Form Approved

Received

89/83/2814

OMB No. 2040-0004

81635

PERMITTEE NAME/ADDRESS	(Include Facility Name/Location if Different)
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NAME: WPX Energy Rocky Mountain LLC

ADDRESS: 1058 CR 215

£

Parachute, CO 81635

FACILITY: PARACHUTE TREATMENT FACILITY

LOCATION: NEAR CR 215 AND I 70 FRONTAGE RD N OF PARACHUTE, CO 00000

ATTN: Michael J. Gardner, Env Mgr

COG840015	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: MINOR

Discharge to Hayes Gulch External Outfall

No Discharge X

		QUAN	TITY OR LOADIN	NG	C	UALITY OR CONC	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
80D, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	*****						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 30DA AVG	45 MX 7D AV	mg/L		Twice Per Month	COMPOS
ЪН	SAMPLE MEASUREMENT	*****	*****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 30DA AVG	45 MX 7D AV	mg/L		Twice Per Month	COMPOS
Nitrogen, nitrite total [as N]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****					
00615 1 0 Effluent Gross	PERMIT	****	*****	*****	*****	****	.05 DAILY MX	mg/L		Twice Per Month	COMPOS
Nitrogen, nitrite total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****		*****	a			
00615 P 0 See Comments	PERMIT REQUIREMENT	****	*****	*****	****	.0075 ROLL AVG	****	mg/L		Twice Per Month	COMPOS
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****					
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	****	10 DAILY MX	mg/L		Twice Per Month	COMPOS
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	****	*****	*****	****		*****				
00620 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	1.5 ROLL AVG	*****	mg/L		Twice Per Month	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or		TELEPHONE	DATE	1
	supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	1 Phanka			1
Michael J. Gardner	system, or those persons directly responsible for gathering the information, the information submitted is,	ALL SIG	970-623-487	5 09/02	/14
Environmental Manager	to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code NUMBER	MM/DD/YYYY	1
[5] S. S. Shipher, Computer Sciences and Computer Sciences.					4

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Oil and grease - see D.24, pg 14.

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: WPX Energy Rocky Mountain LLC

ADDRESS: 1058 CR 215

L

Parachute, CO 81635

FACILITY: PARACHUTE TREATMENT FACILITY

LOCATION: NEAR CR 215 AND I 70 FRONTAGE RD N OF PARACHUTE, CO 00000

ATTN: Michael J. Gardner, Env Mgr

COG840015	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	RING PERIOD
MONITO MM/DD/YYYY	RING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: MINOR

Discharge to Hayes Gulch External Outfall

No Discharge X

		QUAN	ITITY OR LOADIN	NG	(QUALITY OR CONC	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Cyanide, weak acid, dissociable	SAMPLE MEASUREMENT	****	*****	****	*****	****					
00718 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	5 DAILY MX	ug/L		Twice Per Month	COMPOS
Cyanide, weak acid, dissociable	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
00718 P 0 See Comments	PERMIT REQUIREMENT	****	*****	*****	****	.75 ROLL AVG	*****	ug/L		Twice Per Month	COMPOS
Chloride [as Cl]	SAMPLE MEASUREMENT	****	*****	*****	*****						
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	250 30DA AVG	Req. Mon. DAILY MX	mg/L		Twice Per Month	COMPOS
Chloride [as Cl]	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
00940 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	38 ROLL AVG	****	mg/L		Twice Per Month	COMPOS
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****		*****				
00978 1 0 Effluent Gross	PERMIT	*****	*****	*****	*****	3 30DA AVG	****	ug/L		Twice Per Month	COMPOS
Beryllium, total recoverable [as Be]	SAMPLE MEASUREMENT	****	*****	*****	****						
00998 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	100 30DA AVG	Req. Mon. DAILY MX	ug/L		Twice Per Month	COMPOS
Beryllium, total recoverable [as Be]	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
00998 P 0 See Comments	PERMIT	*****	*****	*****	*****	15 ROLL AVG	*****	ug/L		Twice Per Month	COMPOS

supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, Michael J. Gardner 970-623-4875 09/02 /14to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR Environmental Manager significant penalties for submitting false information, including the possibility of fine and imprison ent fo wing violations. AUTHORIZED AGENT AREA Code NUMBER MM/DD/YYYY TYPED OR PRINTED

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Oil and grease - see D.24, pg 14.

