair value            | 93,034,754    | 90,798,383    |
| Receivables:                               |               |               |
| Interest receivable                        | 1,410         | 580           |
| Sales pending receivable                   | 400,000       | 180,000       |
| Total receivables                          | 401,410       | 180,580       |
| Total assets                               | 93,436,164    | 90,978,963    |
| <b>Liabilities:</b>                        |               |               |
| Administrative expenses payable            | (25,337)      | (86,240)      |
| Investment Purchases Payable (Pending)     | (1,300,000)   | (200,000)     |
| Total liabilities                          | (1,325,337)   | (286,240)     |
| Net assets available for benefits          | \$ 92,110,827 | \$ 90,692,723 |

See Notes accompanying the Financial Statements.

**QEP RESOURCES, INC. RETIREMENT PLAN**  
**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

|                                                              | December 31,         |                 |
|--------------------------------------------------------------|----------------------|-----------------|
|                                                              | <b>2023</b>          | 2022            |
| Additions to net assets attributable to:                     |                      |                 |
| Investment income:                                           |                      |                 |
| Net appreciation (depreciation) in fair value of investments | \$ 7,242,896         | \$ (28,658,339) |
| Interest and dividend income                                 | 847,728              | 698,634         |
| Other income                                                 | —                    | 2,598           |
| Total investment income                                      | <b>8,090,624</b>     | (27,957,107)    |
| Total additions to net assets                                | <b>8,090,624</b>     | (27,957,107)    |
| Deductions from net assets attributable to:                  |                      |                 |
| Benefit payments                                             | (6,155,548)          | (6,173,180)     |
| Administrative expenses                                      | (516,972)            | (483,271)       |
| Total deductions from net assets                             | <b>(6,672,520)</b>   | (6,656,451)     |
| Net change in net assets available for benefits              | <b>1,418,104</b>     | (34,613,558)    |
| Net assets available for benefits at beginning of period     | <b>90,692,723</b>    | 125,306,281     |
| Net assets available for benefits at end of period           | <b>\$ 92,110,827</b> | \$ 90,692,723   |

See Notes accompanying the Financial Statements.

## **QEP RESOURCES, INC. RETIREMENT PLAN**

### **NOTES ACCOMPANYING THE FINANCIAL STATEMENTS**

#### **Note 1 – Plan Description**

The following description of the QEP Resources, Inc. Retirement Plan (the "Plan") provides only general information. Participants should refer to the Plan document for additional information concerning the Plan's provisions.

The Plan is a closed, qualified, defined-benefit pension plan that is funded and provides pension benefits to certain employees of QEP Resources, Inc. and its subsidiaries ("QEP" or the "Company"). The Plan provides for retirement and surviving spouse benefits. The basic benefit is determined as of the participant's normal retirement age by applying a specified factor to the participant's final average earnings (as defined by the Plan) multiplied by the participant's years of service.

Effective June 30, 2010, in connection with a nontaxable reorganization, Questar Corporation ("Questar") spun off QEP, including its subsidiaries (the "Spin-off"). In association with the Spin-off, the liabilities and associated assets under the Questar Corporation Retirement Plan (the "Questar Plan") relating to the accrued benefit of active employees of QEP were transferred to the Plan.

The Plan was established to provide benefits for the employees of QEP who had an accrued benefit under the Questar Plan the day before the Spin-off. No employee of QEP (other than employees whose benefit under the Questar Plan was transferred to the Plan in connection with the Spin-off) may participate in or can receive benefits under the Plan.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended, and is intended to qualify under the Internal Revenue Code of 1986, as amended (the "Code").

The Company's Investment Committee ("Committee") has oversight of the investment of retirement plan assets. The Committee uses a third-party asset manager to assist in setting targeted-policy ranges for the allocation of assets among various investment categories.

On December 20, 2020, the Company entered into an Agreement and Plan of Merger (Merger Agreement) with Diamondback Energy, Inc. ("Diamondback") and Bohemia Merger Sub, Inc., a wholly owned subsidiary of Diamondback (Merger Sub), which provides that, among other things, and subject to the terms and conditions of the Merger Agreement, Merger Sub will be merged with and into QEP, with QEP surviving as a direct, wholly owned subsidiary of Diamondback ("Merger"). On March 17, 2021, QEP closed the Merger with Diamondback, and each outstanding share of QEP's common stock was converted into shares of Diamondback's common stock at the close of the Merger.

#### ***Amendment***

The number of active participants in the Plan fell to 51 participants during the year ended December 31, 2015. In order to prevent disqualification, the Plan was amended in June 2015 and was frozen, such that active participants do not earn any additional accrued benefits on or after January 1, 2016.

Additionally, with the signing into law of the SECURE Act in December 2019, the Plan may be eligible for relief from the minimum participation rules given that the Plan is closed and frozen for all participants and participants no longer accrue benefits.

### ***Eligibility***

Only employees whose accrued benefits under the Questar Plan were transferred to the Plan as of the Spin-off were eligible to participate in the Plan and were transferred to the Plan effective July 1, 2010. No other employee who became an employee of the Company on or after the Spin-off is eligible to participate in the Plan. Normal retirement age is the later of age 65 or completion of five years of participation (participation begins one year from eligible hire date and includes participation in the Questar Plan), with eligibility for early retirement occurring at age 55 when credited service is at least 10 years. Vesting occurred after five years of vested service (based on 1,000 hours per year including service at Questar and QEP). Individuals who had an accrued benefit under the Questar Corporation Supplemental Executive Retirement Plan as of June 30, 2010, have a frozen benefit under the Plan and accrue no additional benefits under the Plan beyond those that were transferred to the Plan.

### ***Contributions***

The Company has agreed to contribute the amounts necessary to provide sufficient assets for the defined benefits to be paid to eligible retirees and their eligible surviving spouses. Company contributions to the Plan meet or exceed the minimum funding standards of ERISA and the Code.

### ***Plan expenses***

The Company pays the costs of legal, accounting, some actuarial services and other administrative services provided for the Plan. The Plan pays for transaction costs, investment manager fees, some actuarial services and trustee fees.

## **Note 2 – Summary of Significant Accounting Policies**

### ***Basis of accounting***

The financial statements have been prepared on an accrual basis of accounting, in accordance with accounting principles generally accepted in the United States of America ("GAAP").

### ***Use of estimates***

The preparation of financial statements in accordance with GAAP requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates due to changes in liability discount rates, salary escalation rates, investment performance, employee service tenure and turnover, longevity of retirees or surviving spouses, levels of contributions, Plan amendments and other variables subject to estimation or uncertainty.

### ***Investment valuation and income recognition***

Investments in commingled funds are recorded at fair value, using the net asset value ("NAV") as a practical expedient. The NAV is based on the value of the underlying assets owned by the fund excluding transaction costs, minus liabilities.

Net appreciation or depreciation in the fair value of investments as reflected in the accompanying Statements of Changes in Net Assets Available for Benefits consists of unrealized appreciation or depreciation of investments held at the reporting date and the realized gains or losses on investments sold during the year. Purchases and

sales of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date.

### ***Payment of benefits***

Benefit payments are recorded upon distribution.

### **Note 3 – Income Tax Status**

The Plan received a determination letter from the Internal Revenue Service ("IRS") dated March 8, 2017, stating that the Plan is qualified under Section 401(a) of the Code and, therefore, the related trust is exempt from taxation.

GAAP requires the Plan's management to evaluate tax positions taken by the Plan and recognize a tax liability if the organization 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 that as of December 31, 2023, there are no uncertain positions taken, or expected to be taken, that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any periods in progress.

### **Note 4 – Risks and Uncertainties**

The value of the Plan's investments in various investment securities is exposed to various risks such as interest rate risk, and market and credit risks. Consequently, it is possible that the value could change materially from the amounts reported in the Statements of Net Assets Available for Benefits.

