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

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

DMR Mailing ZIP CODE: MINOR

Discharge to Hayes Gulch External Outfall

No Discharge X

		QUAN	TITY OR LOADIN	IG	G	UALITY OR CONC	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, 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
рН	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	****	*****	*****	*****		*****				
00615 P 0 See Comments	PERMIT	*****	*****	*****	****	.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

	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	100-1	TELEPH	IONE	DATE	
Michael J. Gardner	evaluate the minimum submitter. Lased on my might of the person to provide more manage and system, or those persons directly responsible for gathering the information when information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitted builting the possibility of fine and imprisonment for the submitted of the submitted of the submitted built of the submitted of the	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	970-62	23-487	5 8/22/	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)

NAME: WPX Energy Rocky Mountain LLC

ADDRESS: 1058 CR 215

z

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
MONITO MM/DD/YYYY	DRING PERIOD

DMR Mailing ZIP CODE: MINOR

Discharge to Hayes Gulch External Outfall

No Discharge 🛛 🗙

		QUAN	TITY 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 REQUIREMENT	****	*****	****	*****	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 REQUIREMENT	*****	*****	*****	*****	15 ROLL AVG	*****	ug/L		Twice Per Month	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Control of a what this document and all attachments were prepared under my direction or TELEPHONE DATE 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 Michael J. Gardner system, or those persons directly responsible for gathering the information, the information submitted is 970-623-4875 08/22 /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 imprisonment for 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 OMB No. 2040-0004

81635

acility Name/Location if Different)
30

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
MONITC MM/DD/YYYY	DRING PERIOD

DMR Mailing ZIP CODE:	
MINOR	

Discharge to Hayes Gulch External Outfall

No Discharge X

		QUAN	TITY OR LOADIN	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
Iron, 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	*****	*****	*****	*****	1.7 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 evaluate the information submitted. Based on my inquiry of the person or persons who manage the	110/ 1	TELEP	HONE	DATE	
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 penalities for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	970-62	3-4875	5 08/22	/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

Received 89/83/2814

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

ER
5

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
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

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 property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	10001	TELEP	HONE	DATE	
Michael J. Gardner Environmental Manager	evaluate uter more present automation submitter, based of in my day of uter person to person to reaction and more approximate submitted is, system, or the set of my knowledge and belief, true, accurate, and complete. I am alware that there are a significant penalities for submitting false information, and uting the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	970-62	23-4875	5 08/22	/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

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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	UMBER DISCHARGE NUMBER						
MONITORING PERIOD							
MONITO	ORING PERIOD						
MONITO MM/DD/YYYY	ORING PERIOD MM/DD/YYYY						

DMR	Mailing	ZIP	CODE:	
MINIC	D			

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
Cadmium, potentially dissolvd	SAMPLE MEASUREMENT	****	*****	*****	****		*****				
01313 P 0 See Comments	PERMIT REQUIREMENT	****	*****	*****	*****	.12 ROLL AVG	*****	ug/L		Twice Per Month	COMPOS
_ead, 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 REQUIREMENT	*****	*****	*****	*****	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	PERMIT	*****	*****	*****	*****	15.9 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 TELEPHONE 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 Michael J. Gardner system, or those persons directly responsible for gathering the information, the information submitted is, 970-623-4875 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 imprisonr SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR Environmental Manager AUTHORIZED AGENT owing violations AREA Code TYPED OR PRINTED

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

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

Antidegreadation limits - through 9-3-15 report, "ANALYSIS NOT REQUIRED" for each parameter. Starting 10-1-15, report results for each parameter.

NUMBER

08/22

MM/DD/YYYY

/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	DRING PERIOD							
MONITO MM/DD/YYYY	DRING 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
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 property gather and	1,00 1	TELEP	HONE	DATE	
Michael J. Gardner Environmental Manager	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 PRINCIPAL EXECUTIVE OFFICER OR	970-62	3-4875	08/22	14
TYPED OR PRINTED	•knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	1