Form Approved

Received

89/83/2814

OMB No. 2040-0004

81635

NAME: WPX Energy Rocky Mountain LLC

ADDRESS: 1058 CR 215

Parachute, CO 81635 FACILITY: PARACHUTE TREATMENT FACILITY

LOCATION: NEAR CR 215 AND I 70 FRONTAGE RD N OF PARACHUTE, CO 00000

ATTN: Michael J. Gardner, Env Mgr

COG840015	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	RING PERIOD
MM/DD/YYYY	MM/DD/YYYY
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: MINOR

Discharge to Hayes Gulch External Outfall

No Discharge X

		QUAN	ITITY OR LOADI	NG	(QUALITY OR CONC	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Iron, dissolved [as Fe]	SAMPLE MEASUREMENT	****	*****	*****	****		****				
01046 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	300 30DA MAX	*****	ug/L		Twice Per Month	COMPOS
lron, dissolved [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
01046 P 0 See Comments	PERMIT REQUIREMENT	****	*****	*****	*****	45 ROLL AVG	*****	ug/L		Twice Per Month	COMPOS
Antimony, dissolved [as Sb]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01095 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	ug/L		Twice Per Month	COMPOS
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	1438 30DA AVG	10071 DAILY MX	ug/L		Twice Per Month	COMPOS
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
01104 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	216 ROLL AVG	*****	ug/L		Twice Per Month	COMPOS
Chromium, hexavalent dissolved [as Cr]	SAMPLE MEASUREMENT	****	****	*****	****						
01220 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	11 30DA AVG	16 DAILY MX	ug/L		Twice Per Month	COMPOS
Chromium, hexavalent dissolved [as Cr]	SAMPLE MEASUREMENT	****	*****	*****	*****		*****				
01220 P 0 See Comments	PERMIT REQUIREMENT	****	*****	*****	*****	1.7 ROLL AVG	*****	ug/L		Twice Per Month	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and we have the form the supervision of the supervis	1100 1	TELEP	HONE	DATE	
	evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are	Man	970-62	23-487	5 09/02	/14
	significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR				Ĺ
TYPED OR PRINTED	The second se	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Oil and grease - see D.24, pg 14.

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81635

NAME: WPX Energy Rocky Mountain LLC

ADDRESS: 1058 CR 215

Parachute, CO 81635

FACILITY: PARACHUTE TREATMENT FACILITY LOCATION: NEAR CR 215 AND I 70 FRONTAGE RD

N OF PARACHUTE, CO 00000 ATTN: Michael J. Gardner, Env Mgr

COG840015	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	RING PERIOD
MONITC MM/DD/YYYY	RING PERIOD

DMR Mailing ZIP CODE:
MINOR

Discharge to Hayes Gulch External Outfall

No Discharge 🔀

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	† EX	CF ANALYSIS	TYPE
Zinc, potentially dissolved	SAMPLE MEASUREMENT	****	*****	*****	****						
01303 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	254 30DA AVG	293 DAILY MX	ug/L		Twice Per Month	COMPOS
Zinc, potentially dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
01303 P 0 See Comments	PERMIT REQUIREMENT	****	*****	*****	****	38.1 ROLL AVG	*****	ug/L		Twice Per Month	COMPOS
Silver, potentially dissolved	SAMPLE MEASUREMENT	****	*****	*****	*****						
01304 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1.4 30DA AVG	8.6 DAILY MX	ug/L		Twice Per Month	COMPOS
Silver, potentially dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
01304 P 0 See Comments	PERMIT REQUIREMENT	****	*****	*****	*****	.21 ROLL AVG	*****	ug/L		Twice Per Month	COMPOS
Copper, potentially dissolved	SAMPLE MEASUREMENT	****	*****	*****	*****						
01306 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	18 30DA AVG	30 DAILY MX	ug/L		Twice Per Month	COMPOS
Copper, potentially dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****		****				
01306 P 0 See Comments	PERMIT REQUIREMENT	****	*****	*****	*****	2.7 ROLL AVG	*****	ug/L		Twice Per Month	COMPOS
Cadmium, potentially dissolvd	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01313 1 0 Effluent Gross	PERMIT	*****	*****	*****	*****	.8 30DA AVG	5.7 DAILY MX	ug/L		Twice Per Month	COMPOS

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and	1 1	TELEP	HONE	DATE	
Michael J. Gardner	evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF FRINCIPAL EXECUTIVE OFFICER OR	970-62	3-487	5 09/02	/14
TYPED OR PRINTED	eknowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Oil and grease - see D.24, pg 14.