Plan contributions are made and estimates of the actuarial present value of accumulated plan benefits are reported based on certain assumptions and estimates pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Additionally, the preparation of financial statements in conformity with GAAP requires the use of management's estimates. Consequently, it is possible that future changes in these assumptions could materially change future contributions and estimates of accumulated plan benefits.

### **Note 5 – Fair Value Measurements**

The Plan measures and discloses fair values in accordance with the provisions of ASC 820, *Fair Value Measurements and Disclosures*. This guidance defines fair value in applying GAAP, establishes a framework for measuring fair value and expanded disclosures about fair value measurements. ASC 820 also establishes a fair value hierarchy. Level 1 inputs are quoted prices (unadjusted) for identical assets or liabilities in active markets that the Plan has the ability to access at the measurement date. Level 2 inputs are inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly. Level 3 inputs are unobservable inputs for the asset or liability.

The asset's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

All of the Plan's investments are in commingled funds. These investments are public investment vehicles valued using the NAV as a practical expedient. The NAV is based on the value of the underlying assets owned by the fund excluding transaction costs, and minus liabilities. Assets held by the Plan that were valued using a NAV methodology were not subject to redemption restrictions on their valuation dates.

The method described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation method is 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 following table summarizes investments for which fair value is measured using the NAV per share practical expedient as of December 31, 2023 and 2022, respectively.

| Instrument <sup>(1)</sup>       | Fair Value           | Unfunded Commitments | Redemption Frequency | Redemption Notice Period |
|---------------------------------|----------------------|----------------------|----------------------|--------------------------|
| <b>December 31, 2023</b>        |                      |                      |                      |                          |
| Commingled funds                | \$ 78,906,126        | N/A                  | Daily                | N/A                      |
| Commingled funds                | 14,128,628           | N/A                  | Weekly               | N/A                      |
| Total investments at fair value | <u>\$ 93,034,754</u> |                      |                      |                          |
| <b>December 31, 2022</b>        |                      |                      |                      |                          |
| Commingled funds                | \$ 76,998,100        | N/A                  | Daily                | N/A                      |
| Commingled funds                | 13,800,283           | N/A                  | Weekly               | N/A                      |
| Total investments at fair value | <u>\$ 90,798,383</u> |                      |                      |                          |

<sup>(1)</sup> In accordance with ASC Subtopic 820-10, as these assets were measured at the NAV per share (or its equivalent), they have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation to the line items presented in the Statements of Net Assets Available for Benefits.

#### **Note 6 – Summary of Information Furnished by the Trustee (Unaudited)**

The Plan administrator has elected the method of compliance permitted by Section 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, all of the unaudited information as shown below has been certified by the Bank of New York Trust Company, the Trustee, as being complete and accurate:

- Investments as shown in the Statements of Net Assets Available for Benefits as of December 31, 2023 and 2022;
- Investment income as shown in the Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2023 and 2022
- Schedule of Assets (Held at End of Year) as of December 31, 2023, as shown on the Supplemental Schedule; and
- Schedule of Reportable Transactions for the year ended December 31, 2023, as shown on the Supplemental Schedule.

#### **Note 7 – Actuarial Present Value of Accumulated Plan Benefits**

Accumulated plan benefits are those estimated future periodic payments and lump-sum distributions that are attributable under the Plan's provisions to services rendered by the employees up to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their surviving spouses, (b) present employees or their surviving spouses and (c) non-spousal beneficiaries as defined in the Plan document. Benefits for retired or terminated employees or their surviving spouses are based on an

employee's age at retirement, years of service and the highest earnings in a consecutive 72 semimonthly pay period during the 10 years preceding termination of employment or January 1, 2016, whichever is earlier. Benefits payable under all eligible circumstances – retirement, death and termination of employment – are included, to the extent they are deemed attributable to employee service rendered up to the valuation date.

The actuarial present value of accumulated plan benefits is estimated by consulting actuaries and is determined by applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, termination, or retirement) between the valuation date and the expected date of payment.

Significant assumptions underlying the actuarial computations are as follows:

| Actuarial Computation                            | Plan Year     | Significant Assumptions                                                              |
|--------------------------------------------------|---------------|--------------------------------------------------------------------------------------|
| Actuarial cost method:                           | 2022 and 2023 | Unit Credit Method                                                                   |
| Assumed retirement age:                          | 2022 and 2023 | Weighted average retirement age is 61                                                |
| Mortality:                                       | 2022 and 2023 | Statutory IRS mortality tables with separate rates for annuitants and non-annuitants |
| Discount rate:                                   | 2022          | 5.30%                                                                                |
|                                                  | 2023          | 5.90%                                                                                |
| Rate of increase in compensation: <sup>(1)</sup> | 2022 and 2023 | N/A                                                                                  |

<sup>(1)</sup> As the Plan was frozen, such that employees do not accrue additional defined benefits for future service or compensation on or after January 1, 2016, rate of compensation is no longer considered a significant assumption in the actuarial computations.

These actuarial assumptions are based on the presumption that the Plan will continue. If the Company were to terminate the Plan, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The accumulated plan benefit information as of January 1, 2023 is as follows:

|                                                                     | 2023          |
|---------------------------------------------------------------------|---------------|
| Vested benefits:                                                    |               |
| Retired participants and beneficiaries currently receiving payments | \$ 74,013,999 |
| Terminated vested participants and deferred disabled participants   | 10,232,738    |
| Total vested benefits                                               | 84,246,737    |
| Non-vested benefits                                                 | 131           |
| Total actuarial present value of accumulated plan benefits          | \$ 84,246,868 |

The change in actuarial present value of accumulated plan benefits from January 1, 2022, to January 1, 2023, is due to the following:

|                                                                            | <b>2023</b>          |
|----------------------------------------------------------------------------|----------------------|
| Actuarial present value of accumulated plan benefits as of January 1, 2022 | <b>\$ 90,860,639</b> |
| Changes during the year attributed to:                                     |                      |
| Benefits paid                                                              | <b>(6,173,180)</b>   |
| Interest Accumulation                                                      | <b>4,654,137</b>     |
| Assumption Changes                                                         | <b>(5,351,002)</b>   |
| Other Changes <sup>1</sup>                                                 | <b>256,274</b>       |
| Net Change                                                                 | <b>(6,613,771)</b>   |
| Actuarial present value of accumulated plan benefits as of January 1, 2023 | <b>\$ 84,246,868</b> |

<sup>1</sup> The "Other Changes" component represents the normal operation of the pension plan. It consists primarily of the increase due to ongoing benefit accruals (if any) and those items of plan experience that are not associated with plan asset performance.

#### **Note 8 – Exempt Party-in-Interest Transactions**

Plan investments are shares of commingled funds managed by the Bank of New York Mellon, a related party to the Trustee, and these transactions qualify as party-in-interest transactions. The Plan paid to the Trustee \$336,038 and \$373,411 during the years ended December 31, 2023 and 2022, respectively, for administration charges.

#### **Note 9 – Plan Termination**

Should the Plan terminate at some future time, its net assets may not be available on a pro-rata basis to provide participants' benefits. If there are insufficient assets to fund the benefits, whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation ("PBGC") at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC's benefit guarantee, while other benefits may not be provided for at all. A detailed explanation of the priority of benefits under the Plan termination may be found in the Plan document.

#### **Note 10 – Subsequent Event**

It is the intention of Diamondback Energy to terminate the QEP Resources, Inc. Retirement Plan with an amendment that shall be effective as of first quarter of, 2025. Plan Administrators anticipate that it will take approximately 18 to 24 months to complete the plan termination and will continue to make distributions during this time.

Other than the preceding paragraph, there have been no other material subsequent events identified between December 31, 2023 through October 14, 2024 the date the Financial Statements were available to be issued, that would impact the results reflected in this report, the Plan's results going forward or require additional disclosure.

