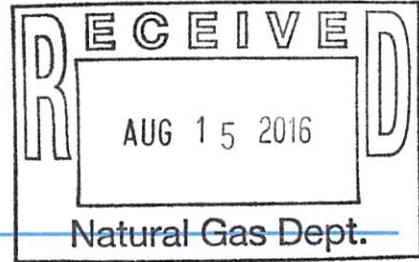




**Nebraska Public  
Service Commission**



**Competitive Natural Gas Provider (CNGP) 2015-2016 Annual Report Form**  
**Nebraska Administrative Code, Title 291, Rule 011.04**  
**Due September 1, 2016**

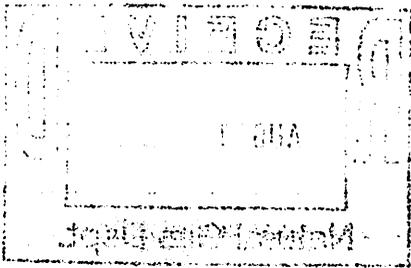
|                                  |                              |
|----------------------------------|------------------------------|
| 011.04D1 CNGP Legal Entity Name: | ENCORE ENERGY SERVICES, INC. |
|----------------------------------|------------------------------|

**011.04D Reporting Requirements From July 1, 2015 to June 30, 2016**

| Total Dekatherms Delivered and Sold to Residential Customers in Nebraska: |                           |
|---|---------------------------|
| Black Hills Energy Rate Area  | <input type="radio"/> Dth |
| Northwestern Energy Rate Area   | <input type="radio"/> Dth |
| Black Hills Distribution/SourceGas Rate Area                              | <input type="radio"/> Dth |

| Total Revenue Associated with the Sale of Natural Gas to All Jurisdictional Customers in Nebraska: |                          |
|--|--------------------------|
| Black Hills Energy Rate Area   | \$ <input type="radio"/> |
| Northwestern Energy Rate Area  | \$ <input type="radio"/> |
| Black Hills Distribution/SourceGas Rate Area   | \$ <input type="radio"/> |

*Pursuant to 011.04D2, all information provided above shall be open to public inspection, unless otherwise ordered by the Commission*



RECEIVED  
National Security Agency



Administrative Note: This document is classified as CONFIDENTIAL.

\$25 Filing Fee

Payment enclosed

Payment made by credit card, using the Commission's payment website link:

<https://otc.cdc.nicusa.com/Public2.aspx?portal=nebraska&organization=Public%20Service%20Commission%20-%20Natural%20Gas>

Report Certification

I, the undersigned, being duly sworn under oath, certify that the forgoing statements are true and correct to the best of my knowledge.

Signature: Bret Feller

Printed Name: Bret Feller

Title: Chief Operating Officer

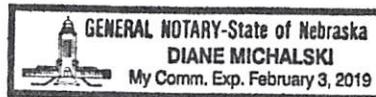
SWORN TO AND SUBSCRIBED before me, the undersigned authority on this 10th day of August, 2016.

Signature of Notary Public: Diane Michalski

State of: Nebraska

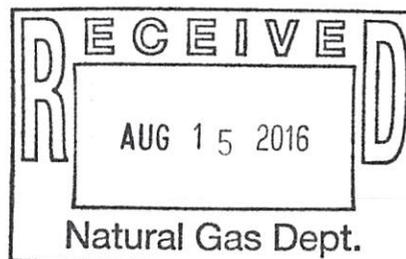
My Commission Expires: Feb 3, 2019

Notary Stamp:



One copy of the completed form is to be retained by the CNGP party and one copy filed with:

Nebraska Public Service Commission  
Natural Gas Department  
300 The Atrium 1200 N Street  
PO Box 94927  
Lincoln, Nebraska 68509

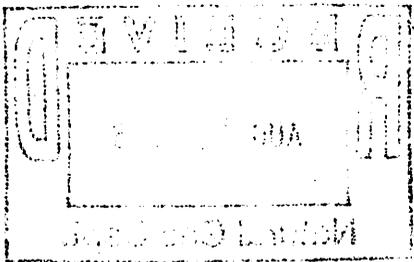


200 100-1000  
X  
The undersigned hereby certifies that the above named person is a resident of the State of New York and is entitled to the benefits of the laws of this State.

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_  
Notary Public for the State of New York  
My Commission Expires \_\_\_\_\_

NOTARY PUBLIC  
STATE OF NEW YORK  
My Commission Expires \_\_\_\_\_

One copy of this document is to be retained by the notary public and one copy filed with the court.



Notary Public  
State of New York  
My Commission Expires \_\_\_\_\_