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PERMITTEE NAME/ADDRESS	(Include Facility Name/Location	if Different)
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NAME: WPX Energy Rocky Mountain LLC

ADDRESS: 1058 CR 215

Parachute, CO 81635

FACILITY: PARACHUTE TREATMENT FACILITY

LOCATION: NEAR CR 215 AND I 70 FRONTAGE RD N OF PARACHUTE, CO 00000

ATTN: Michael J. Gardner, Env Mgr

COG840015	001-A				
PERMIT NUMBER	DISCHARGE NUMBER				
MONITO	RING PERIOD				
MONITO MM/DD/YYYY	RING PERIOD MM/DD/YYYY				

DMR Mailing ZIP CODE: MINOR

Discharge to Hayes Gulch External Outfall

No Discharge X

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE VALUE VALUE UNITS EX OF ANALYSIS		OF ANALYSIS	S TYPE		
Cadmium, potentially dissolvd	SAMPLE MEASUREMENT	*****	****	*****	****		*****				
01313 P 0 See Comments	PERMIT REQUIREMENT	****	*****	*****	*****	.12 ROLL AVG	*****	ug/L		Twice Per Month	COMPOS
Lead, potentially dissolvd	SAMPLE MEASUREMENT	****	****	*****	****						
01318 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	6.2 30DA AVG	159 DAILY MX	ug/L		Twice Per Month	COMPOS
Lead, potentially dissolvd	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
01318 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	****	.93 ROLL AVG	****	ug/L		Twice Per Month	COMPOS
Manganese, potentially dissolvd	SAMPLE MEASUREMENT	****	*****	*****	*****						
01319 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	50 30DA AVG	3946 DAILY MX	ug/L		Twice Per Month	COMPOS
Manganese, potentially dissolvd	SAMPLE MEASUREMENT	****	*****	*****	*****		*****				
01319 P 0 See Comments	PERMIT	****	*****	*****	*****	7.5 ROLL AVG	****	ug/L		Twice Per Month	COMPOS
Nickel, potentially dissolvd	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01322 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	106 30DA AVG	951 DAILY MX	ug/L		Twice Per Month	COMPOS
Nickel, potentially dissolvd	SAMPLE MEASUREMENT	****	*****	*****	*****		*****				
01322 P 0 See Comments	PERMIT	*****	*****	*****	*****	15.9 ROLL AVG	*****	ug/L		Twice Per Month	COMPOS

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the	1122 1	TELEPH	IONE	DATE	
Michael J. Gardner	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are		970-62	3-487	5 09/02	/14
Environmental Manager	significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				4
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	

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Oil and grease - see D.24, pg 14.

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PERMITTEE NAME/ADDRESS	(Include Facility	Name/Location i	f Different)
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NAME: WPX Energy Rocky Mountain LLC

ADDRESS: 1058 CR 215

Parachute, CO 81635

FACILITY: PARACHUTE TREATMENT FACILITY LOCATION: NEAR CR 215 AND I 70 FRONTAGE RD

N OF PARACHUTE, CO 00000

ATTN: Michael J. Gardner, Env Mgr

COG840015		001-A			
PERMIT NUMBER	DISCHARGE NUMBER				
MONIT	ORIN	G PERIOD			
MM/DD/YYYY		MM/DD/YYYY			
08/01/2014		08/31/2014			