## **Supplemental Schedules**

**QEP Resources, Inc. Retirement Plan**  
**EIN # 87-0287750, Plan Number 001**  
**Form 5500, Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**December 31, 2023**

| (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    |
|--------------------------------------------------------------|-----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|--------------|----------------------|
| Short-term fixed income fund:                                |                                                                 |                                                                                                            |              |                      |
| *                                                            | EB Temporary Investment Fund                                    | Commingled fund                                                                                            | \$ 1,535,726 | \$ 1,535,726         |
| Fixed income index funds:                                    |                                                                 |                                                                                                            |              |                      |
| *                                                            | Wellington Trust Co CIF II Investment Grade Corp Long Bond Fund | Commingled fund                                                                                            | 15,832,919   | 14,128,628           |
| *                                                            | BNYM Long Duration                                              | Commingled fund                                                                                            | 13,655,631   | 14,203,177           |
| *                                                            | BNYM DB Int Term Govt                                           | Commingled fund                                                                                            | 28,160,000   | 29,310,136           |
| *                                                            | BNYM DB Long Term Govt                                          | Commingled fund                                                                                            | 14,667,140   | 14,616,031           |
| *                                                            | BNYM DB SL Long Term Credit                                     | Commingled fund                                                                                            | 16,643,573   | 19,241,056           |
|                                                              |                                                                 |                                                                                                            |              | 91,499,028           |
|                                                              |                                                                 |                                                                                                            |              | <u>\$ 93,034,754</u> |
| *                                                            | Indicated party-in-interest to the Plan.                        |                                                                                                            |              |                      |

The information in this schedule has been certified as to its completeness and accuracy by the Trustee.

**QEP Resources, Inc. Retirement Plan**  
**EIN # 87-0287750, Plan Number 001**  
**Form 5500, Schedule H, Line 4j - Schedule of Reportable Transactions**  
**For the Year Ended December 31, 2023**

| (a) Identity of party involved | (b) Description of asset (include interest rate and maturity in case of a loan) | (c) Purchase price | (d) Selling price | (g) Cost of Asset | (h) Current value of asset on transaction date | (i) Net gain or (loss) |
|--------------------------------|---------------------------------------------------------------------------------|--------------------|-------------------|-------------------|------------------------------------------------|------------------------|
| Series in same security:       |                                                                                 |                    |                   |                   |                                                |                        |
| EB Temporary Investment Fund   | Commingled fund                                                                 | \$ 12,136,397      | \$ —              | \$ —              | \$ 12,136,397                                  | \$ —                   |
| EB Temporary Investment Fund   | Commingled fund                                                                 | —                  | 11,248,115        | 11,248,115        | 6,903,122                                      | —                      |
| BNYM DB SL Int Govt            | Commingled fund                                                                 | 28,160,000         |                   |                   | 28,160,000                                     |                        |
| BNYM DB Long Term Govt         | Commingled fund                                                                 | 6,272,000          |                   |                   | 6,272,000                                      |                        |
| BNYM DB Long Term Credit       | Commingled fund                                                                 |                    | 10,443,000        | 10,499,501        |                                                | (56,501)               |
| BNYM DB Large Cap SIF          | Commingled fund                                                                 |                    | 8,307,983         | 3,508,745         |                                                | 4,799,238              |
| BNYM DB Mid Cap SIF            | Commingled fund                                                                 |                    | 5,061,031         | 3,641,522         |                                                | 1,419,509              |

The information in this schedule has been certified as to its completeness and accuracy by the Trustee.

Schedule SB Attachment (Form 5500)—2023 Plan Year  
QEP Resources, Inc. Retirement Plan  
EIN: 36-4728559 PN: 001

Schedule SB, line 26a—Schedule of Active Participant Data as of January 1, 2023

| Attained<br>Age | Number of Participants<br>Years of Credited Service |     |     |       |       |       |       |       |       |     |
|-----------------|-----------------------------------------------------|-----|-----|-------|-------|-------|-------|-------|-------|-----|
|                 | <1                                                  | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40+ |
| <25             |                                                     |     |     |       |       |       |       |       |       |     |
| 25-29           |                                                     |     |     |       |       |       |       |       |       |     |
| 30-34           |                                                     |     |     |       |       |       |       |       |       |     |
| 35-39           |                                                     |     |     |       |       |       |       |       |       |     |
| 40-44           |                                                     |     |     |       |       |       |       |       |       |     |
| 45-49           |                                                     |     |     |       |       |       | 1     |       |       |     |
| 50-54           |                                                     |     |     |       |       |       |       |       |       |     |
| 55-59           |                                                     |     |     |       |       |       |       |       |       |     |
| 60-64           |                                                     |     |     |       |       |       |       |       |       |     |
| 65-69           |                                                     |     |     |       |       |       |       |       |       |     |
| 70+             |                                                     |     |     |       |       |       |       |       |       |     |

N-1

Schedule SB Attachment (Form 5500)—2023 Plan Year  
QEP Resources, Inc. Retirement Plan  
EIN: 36-4728559 PN: 001

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

|                                             |                                                                                                                                                                                       |
|---------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Interest Rates for Minimum Funding Purposes | Based on segment rates with no lookback (as of January 2023), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor without regard to ARPA. |
| 1st Segment Rate                            | 4.75%                                                                                                                                                                                 |
| 2nd Segment Rate                            | 5.00%                                                                                                                                                                                 |
| 3rd Segment Rate                            | 5.74%                                                                                                                                                                                 |
| Interest Rates for Maximum Tax Purposes     | Based on segment rates with no lookback (as of January 2023), without regard to interest rate stabilization.                                                                          |
| 1st Segment Rate                            | 2.13%                                                                                                                                                                                 |
| 2nd Segment Rate                            | 3.62%                                                                                                                                                                                 |
| 3rd Segment Rate                            | 3.93%                                                                                                                                                                                 |
| Salary Increases                            | Not applicable                                                                                                                                                                        |
| Assumed Cost of Living Adjustments          | None                                                                                                                                                                                  |
| Optional Payment Form Election Percentage   | 100% elect the normal form of payment. Vacation pay benefits are assumed to be paid as a lump sum.                                                                                    |
| Retirement Age                              |                                                                                                                                                                                       |
| Active Participants                         | See Table 1.                                                                                                                                                                          |
| Terminated Vested Participants              | See Table 1.                                                                                                                                                                          |
| At-Risk Calculations                        | For at-risk calculations, participants who are eligible to retire within the next 10 years are assumed to elect the most valuable form of benefit under the plan.                     |
| Mortality Rates                             | 2023 static mortality table for annuitants and non-annuitants per section 1.430(h)(3)-1(a)(3) and IRS Notice 2022-22.                                                                 |
| Withdrawal Rates                            | See Table 2.                                                                                                                                                                          |
| Disability Rates                            | None                                                                                                                                                                                  |
| Decrement Timing                            | Middle of year decrements.                                                                                                                                                            |
| Surviving Spouse Benefit                    | It is assumed that 80% of males and 60% of females have an eligible spouse, and that males are two years older than their spouses.                                                    |

Schedule SB Attachment (Form 5500)—2023 Plan Year  
QEP Resources, Inc. Retirement Plan  
EIN: 36-4728559 PN: 001

|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Valuation Compensation                        | Not applicable.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Benefit and Compensation Limits               | Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$265,000 and the IRC section 401(a)(17) compensation limit of \$330,000.                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Valuation of Plan Assets                      | <p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p> |
| Expected Return on Assets                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 2021 Plan Year                                | 5.30%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 2022 Plan Year                                | 5.30%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 2023 Plan Year                                | 5.90%, limited to 5.74%.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Trust Expenses Included in Target Normal Cost | Based on the prior year's actual plan administrative expenses (excluding PBGC premiums) plus the estimated PBGC premiums for the current year, rounded up to the nearest \$5,000 (\$620,000 for 2023).                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Actuarial Method                              | Standard unit credit cost method.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Valuation Date                                | January 1, 2023                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