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

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

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81635

Received 89/83/2814

PERMITTEE NAME/ADDRESS	6 (Include Facility	Name/Location in	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						
MONITORING PERIOD							
MONITO	DRING PERIOD						
MONITO 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	T EX	OF ANALYSIS	TYPE
,2-Dichloroethane	SAMPLE MEASUREMENT	*****	*****	*****	****						
32103 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	.38 30DA AVG	118000 DAILY MX	ug/L		Twice Per Month	GRAB
,2-Dichloroethane	SAMPLE MEASUREMENT	****	*****	*****	*****		*****				
32103 P 0 See Comments	PERMIT REQUIREMENT	****	*****	*****	*****	.057 ROLL AVG	****	ug/L		Twice Per Month	GRAB
Foluene	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	510 30DA AVG	17500 DAILY MX	ug/L		Twice Per Month	GRAB
Foluene	SAMPLE MEASUREMENT	****	*****	*****	*****		*****				
34010 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	76.5 ROLL AVG	*****	ug/L		Twice Per Month	GRAB
Benzene	SAMPLE MEASUREMENT	****	*****	*****	*****					-	
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	2.2 30DA AVG	5300 DAILY MX	ug/L		Twice Per Month	GRAB
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
34030 P 0 See Comments	PERMIT	****	*****	*****	*****	.33 ROLL AVG	****	ug/L		Twice Per Month	GRAB
Naphthalene, dry weight	SAMPLE MEASUREMENT	****	****	*****	*****						
34445 1 0 Effluent Gross	PERMIT	*****	*****	*****	*****	140 30DA AVG	2300 DAILY MX	ug/L		Twice Per Month	GRAB

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 submitted is,	4
System, or mose persons air cotty responsible for gamering me information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am ware that there are	/14
Environmental Manager significant penalties for submitting false information, including the possibility of fine and imprisonment for SIGNATURE OF FRINCIPAL EXECUTIVE OFFICER OR	1
TYPED OR PRINTED AGENT 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 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

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

		QUAN	TITY OR LOADI	NG		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	† EX	OF ANALYSIS	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	*****	*****	*****	*****				1		
34606 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	140 30DA AVG	2120 DAILY MX	ug/L		Twice Per Month	GRAB
2,4-Dimethylphenol	SAMPLE MEASUREMENT	*****	*****	*****	*****		****				
34606 P 0 See Comments	PERMIT REQUIREMENT	****	*****	*****	*****	21 ROLL AVG	*****	ug/L		Twice Per Month	GRAB
Phenol	SAMPLE MEASUREMENT	****	*****	*****	*****						
34694 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	2100 30DA AVG	10200 DAILY MX	ug/L		Twice Per Month	GRAB
Phenol	SAMPLE MEASUREMENT	****	*****	*****	*****		****				
34694 P 0 See Comments	PERMIT REQUIREMENT	****	*****	*****	*****	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	*****	*****	*****	****		*****		ing non-of-of-page		
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		TELEP	HONE	DATE	
Michael J. Gardner	revaluate 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 an aware that there are	Al Sut	070 62	2 407	5 08/22	1/7
Environmental Manager	significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF FRINCIPAL EXECUTIVE OFFICER OR	970-62	3-48/	D 08/22	/ 1 4
TYPED OR PRINTED	an owing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	1

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

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

DMR Mailing ZIP CODE: MINOR

Discharge to Hayes Gulch External Outfall

No Discharge X

	QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	NO. FREQUENC		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	*****	*****	****	****		****		LINGUAURUSUA		
39100 P 0 See Comments	PERMIT REQUIREMENT	****	****	*****	*****	.18 ROLL AVG	*****	ug/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment pla	nt 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 REQUIREMENT	*****	*****	****	*****	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	11001	TELEP	HONE	DATE	
Environmental Manager	revaluate 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 knowing violations.	SIGNATURE OF MRINETPAL EXECUTIVE OFFICER OR	970-62	23-487	5 08/22	/14
TYPED OR PRINTED	ייווטייווט זוטמערוב.	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) 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	DRING PERIOD					
MONITO MM/DD/YYYY	DRING PERIOD					

DMR Mailing ZIP CODE: MINOR

Discharge to Hayes Gulch External Outfall

No Discharge X

		QUAN	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 REQUIREMENT	****	*****	*****	*****	1500 ROLL AVG	*****	ug/L		Twice Per Month	GRAB
Boron, total	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
82057 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	.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

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 property gather and	1,00 1	TELEPHONE		DATE	
Michael J. Gardner Environmental Manager	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 PRINCIPAL EXECUTIVE OFFICER OR	970-62	23-487	5 08/22	/1
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.