DMR Mailing ZIP CODE: MINOR

Discharge to Hayes Gulch External Outfall

No Discharge 🛛

		QUAN	TITY OR LOADIN	IG		QUALITY OR CON	ENTRATION		NO.	FREQUENCY	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	
Selenium, potentially dissolvd	SAMPLE MEASUREMENT	****	****	*****	*****						
01323 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	4.6 30DA AVG	18.4 DAILY MX	ug/L		Twice Per Month	COMPOS
Selenium, potentially dissolvd	SAMPLE MEASUREMENT	****	*****	*****	*****		****				
01323 P 0 See Comments	PERMIT REQUIREMENT	****	*****	*****	*****	.69 ROLL AVG	*****	ug/L		Twice Per Month	COMPOS
Oil and grease	SAMPLE MEASUREMENT	*****	****	*****	*****	*****					
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	35 INST MAX	mg/L		Twice Per Month	COMPOS
Chromium, trivalent total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
04262 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	50 DAILY MX	ug/L		Twice Per Month	COMPOS
Chromium, trivalent total recoverable	SAMPLE MEASUREMENT	****	*****	*****	****		*****				
04262 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	7.5 ROLL AVG	*****	ug/L		Twice Per Month	COMPOS
Radium 226 + radium 228, total	SAMPLE MEASUREMENT	****	*****	*****	*****						
11503 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 30DA AVG	5 DAILY MX	pCi/L		Twice Per Month	GRAB
Radium 226 + radium 228, total	SAMPLE MEASUREMENT	****	****	*****	****		*****				
11503 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	.75 ROLL AVG	*****	pCi/L		Twice Per Month	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the	1126 1	TELEPH	ONE	DATE	
Michael J. Gardner	evaluate the intollination submitted. Labeled on thy inclusion for persons to persons the official submitted is, system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalities for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	970-623	3-487	5 09/02	/14
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	

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NAME: WPX Energy Rocky Mountain LLC

ADDRESS: 1058 CR 215

Parachute, CO 81635

FACILITY: PARACHUTE TREATMENT FACILITY

LOCATION: NEAR CR 215 AND I 70 FRONTAGE RD N OF PARACHUTE, CO 00000

ATTN: Michael J. Gardner, Env Mgr

COG840015	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	DRING PERIOD
MM/DD/YYYY	MM/DD/YYYY

DMR Mailing ZIP CODE: MINOR

Discharge to Hayes Gulch External Outfall

No Discharge X

	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
SAMPLE MEASUREMENT	****	*****	*****	****						
PERMIT REQUIREMENT	****	*****	*****	*****	.38 30DA AVG	118000 DAILY MX	ug/L		Twice Per Month	GRAB
SAMPLE MEASUREMENT	****	****	*****	****		*****				
PERMIT	****	*****	*****	*****	.057 ROLL AVG	*****	ug/L		Twice Per Month	GRAB
SAMPLE MEASUREMENT	****	****	*****	*****						
PERMIT REQUIREMENT	****	*****	*****	*****	510 30DA AVG	17500 DAILY MX	ug/L		Twice Per Month	GRAB
SAMPLE MEASUREMENT	****	*****	*****	*****		****				
PERMIT REQUIREMENT	*****	*****	*****	*****	76.5 ROLL AVG	*****	ug/L		Twice Per Month	GRAB
SAMPLE MEASUREMENT	****	*****	*****	*****						
PERMIT	*****	*****	*****	****	2.2 30DA AVG	5300 DAILY MX	ug/L		Twice Per Month	GRAB
SAMPLE MEASUREMENT	****	*****	*****	*****		*****				
PERMIT REQUIREMENT	*****	*****	****	****	.33 ROLL AVG	*****	ug/L		Twice Per Month	GRAB
SAMPLE MEASUREMENT	*****	*****	*****	*****						
PERMIT	*****	*****	*****	*****	140 30DA AVG	2300 DAILY MX	ug/L		Twice Per Month	GRAB
	MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT	SAMPLE MEASUREMENT******PERMIT REQUIREMENT****** <tr< td=""><td>VALUEVALUESAMPLE MEASUREMENT******PERMIT REQUIREMENT******SAMPLE MEASUREMENT******PERMIT REQUIREMENT******PERMIT REQUIREMENT******PERMIT REQUIREMENT******PERMIT REQUIREMENT******PERMIT REQUIREMENT******PERMIT REQUIREMENT******PERMIT REQUIREMENT******PERMIT REQUIREMENT******PERMIT REQUIREMENT******PERMIT REQUIREMENT******PERMIT REQUIREMENT******PERMIT REQUIREMENT******PERMIT REQUIREMENT******PERMIT REQUIREMENT******PERMIT REQUIREMENT******SAMPLE MEASUREMENT******PERMIT REQUIREMENT******SAMPLE MEASUREMENT******PERMIT REQUIREMENT******PERMIT 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	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the	1,00 1	TELEPH	IONE	DATE	
Michael J. Gardner	evaluate the minimum submitted. based on my mich you be person or person and the more manage one system, or those persons directly responsible for gathering the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I an aware that there are significant penalities for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	970-62	3-487	5 09/02	/14
	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	i i
TYPED OR PRINTED		AUTHORIELD AUERT	AREA Code	NUMBER		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Oil and grease - see D.24, pg 14.