Schedule SB Attachment (Form 5500)—2023 Plan Year  
QEP Resources, Inc. Retirement Plan  
EIN: 36-4728559 PN: 001

Table 1

**Retirement Rates**

Retirements from Active employment are assumed to occur according to the following:

| Age | Rate |
|-----|------|
| 55  | 10%  |
| 56  | 5%   |
| 57  | 5%   |
| 58  | 5%   |
| 59  | 10%  |
| 60  | 20%  |
| 61  | 20%  |
| 62  | 25%  |
| 63  | 10%  |
| 64  | 5%   |
| 65  | 100% |

The rates at which terminated vested participants who were terminated in connection with the Midcontinent and Field Services transactions and who were ages 50-54 at the time are assumed to retire by age as shown below:

| Age | Rate |
|-----|------|
| 55  | 5%   |
| 56  | 8%   |
| 57  | 10%  |
| 58  | 15%  |
| 59  | 20%  |
| 60  | 30%  |
| 61  | 50%  |
| 62  | 100% |
| 63  | 100% |
| 64  | 100% |
| 65  | 100% |

The rates at which all other terminated vested participants are assumed to retire by age are shown below:

| Age | Rate |
|-----|------|
| 55  | 5%   |
| 56  | 5%   |
| 57  | 5%   |
| 58  | 5%   |
| 59  | 5%   |
| 60  | 5%   |
| 61  | 5%   |
| 62  | 10%  |
| 63  | 10%  |
| 64  | 10%  |
| 65  | 100% |

Schedule SB Attachment (Form 5500)—2023 Plan Year  
QEP Resources, Inc. Retirement Plan  
EIN: 36-4728559 PN: 001

Actuarial Assumptions and Methods

Table 2

**Withdrawal Rates**

| <b>Age</b>  | <b>Rate</b> |
|-------------|-------------|
| 20          | 11.50%      |
| 25          | 9.00%       |
| 30          | 6.50%       |
| 35          | 5.00%       |
| 40          | 3.80%       |
| 45          | 1.00%       |
| 50          | 0.90%       |
| 55          | 0.40%       |
| 59 and over | 0%          |

**QEP Resources, Inc. Retirement Plan**  
**EIN # 87-0287750, Plan Number 001**  
**Form 5500, Schedule H, Line 4j - Schedule of Reportable Transactions**  
**For the Year Ended December 31, 2023**

| (a) Identity of party involved | (b) Description of asset (include interest rate and maturity in case of a loan) | (c) Purchase price | (d) Selling price | (g) Cost of Asset | (h) Current value of asset on transaction date | (i) Net gain or (loss) |
|--------------------------------|---------------------------------------------------------------------------------|--------------------|-------------------|-------------------|------------------------------------------------|------------------------|
| Series in same security:       |                                                                                 |                    |                   |                   |                                                |                        |
| EB Temporary Investment Fund   | Commingled fund                                                                 | \$ 12,136,397      | \$ —              | \$ —              | \$ 12,136,397                                  | \$ —                   |
| EB Temporary Investment Fund   | Commingled fund                                                                 | —                  | 11,248,115        | 11,248,115        | 6,903,122                                      | —                      |
| BNYM DB SL Int Govt            | Commingled fund                                                                 | 28,160,000         |                   |                   | 28,160,000                                     |                        |
| BNYM DB Long Term Govt         | Commingled fund                                                                 | 6,272,000          |                   |                   | 6,272,000                                      |                        |
| BNYM DB Long Term Credit       | Commingled fund                                                                 |                    | 10,443,000        | 10,499,501        |                                                | (56,501)               |
| BNYM DB Large Cap SIF          | Commingled fund                                                                 |                    | 8,307,983         | 3,508,745         |                                                | 4,799,238              |
| BNYM DB Mid Cap SIF            | Commingled fund                                                                 |                    | 5,061,031         | 3,641,522         |                                                | 1,419,509              |

The information in this schedule has been certified as to its completeness and accuracy by the Trustee.

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2023</b><br><br><b>This Form is Open to Public Inspection</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br>QEP RESOURCES, INC. RETIREMENT PLAN                                                                              | <b>B</b> Three-digit plan number (PN) ▶ 001                                                                                                             |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>DIAMONDBACK E & P LLC                                         | <b>D</b> Employer Identification Number (EIN)<br>36-4728559                                                                                             |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |

|                                                                                                                                                                                                                 |                                                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                                                                                                                                   | <b>Basic Information</b>                                                                                |
| <b>1</b> Enter the valuation date: Month 01 Day 01 Year 2023                                                                                                                                                    |                                                                                                         |
| <b>2</b> Assets:                                                                                                                                                                                                |                                                                                                         |
| <b>a</b> Market value.....                                                                                                                                                                                      | <b>2a</b> 90,778,963                                                                                    |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  | <b>2b</b> 99,856,859                                                                                    |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                             |                                                                                                         |
| <b>a</b> For retired participants and beneficiaries receiving payment .....                                                                                                                                     | (1) Number of participants 152 (2) Vested Funding Target 79,756,814 (3) Total Funding Target 79,756,814 |
| <b>b</b> For terminated vested participants.....                                                                                                                                                                | 59 10,862,034 10,862,034                                                                                |
| <b>c</b> For active participants.....                                                                                                                                                                           | 1 188,562 188,690                                                                                       |
| <b>d</b> Total .....                                                                                                                                                                                            | 212 90,807,410 90,807,538                                                                               |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                           |                                                                                                         |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions.....                                                                                                                                        | <b>4a</b>                                                                                               |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor ..... | <b>4b</b>                                                                                               |
| <b>5</b> Effective interest rate.....                                                                                                                                                                           | <b>5</b> 5.23%                                                                                          |
| <b>6</b> Target normal cost                                                                                                                                                                                     |                                                                                                         |
| <b>a</b> Present value of current plan year accruals.....                                                                                                                                                       | <b>6a</b> 0                                                                                             |
| <b>b</b> Expected plan-related expenses .....                                                                                                                                                                   | <b>6b</b> 620,000                                                                                       |
| <b>c</b> Target normal cost.....                                                                                                                                                                                | <b>6c</b> 620,000                                                                                       |

**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

|                                                            |                               |                                        |
|------------------------------------------------------------|-------------------------------|----------------------------------------|
| <b>SIGN HERE</b>                                           | BENJAMIN LAW <i>B.L.</i>      | 10/01/2024                             |
|                                                            | Signature of actuary          | Date                                   |
| BENJAMIN LAW                                               | Type or print name of actuary | 2308232                                |
| AON CONSULTING, INC.                                       | Firm name                     | Most recent enrollment number          |
|                                                            |                               | 770-690-7138                           |
|                                                            |                               | Telephone number (including area code) |
| 3550 LENOX ROAD NE,<br>SUITE 1700<br>ATLANTA GA 30326-1799 | Address of the firm           |                                        |

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

| Part II   | Beginning of Year Carryover and Prefunding Balances                                                                                                                  | (a) Carryover balance | (b) Prefunding balance |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b>  | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                                      | 0                     | 0                      |
| <b>8</b>  | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                                   |                       |                        |
| <b>9</b>  | Amount remaining (line 7 minus line 8) .....                                                                                                                         | 0                     | 0                      |
| <b>10</b> | Interest on line 9 using prior year's actual return of <u>-22.95</u> % .....                                                                                         | 0                     | 0                      |
| <b>11</b> | Prior year's excess contributions to be added to prefunding balance:                                                                                                 |                       |                        |
|           | <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                       | 0                      |
|           | <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.40</u> % ..... |                       | 0                      |
|           | <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       |                        |
|           | <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 0                      |
|           | <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       |                        |
| <b>12</b> | Other reductions in balances due to elections or deemed elections .....                                                                                              | 0                     | 0                      |
| <b>13</b> | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                                   | 0                     | 0                      |

| Part III  | Funding Percentages                                                                                                                                              | Line | Percentage |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------------|
| <b>14</b> | Funding target attainment percentage .....                                                                                                                       | 14   | 109.96 %   |
| <b>15</b> | Adjusted funding target attainment percentage .....                                                                                                              | 15   | 109.96 %   |
| <b>16</b> | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | 16   | 136.80 %   |
| <b>17</b> | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. ....                                        | 17   | %          |

| Part IV   | Contributions and Liquidity Shortfalls                                         | Totals ▶                          | 18(b)                           | 18(c)                    |                                   |                                 |   |
|-----------|--------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|---|
| <b>18</b> | Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                 |                          |                                   |                                 |   |
|           | (a) Date<br>(MM-DD-YYYY)                                                       | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |   |
|           |                                                                                |                                   |                                 |                          |                                   |                                 |   |
|           |                                                                                |                                   |                                 |                          |                                   |                                 |   |
|           |                                                                                |                                   |                                 |                          |                                   |                                 |   |
|           |                                                                                |                                   |                                 |                          |                                   |                                 |   |
|           |                                                                                |                                   |                                 |                          |                                   |                                 |   |
|           |                                                                                |                                   |                                 |                          |                                   |                                 |   |
|           |                                                                                |                                   |                                 |                          |                                   |                                 |   |
|           |                                                                                |                                   |                                 |                          |                                   |                                 |   |
|           |                                                                                |                                   |                                 |                          |                                   |                                 |   |
|           |                                                                                |                                   |                                 |                          |                                   |                                 |   |
|           |                                                                                |                                   |                                 |                          |                                   |                                 |   |
|           |                                                                                |                                   |                                 |                          |                                   |                                 |   |
|           |                                                                                |                                   |                                 |                          |                                   |                                 |   |
|           |                                                                                |                                   |                                 |                          |                                   |                                 |   |
|           |                                                                                |                                   |                                 |                          |                                   |                                 |   |
|           |                                                                                |                                   |                                 |                          |                                   |                                 |   |
|           |                                                                                |                                   |                                 |                          |                                   |                                 |   |
|           |                                                                                |                                   |                                 |                          |                                   |                                 |   |
|           |                                                                                |                                   |                                 |                          |                                   |                                 |   |
|           |                                                                                |                                   | Totals ▶                        | 18(b)                    | 0                                 | 18(c)                           | 0 |

|                                                            |                                                                                                                            |                                                                     |
|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>19</b>                                                  | Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: |                                                                     |
|                                                            | <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                       | 19a 0                                                               |
|                                                            | <b>b</b> Contributions made to avoid restrictions adjusted to valuation date. ....                                         | 19b 0                                                               |
|                                                            | <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date. ....    | 19c 0                                                               |
| <b>20</b>                                                  | Quarterly contributions and liquidity shortfalls:                                                                          |                                                                     |
|                                                            | <b>a</b> Did the plan have a "funding shortfall" for the prior year? .....                                                 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|                                                            | <b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....    | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
|                                                            | <b>c</b> If line 20a is "Yes," see instructions and complete the following table as applicable:                            |                                                                     |
| Liquidity shortfall as of end of quarter of this plan year |                                                                                                                            |                                                                     |
| (1) 1st                                                    | (2) 2nd                                                                                                                    | (3) 3rd                                                             |
|                                                            |                                                                                                                            |                                                                     |
|                                                            |                                                                                                                            |                                                                     |

|                  |                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |
|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>Part V</b>    | <b>Assumptions Used to Determine Funding Target and Target Normal Cost</b>                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |
| <b>21</b>        | Discount rate:                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |
| <b>a</b>         | Segment rates:                                                                                                                                                                                                                                                                                         | <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">1st segment:<br/>4.75 %</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">2nd segment:<br/>5.00 %</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">3rd segment:<br/>5.74 %</div> </div> | <input type="checkbox"/> N/A, full yield curve used                 |
| <b>b</b>         | Applicable month (enter code).....                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                      | <b>21b</b> 0                                                        |
| <b>22</b>        | Weighted average retirement age .....                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                      | <b>22</b> 61                                                        |
| <b>23</b>        | Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |
| <b>Part VI</b>   | <b>Miscellaneous Items</b>                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |
| <b>24</b>        | Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                       |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |
| <b>25</b>        | Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. .... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |
| <b>26</b>        | Demographic and benefit information                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |
| <b>a</b>         | Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                      | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>b</b>         | Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>27</b>        | If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment .....                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                      | <b>27</b>                                                           |
| <b>Part VII</b>  | <b>Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |
| <b>28</b>        | Unpaid minimum required contributions for all prior years.....                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                      | <b>28</b> 0                                                         |
| <b>29</b>        | Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) .....                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                      | <b>29</b> 0                                                         |
| <b>30</b>        | Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                      | <b>30</b> 0                                                         |
| <b>Part VIII</b> | <b>Minimum Required Contribution For Current Year</b>                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |
| <b>31</b>        | Target normal cost and excess assets (see instructions):                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |
| <b>a</b>         | Target normal cost (line 6c).....                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                      | <b>31a</b> 620,000                                                  |
| <b>b</b>         | Excess assets, if applicable, but not greater than line 31a .....                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                      | <b>31b</b> 620,000                                                  |
| <b>32</b>        | Amortization installments:                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |
| <b>a</b>         | Net shortfall amortization installment .....                                                                                                                                                                                                                                                           | Outstanding Balance 0                                                                                                                                                                                                                                                                                                                                                                | Installment 0                                                       |
| <b>b</b>         | Waiver amortization installment .....                                                                                                                                                                                                                                                                  | 0                                                                                                                                                                                                                                                                                                                                                                                    | 0                                                                   |
| <b>33</b>        | If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                      | <b>33</b>                                                           |
| <b>34</b>        | Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                      | <b>34</b> 0                                                         |
|                  | Carryover balance                                                                                                                                                                                                                                                                                      | Prefunding balance                                                                                                                                                                                                                                                                                                                                                                   | Total balance                                                       |
| <b>35</b>        | Balances elected for use to offset funding requirement.....                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                      | 0                                                                   |
| <b>36</b>        | Additional cash requirement (line 34 minus line 35) .....                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                      | <b>36</b> 0                                                         |
| <b>37</b>        | Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                      | <b>37</b> 0                                                         |
| <b>38</b>        | Present value of excess contributions for current year (see instructions)                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |
| <b>a</b>         | Total (excess, if any, of line 37 over line 36)                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                      | <b>38a</b> 0                                                        |
| <b>b</b>         | Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                      | <b>38b</b>                                                          |
| <b>39</b>        | Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                      | <b>39</b> 0                                                         |
| <b>40</b>        | Unpaid minimum required contributions for all years.....                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                      | <b>40</b> 0                                                         |
| <b>Part IX</b>   | <b>Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |
| <b>41</b>        | If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021 |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |

Schedule SB Attachment (Form 5500)—2023 Plan Year  
QEP Resources, Inc. Retirement Plan  
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Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

| (a)<br>Age       | (b)<br>Retirement<br>Probability | (c)<br>Expected<br>Retirements | (d)<br>Product<br>(a) × (c) |
|------------------|----------------------------------|--------------------------------|-----------------------------|
| 55               | 10.00%                           | 0.09                           | 5.04                        |
| 56               | 5.00%                            | 0.04                           | 2.31                        |
| 57               | 5.00%                            | 0.04                           | 2.23                        |
| 58               | 5.00%                            | 0.04                           | 2.15                        |
| 59               | 10.00%                           | 0.07                           | 4.15                        |
| 60               | 20.00%                           | 0.13                           | 7.59                        |
| 61               | 20.00%                           | 0.10                           | 6.16                        |
| 62               | 25.00%                           | 0.10                           | 6.25                        |
| 63               | 10.00%                           | 0.03                           | 1.90                        |
| 64               | 5.00%                            | 0.01                           | 0.87                        |
| 65               | 100.00%                          | 0.26                           | 16.69                       |
| Total            |                                  | 0.91                           | 55.33                       |
| Weighted Average |                                  |                                | 60.93                       |

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Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following prescribed assumption change:

The segment interest rates and mortality tables used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC 430.