Form Approved OMB No. 2040-0004

81635

PERMITTEE NAME/ADDRESS	(Include Facility Name/Location if Different)
------------------------	---

NAME: WPX Energy Rocky Mountain LLC

ADDRESS: 1058 CR 215

Parachute, CO 81635

FACILITY: PARACHUTE TREATMENT FACILITY

LOCATION: NEAR CR 215 AND I 70 FRONTAGE RD N OF PARACHUTE, CO 00000

ATTN: Michael J. Gardner, Env Mgr

				_				
Γ	COG840015		001-A					
	PERMIT NUMBER	DISCHARGE NUMBER						
		ORIN	IG PERIOD					
	MONT	ORIN		_				
	MM/DD/YYYY		IG PERIOD MM/DD/YYYY					

DMR Mailing ZIP CODE:	
MINOR	

Discharge to Hayes Gulch External Outfall

No Di

No Discharge 🔀

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	5 TYPE
Naphthalene, dry weight	SAMPLE MEASUREMENT	****	*****	*****	*****		*****				
34445 P 0 See Comments	PERMIT REQUIREMENT	****	*****	*****	*****	21 ROLL AVG	*****	ug/L		Twice Per Month	GRAB
2,4-Dimethylphenol	SAMPLE MEASUREMENT	****	*****	*****	*****						
34606 1 0 Effluent Gross	PERMIT	****	*****	*****	*****	140 30DA AVG	2120 DAILY MX	ug/L		Twice Per Month	GRAB
2,4-Dimethylphenol	SAMPLE MEASUREMENT	*****	*****	*****	****		****				
34606 P 0 See Comments	PERMIT	*****	*****	*****	****	21 ROLL AVG	*****	ug/L		Twice Per Month	GRAB
Phenol	SAMPLE MEASUREMENT	****	*****	*****	*****						
34694 1 0 Effluent Gross	PERMIT	*****	*****	*****	*****	2100 30DA AVG	10200 DAILY MX	ug/L		Twice Per Month	GRAB
Phenol	SAMPLE MEASUREMENT	****	*****	*****	*****		*****				
34694 P 0 See Comments	PERMIT	*****	*****	*****	*****	315 ROLL AVG	*****	ug/L		Twice Per Month	GRAB
Ethylbenzene	SAMPLE MEASUREMENT	*****	*****	*****	*****						
37371 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	****	530 30DA AVG	32000 DAILY MX	ug/L		Twice Per Month	GRAB
Ethylbenzene	SAMPLE MEASUREMENT	****	*****	*****	*****		*****				
37371 P 0 See Comments	PERMIT REQUIREMENT	*****	******	*****	****	79.5 ROLL AVG	****	ug/L		Twice Per Month	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and	1.01	TELEPHONE	DATE	
Michael J. Gardner	evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for		970-623-48	75 09/02	/14
	-knowing violations.	AUTHORIZED AGENT	AREA Code NUMBER	MM/DD/YYYY]

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Oil and grease - see D.24, pg 14.

Form Approved OMB No. 2040-0004

81635

PERMITTEE NAME/ADDRESS	(Include Facility Name/Location if Different)
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NAME: WPX Energy Rocky Mountain LLC

ADDRESS: 1058 CR 215

Parachute, CO 81635

FACILITY: PARACHUTE TREATMENT FACILITY

LOCATION: NEAR CR 215 AND I 70 FRONTAGE RD N OF PARACHUTE, CO 00000

ATTN: Michael J. Gardner, Env Mgr

COG840015	001-A						
PERMIT NUMBER	DISCHARGE NUMBER						
MONITORING PERIOD							
MONITO	RING PERIOD						
MONITO MM/DD/YYYY	RING PERIOD MM/DD/YYYY						

DMR Mailing ZIP CODE: MINOR

Discharge to Hayes Gulch External Outfall

No Discharge X

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Bis[2-ethylhexyl] phthalate	SAMPLE MEASUREMENT	****	*****	*****	****						
39100 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	1.2 30DA AVG	Req. Mon. DAILY MX	ug/L		Twice Per Month	GRAB
Bis[2-ethylhexyl] phthalate	SAMPLE MEASUREMENT	*****	*****	*****	*****		****				
39100 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	****	.18 ROLL AVG	*****	ug/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment pl	ant SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	.42 30DA AVG	Req. Mon. DAILY MX	MGD	****	*****	*****	*****		Continuous	RCORDR
Mercury, total [as Hg]	SAMPLE MEASUREMENT	*****	*****	****	*****		*****				
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	.01 30DA AVG	*****	ug/L		Twice Per Month	COMPOS
Mercury, total [as Hg]	SAMPLE MEASUREMENT	*****	*****	****	*****		****				
71900 P 0 See Comments	PERMIT REQUIREMENT	*****	****	****	****	.0015 ROLL AVG	*****	ug/L		Twice Per Month	COMPOS
Sulfate	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
81020 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	250 30DA AVG	****	mg/L		Twice Per Month	COMPOS
Sulfate	SAMPLE MEASUREMENT	****	*****	*****	*****		*****				
81020 P 0 See Comments	PERMIT	*****	*****	*****	*****	37.5 ROLL AVG	*****	mg/L		Twice Per Month	COMPOS

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the	110	TELEP	HONE	DATE	
Michael J. Gardner	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	970-62	3-487	5 09/02	/14
TYPED OR PRINTED	-knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Oil and grease - see D.24, pg 14.

Form Approved OMB No. 2040-0004

81635

PERMITTEE NAME/ADDRESS	(Include Facility	Name/Location if	Different)
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WPX Energy Rocky Mountain LLC NAME:

ADDRESS: 1058 CR 215

. 1

Parachute, CO 81635

FACILITY: PARACHUTE TREATMENT FACILITY LOCATION: NEAR CR 215 AND I 70 FRONTAGE RD

N OF PARACHUTE, CO 00000

ATTN: Michael J. Gardner, Env Mgr

COG840015	001-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONITORING PERIOD						
MONITO	DRING PERIOD					
MM/DD/YYYY						

DMR	Mailing	ZIP	CODE:	
MINC	R			

Discharge to Hayes Gulch External Outfall

No Discharge X

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION			NO.	FREQUENCY			
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Xylene [mix of m+o+p]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
81551 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	10000 30DA AVG	Req. Mon. DAILY MX	ug/L		Twice Per Month	GRAB
Xylene [mix of m+o+p]	SAMPLE MEASUREMENT	****	*****	*****	*****		*****				
81551 P 0 See Comments	PERMIT	****	****	*****	*****	1500 ROLL AVG	****	ug/L		Twice Per Month	GRAB
Boron, total	SAMPLE MEASUREMENT	****	*****	*****	*****		****				
82057 1 0 Effluent Gross	PERMIT	****	*****	*****	*****	.75 30DA AVG	****	ug/L		Twice Per Month	COMPOS
Boron, total	SAMPLE MEASUREMENT	****	*****	*****	*****		****				
82057 P 0 See Comments	PERMIT REQUIREMENT	****	****	*****	*****	.11 ROLL AVG	*****	mg/L		Twice Per Month	COMPOS

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Michael J. Gardner Environmental Manager	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	970-62	23-487	5 09/02	/14
TYPED OR PRINTED	knowing violations.	C AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	

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