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Schedule SB, line 26a—Schedule of Active Participant Data as of January 1, 2023

| Attained<br>Age | Number of Participants<br>Years of Credited Service |     |     |       |       |       |       |       |       |     |
|-----------------|-----------------------------------------------------|-----|-----|-------|-------|-------|-------|-------|-------|-----|
|                 | <1                                                  | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40+ |
| <25             |                                                     |     |     |       |       |       |       |       |       |     |
| 25-29           |                                                     |     |     |       |       |       |       |       |       |     |
| 30-34           |                                                     |     |     |       |       |       |       |       |       |     |
| 35-39           |                                                     |     |     |       |       |       |       |       |       |     |
| 40-44           |                                                     |     |     |       |       |       |       |       |       |     |
| 45-49           |                                                     |     |     |       |       |       | 1     |       |       |     |
| 50-54           |                                                     |     |     |       |       |       |       |       |       |     |
| 55-59           |                                                     |     |     |       |       |       |       |       |       |     |
| 60-64           |                                                     |     |     |       |       |       |       |       |       |     |
| 65-69           |                                                     |     |     |       |       |       |       |       |       |     |
| 70+             |                                                     |     |     |       |       |       |       |       |       |     |

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Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

|                                             |                                                                                                                                                                                       |
|---------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Interest Rates for Minimum Funding Purposes | Based on segment rates with no lookback (as of January 2023), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor without regard to ARPA. |
| 1st Segment Rate                            | 4.75%                                                                                                                                                                                 |
| 2nd Segment Rate                            | 5.00%                                                                                                                                                                                 |
| 3rd Segment Rate                            | 5.74%                                                                                                                                                                                 |
| Interest Rates for Maximum Tax Purposes     | Based on segment rates with no lookback (as of January 2023), without regard to interest rate stabilization.                                                                          |
| 1st Segment Rate                            | 2.13%                                                                                                                                                                                 |
| 2nd Segment Rate                            | 3.62%                                                                                                                                                                                 |
| 3rd Segment Rate                            | 3.93%                                                                                                                                                                                 |
| Salary Increases                            | Not applicable                                                                                                                                                                        |
| Assumed Cost of Living Adjustments          | None                                                                                                                                                                                  |
| Optional Payment Form Election Percentage   | 100% elect the normal form of payment. Vacation pay benefits are assumed to be paid as a lump sum.                                                                                    |
| Retirement Age                              |                                                                                                                                                                                       |
| Active Participants                         | See Table 1.                                                                                                                                                                          |
| Terminated Vested Participants              | See Table 1.                                                                                                                                                                          |
| At-Risk Calculations                        | For at-risk calculations, participants who are eligible to retire within the next 10 years are assumed to elect the most valuable form of benefit under the plan.                     |
| Mortality Rates                             | 2023 static mortality table for annuitants and non-annuitants per section 1.430(h)(3)-1(a)(3) and IRS Notice 2022-22.                                                                 |
| Withdrawal Rates                            | See Table 2.                                                                                                                                                                          |
| Disability Rates                            | None                                                                                                                                                                                  |
| Decrement Timing                            | Middle of year decrements.                                                                                                                                                            |
| Surviving Spouse Benefit                    | It is assumed that 80% of males and 60% of females have an eligible spouse, and that males are two years older than their spouses.                                                    |

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|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Valuation Compensation                        | Not applicable.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Benefit and Compensation Limits               | Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$265,000 and the IRC section 401(a)(17) compensation limit of \$330,000.                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Valuation of Plan Assets                      | <p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p> |
| Expected Return on Assets                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 2021 Plan Year                                | 5.30%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 2022 Plan Year                                | 5.30%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 2023 Plan Year                                | 5.90%, limited to 5.74%.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Trust Expenses Included in Target Normal Cost | Based on the prior year's actual plan administrative expenses (excluding PBGC premiums) plus the estimated PBGC premiums for the current year, rounded up to the nearest \$5,000 (\$620,000 for 2023).                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Actuarial Method                              | Standard unit credit cost method.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Valuation Date                                | January 1, 2023                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

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Table 1

**Retirement Rates**

Retirements from Active employment are assumed to occur according to the following:

| <b>Age</b> | <b>Rate</b> |
|------------|-------------|
| 55         | 10%         |
| 56         | 5%          |
| 57         | 5%          |
| 58         | 5%          |
| 59         | 10%         |
| 60         | 20%         |
| 61         | 20%         |
| 62         | 25%         |
| 63         | 10%         |
| 64         | 5%          |
| 65         | 100%        |

The rates at which terminated vested participants who were terminated in connection with the Midcontinent and Field Services transactions and who were ages 50-54 at the time are assumed to retire by age as shown below:

| <b>Age</b> | <b>Rate</b> |
|------------|-------------|
| 55         | 5%          |
| 56         | 8%          |
| 57         | 10%         |
| 58         | 15%         |
| 59         | 20%         |
| 60         | 30%         |
| 61         | 50%         |
| 62         | 100%        |
| 63         | 100%        |
| 64         | 100%        |
| 65         | 100%        |

The rates at which all other terminated vested participants are assumed to retire by age are shown below:

| <b>Age</b> | <b>Rate</b> |
|------------|-------------|
| 55         | 5%          |
| 56         | 5%          |
| 57         | 5%          |
| 58         | 5%          |
| 59         | 5%          |
| 60         | 5%          |
| 61         | 5%          |
| 62         | 10%         |
| 63         | 10%         |
| 64         | 10%         |
| 65         | 100%        |

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Actuarial Assumptions and Methods

Table 2

**Withdrawal Rates**

| <b>Age</b>  | <b>Rate</b> |
|-------------|-------------|
| 20          | 11.50%      |
| 25          | 9.00%       |
| 30          | 6.50%       |
| 35          | 5.00%       |
| 40          | 3.80%       |
| 45          | 1.00%       |
| 50          | 0.90%       |
| 55          | 0.40%       |
| 59 and over | 0%          |

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Schedule SB, Part V—Summary of Plan Provisions

|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Plan Sponsor     | QEP Resources, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Effective Date   | July 1, 2010, restated effective January 1, 2016 and last amended January 1, 2021.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Plan Year        | January 1 to December 31.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Participation    | Only individuals whose accrued benefit under the Questar Corporation Retirement Plan were transferred to this plan effective July 1, 2010 are eligible to participate in this plan. Individuals who had an accrued benefit under the Questar Corporation Supplemental Executive Retirement Plan and employees who were suspended participants under the Questar Corporation Retirement Plan as of June 30, 2010 will have a frozen benefit under this plan and will accrue no additional benefits beyond those that were transferred to this plan. Effective January 1, 2016, all accrued benefits were frozen. |
| Vesting Service  | A year of Vesting Service is granted for each 12-month period measured from date of hire (or anniversary of date of hire) during which an employee works 1,000 hours or more.                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Credited Service | A year of Credited Service is granted for each 12-month period measured from date of hire (or anniversary of date of hire) during which an employee works 2,080 hours or more. Fractional service is granted for participants who work over 1,000 hours but less than 2,080 hours. For the final partial year of employment, fractional service is granted based on 1,000 hours rather than 2,080 hours, provided that termination is due to death or normal/early retirement. Credited service for benefit accrual purposes was frozen effective January 1, 2016.                                              |
| Compensation     | <p>Compensation means wages for purposes of income tax withholding, including base salary, overtime, bonuses, commissions and shift differential. Compensation also includes deemed compensation for qualifying periods of military service, salary reduction contributions to other QEP Resources, Inc. benefit plans and IRC Section 132(f)(4) transportation benefits.</p> <p>Compensation does not include reimbursements or other expense allowances, fringe benefits, income from stock</p>                                                                                                               |

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options, moving expenses, nonqualified deferred compensation, cash or stock signing/retention bonuses, loan forgiveness, welfare benefits such as vacation sales, payment at termination for unused vacation or paid leave, or severance payments. Compensation paid on or after January 1, 2016 shall not be recognized.

No compensation is recognized in excess of the limits under IRC Section 401(a)(17).

Final Average Compensation

The average of an employee's highest 72 consecutive semi-monthly compensation amounts received during the final 10 years of employment prior to January 1, 2016.

Covered Compensation

The 35-year average of taxable wage bases ending with the year the participant attains Social Security Normal Retirement Age, assuming constant future wage bases. Increases in the taxable wage base for Plan Years commencing on or after January 1, 2016 shall not be recognized.

Limits on Benefits and Compensation

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The Plan provides for increasing the dollar limits automatically as such changes take effect.

Retirement Eligibility  
Normal Retirement

The attainment of age 65 or the fifth anniversary of Plan participation.

Early Retirement

The attainment of age 55 and the completion of 10 years of Credited Service. Additionally, any participant terminated in connection with the Midcontinent and Field Services transactions and who was age 50-54 at the time is considered to be Early Retirement Eligible for certain purposes.

Late Retirement

The first day of any month subsequent to the Normal Retirement Date.

Basic Benefit

1.3% of Final Average Compensation times Credited Service up to 25 years, plus 0.5% of Final Average Compensation times Credited Service in excess of 25 years.

Schedule SB Attachment (Form 5500)—2023 Plan Year  
QEP Resources, Inc. Retirement Plan  
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Permanent Supplement

The excess of Final Average Compensation over Covered Compensation times Credited Service up to 25 years times a Supplemental Factor, which is based on retirement age and year of birth, summarized in the following table:

| Retirement<br>Age | Year of Birth |           |        |
|-------------------|---------------|-----------|--------|
|                   | <1938         | 1938-1954 | >1954  |
| 64 and older      | 0.600%        | 0.600%    | 0.600% |
| 63                | 0.600%        | 0.600%    | 0.550% |
| 62                | 0.600%        | 0.550%    | 0.500% |
| 61                | 0.550%        | 0.500%    | 0.475% |
| 60                | 0.500%        | 0.475%    | 0.450% |
| 59                | 0.475%        | 0.450%    | 0.425% |
| 58                | 0.450%        | 0.425%    | 0.400% |
| 57                | 0.425%        | 0.400%    | 0.375% |
| 56                | 0.400%        | 0.375%    | 0.344% |
| 55                | 0.375%        | 0.344%    | 0.316% |

Temporary Supplement

\$204 times years of Credited Service up to 25 years payable until the first of the month following age 62.

Supplemental Retirement Benefit

The amount of an employee's Accrued Vacation Pay (if any), provided in lieu of such pay. This benefit is immediately 100% vested.

Normal Retirement Benefit

The sum of the Basic Benefit, Permanent Supplement (if any), and the Supplemental Retirement Benefit (if any).

Early Retirement Benefit

For participants who terminated in connection with the Midcontinent and Field Services transactions and who were age 50-54 at the time, the reduced benefit is the Basic Benefit reduced 2.5% per year between age 60 and 62, and 9.0% per year prior to age 60 plus Permanent Supplement plus Temporary Supplement plus Supplemental Retirement Benefit.

For all other participants, the reduced benefit is the Basic Benefit reduced 2.5% per year prior to age 62 plus Permanent Supplement plus Temporary Supplement plus Supplemental Retirement Benefit.

Late Retirement Benefit

Continued accrual of the Normal Retirement Benefit after Normal Retirement Date.

Vesting  
Eligibility

An employee is 100% vested when he has completed at least five years of Vesting Service.

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QEP Resources, Inc. Retirement Plan  
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|                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Benefit                                            | A monthly retirement income commencing at Normal Retirement Date equal to the Normal Retirement Benefit. An employee can elect to begin benefits starting at age 55, equal to the Basic Benefit reduced 6% per year prior to age 65 plus Permanent Supplement plus Supplemental Retirement Benefit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Preretirement Surviving Spouse Benefit Eligibility | Five years of Vesting Service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Benefit                                            | <p>For participants who are eligible for normal or early retirement or have 25 years of Credited Service, the spousal annuity is the spousal portion of the 50% Joint and Survivor annuity option. The 2.5% reduction per year prior to the participant's age 62 shall be applied to the Basic Benefit.</p> <p>For participants who decease prior to meeting the aforementioned requirements, the spousal annuity is the spousal portion of the 50% Qualified Joint and Survivor Annuity with early retirement reductions calculated in the same manner as the participant.</p>                                                                                                                                                                                                                                                                                                                                   |
| Normal Form of Payment                             | A single life annuity for a single participant, 50% joint and survivor annuity for a married participant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Optional Forms of Payment                          | <p>For married participants who are Early Retirement eligible, the following options are available:</p> <ul style="list-style-type: none"><li>▪ 50% joint and survivor annuity</li><li>▪ 75% joint and survivor annuity</li><li>▪ 100% joint and survivor annuity</li></ul> <p>For married participants who are not Early Retirement eligible, the following options are available:</p> <ul style="list-style-type: none"><li>▪ Single life annuity</li><li>▪ Life and ten-year certain annuity</li><li>▪ 50% joint and survivor annuity</li><li>▪ 75% joint and survivor annuity</li><li>▪ 100% joint and survivor annuity</li></ul> <p>For single participants, the following options are available:</p> <ul style="list-style-type: none"><li>▪ Single life annuity</li><li>▪ Life and ten-year certain annuity</li><li>▪ 50% contingent annuitant option</li><li>▪ 100% contingent annuitant option</li></ul> |

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All conversion factors for the above optional forms are provided in the plan document and are based on the age difference between the participant and spouse as of the commencement date. The conversion factor for a life and ten-year certain annuity is fixed for all participants.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Schedule SB Attachment (Form 5500)—2023 Plan Year  
QEP Resources, Inc. Retirement Plan  
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Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

| (a)<br>Age       | (b)<br>Retirement<br>Probability | (c)<br>Expected<br>Retirements | (d)<br>Product<br>(a) × (c) |
|------------------|----------------------------------|--------------------------------|-----------------------------|
| 55               | 10.00%                           | 0.09                           | 5.04                        |
| 56               | 5.00%                            | 0.04                           | 2.31                        |
| 57               | 5.00%                            | 0.04                           | 2.23                        |
| 58               | 5.00%                            | 0.04                           | 2.15                        |
| 59               | 10.00%                           | 0.07                           | 4.15                        |
| 60               | 20.00%                           | 0.13                           | 7.59                        |
| 61               | 20.00%                           | 0.10                           | 6.16                        |
| 62               | 25.00%                           | 0.10                           | 6.25                        |
| 63               | 10.00%                           | 0.03                           | 1.90                        |
| 64               | 5.00%                            | 0.01                           | 0.87                        |
| 65               | 100.00%                          | 0.26                           | 16.69                       |
| Total            |                                  | 0.91                           | 55.33                       |
| Weighted Average |                                  |                                | 60.93                       |

Schedule SB Attachment (Form 5500)—2023 Plan Year  
QEP Resources, Inc. Retirement Plan  
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Schedule SB, Part V—Summary of Plan Provisions

|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Plan Sponsor     | QEP Resources, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Effective Date   | July 1, 2010, restated effective January 1, 2016 and last amended January 1, 2021.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Plan Year        | January 1 to December 31.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Participation    | Only individuals whose accrued benefit under the Questar Corporation Retirement Plan were transferred to this plan effective July 1, 2010 are eligible to participate in this plan. Individuals who had an accrued benefit under the Questar Corporation Supplemental Executive Retirement Plan and employees who were suspended participants under the Questar Corporation Retirement Plan as of June 30, 2010 will have a frozen benefit under this plan and will accrue no additional benefits beyond those that were transferred to this plan. Effective January 1, 2016, all accrued benefits were frozen. |
| Vesting Service  | A year of Vesting Service is granted for each 12-month period measured from date of hire (or anniversary of date of hire) during which an employee works 1,000 hours or more.                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Credited Service | A year of Credited Service is granted for each 12-month period measured from date of hire (or anniversary of date of hire) during which an employee works 2,080 hours or more. Fractional service is granted for participants who work over 1,000 hours but less than 2,080 hours. For the final partial year of employment, fractional service is granted based on 1,000 hours rather than 2,080 hours, provided that termination is due to death or normal/early retirement. Credited service for benefit accrual purposes was frozen effective January 1, 2016.                                              |
| Compensation     | <p>Compensation means wages for purposes of income tax withholding, including base salary, overtime, bonuses, commissions and shift differential. Compensation also includes deemed compensation for qualifying periods of military service, salary reduction contributions to other QEP Resources, Inc. benefit plans and IRC Section 132(f)(4) transportation benefits.</p> <p>Compensation does not include reimbursements or other expense allowances, fringe benefits, income from stock</p>                                                                                                               |

Schedule SB Attachment (Form 5500)—2023 Plan Year  
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options, moving expenses, nonqualified deferred compensation, cash or stock signing/retention bonuses, loan forgiveness, welfare benefits such as vacation sales, payment at termination for unused vacation or paid leave, or severance payments. Compensation paid on or after January 1, 2016 shall not be recognized.

No compensation is recognized in excess of the limits under IRC Section 401(a)(17).

Final Average Compensation

The average of an employee's highest 72 consecutive semi-monthly compensation amounts received during the final 10 years of employment prior to January 1, 2016.

Covered Compensation

The 35-year average of taxable wage bases ending with the year the participant attains Social Security Normal Retirement Age, assuming constant future wage bases. Increases in the taxable wage base for Plan Years commencing on or after January 1, 2016 shall not be recognized.

Limits on Benefits and Compensation

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The Plan provides for increasing the dollar limits automatically as such changes take effect.

Retirement Eligibility  
Normal Retirement

The attainment of age 65 or the fifth anniversary of Plan participation.

Early Retirement

The attainment of age 55 and the completion of 10 years of Credited Service. Additionally, any participant terminated in connection with the Midcontinent and Field Services transactions and who was age 50-54 at the time is considered to be Early Retirement Eligible for certain purposes.

Late Retirement

The first day of any month subsequent to the Normal Retirement Date.

Basic Benefit

1.3% of Final Average Compensation times Credited Service up to 25 years, plus 0.5% of Final Average Compensation times Credited Service in excess of 25 years.

Schedule SB Attachment (Form 5500)—2023 Plan Year  
QEP Resources, Inc. Retirement Plan  
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Permanent Supplement

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| Retirement<br>Age | Year of Birth |           |        |
|-------------------|---------------|-----------|--------|
|                   | <1938         | 1938-1954 | >1954  |
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| 62                | 0.600%        | 0.550%    | 0.500% |
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| 58                | 0.450%        | 0.425%    | 0.400% |
| 57                | 0.425%        | 0.400%    | 0.375% |
| 56                | 0.400%        | 0.375%    | 0.344% |
| 55                | 0.375%        | 0.344%    | 0.316% |

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Continued accrual of the Normal Retirement Benefit after Normal Retirement Date.

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Eligibility

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Schedule SB Attachment (Form 5500)—2023 Plan Year  
QEP Resources, Inc. Retirement Plan  
EIN: 36-4728559 PN: 001

|                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Benefit                                            | A monthly retirement income commencing at Normal Retirement Date equal to the Normal Retirement Benefit. An employee can elect to begin benefits starting at age 55, equal to the Basic Benefit reduced 6% per year prior to age 65 plus Permanent Supplement plus Supplemental Retirement Benefit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Preretirement Surviving Spouse Benefit Eligibility | Five years of Vesting Service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Benefit                                            | <p>For participants who are eligible for normal or early retirement or have 25 years of Credited Service, the spousal annuity is the spousal portion of the 50% Joint and Survivor annuity option. The 2.5% reduction per year prior to the participant's age 62 shall be applied to the Basic Benefit.</p> <p>For participants who decease prior to meeting the aforementioned requirements, the spousal annuity is the spousal portion of the 50% Qualified Joint and Survivor Annuity with early retirement reductions calculated in the same manner as the participant.</p>                                                                                                                                                                                                                                                                                                                                   |
| Normal Form of Payment                             | A single life annuity for a single participant, 50% joint and survivor annuity for a married participant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Optional Forms of Payment                          | <p>For married participants who are Early Retirement eligible, the following options are available:</p> <ul style="list-style-type: none"><li>▪ 50% joint and survivor annuity</li><li>▪ 75% joint and survivor annuity</li><li>▪ 100% joint and survivor annuity</li></ul> <p>For married participants who are not Early Retirement eligible, the following options are available:</p> <ul style="list-style-type: none"><li>▪ Single life annuity</li><li>▪ Life and ten-year certain annuity</li><li>▪ 50% joint and survivor annuity</li><li>▪ 75% joint and survivor annuity</li><li>▪ 100% joint and survivor annuity</li></ul> <p>For single participants, the following options are available:</p> <ul style="list-style-type: none"><li>▪ Single life annuity</li><li>▪ Life and ten-year certain annuity</li><li>▪ 50% contingent annuitant option</li><li>▪ 100% contingent annuitant option</li></ul> |

Schedule SB Attachment (Form 5500)—2023 Plan Year  
QEP Resources, Inc. Retirement Plan  
EIN: 36-4728559 PN: 001

All conversion factors for the above optional forms are provided in the plan document and are based on the age difference between the participant and spouse as of the commencement date. The conversion factor for a life and ten-year certain annuity is fixed for all participants.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

**QEP Resources, Inc. Retirement Plan**  
**EIN # 87-0287750, Plan Number 001**  
**Form 5500, Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**December 31, 2023**

| (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    |
|--------------------------------------------------------------|-----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|--------------|----------------------|
| Short-term fixed income fund:                                |                                                                 |                                                                                                            |              |                      |
| *                                                            | EB Temporary Investment Fund                                    | Commingled fund                                                                                            | \$ 1,535,726 | \$ 1,535,726         |
| Fixed income index funds:                                    |                                                                 |                                                                                                            |              |                      |
| *                                                            | Wellington Trust Co CIF II Investment Grade Corp Long Bond Fund | Commingled fund                                                                                            | 15,832,919   | 14,128,628           |
| *                                                            | BNYM Long Duration                                              | Commingled fund                                                                                            | 13,655,631   | 14,203,177           |
| *                                                            | BNYM DB Int Term Govt                                           | Commingled fund                                                                                            | 28,160,000   | 29,310,136           |
| *                                                            | BNYM DB Long Term Govt                                          | Commingled fund                                                                                            | 14,667,140   | 14,616,031           |
| *                                                            | BNYM DB SL Long Term Credit                                     | Commingled fund                                                                                            | 16,643,573   | 19,241,056           |
|                                                              |                                                                 |                                                                                                            |              | 91,499,028           |
|                                                              |                                                                 |                                                                                                            |              | <u>\$ 93,034,754</u> |
| *                                                            | Indicated party-in-interest to the Plan.                        |                                                                                                            |              |                      |

The information in this schedule has been certified as to its completeness and accuracy by the Trustee.

Schedule SB Attachment (Form 5500)—2023 Plan Year  
QEP Resources, Inc. Retirement Plan  
EIN: 36-4728559 PN: 001

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following prescribed assumption change:

The segment interest rates and mortality tables used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC 430.