D.D.
1121

Mobil Oil Exploration & Producing Southeast Inc.

1250 POYDRAS BUILDING
NEW ORLEANS, LOUISIANA 70113

August 12, 1983

Water Pollution Control Division
Office of Environmental Affairs
La. Department of Natural Resources
Mr. J. Dale Givens, Administrator
P.O. Box 44066, Capitol Station
Baton Rouge, LA 70804

POINT AU FER CENTRAL FACILITY
NPDES PERMIT APPLICATION

Gentlemen:

Enclosed is a copy of our NPDES Consolidated Permit Application for the above referenced facility. This application was submitted to EPA to update the existing Corps of Engineers' application, Sequence No. 000196 on file with that office. The waste discharge remains unchanged since the original application.

Also enclosed is a copy of our original letter requesting State of Louisiana certification of this discharge from the Louisiana Stream Control Commission. Our files do not contain a copy of state response to that letter. However, we assume that certification was received because similar requests for other facilities, dated the same day, were acknowledged by the Stream Control Commission and certifications were issued. Accordingly we request your office to determine if state certification was previously issued for discharge from this facility. It is our understanding that the subject certification would serve as state authorization for discharge from this facility.

Should you have any questions or need additional information regarding this submittal, please do not hesitate to contact me at (504)566-5582.

Very truly yours,

MOBIL OIL EXPLORATION & PRODUCING
SOUTHEAST INC.

James C. Martin
Senior Staff Environmental
& Regulatory Engineer

JCM/eral/0725/83
Enclosures

Please print or type in the unshaded areas only
(fill-in areas are spaced for elite type, i.e., 12 characters/inch).

Form Approved OMB No 158-R0175

FORM 1 GENERAL — EPA

GENERAL INFORMATION

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

F D

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent *(the area to the left of the label space lists the information that should appear)*, please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI *(except VI-B which must be completed regardless)*. Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

LABEL ITEMS

I. EPA I.D. NUMBER

III. FACILITY NAME

V. FACILITY MAILING ADDRESS

VI. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X' YES	NO	FORM ATTACHED
A. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B below? (FORM 2A)		X	
B. Is this a facility which currently results in discharges to waters of the U.S. in connection with activities listed in the instructions of Section F of the instructions? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X		2C
D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		X	
F. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of hydrocarbons? (FORM 4)		X	
G. Do you or will you inject at this facility any fluid underground for: storage of natural gas or liquid hydrocarbons, conventional mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of coal, shale or tar sands, or recovery of geothermal energy? (FORM 4)		X	
H. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)			
J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)			

III. NAME OF FACILITY

1 SKIP MOBIL POINT AU FER CENTRAL FACILITY

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)	B. PHONE (area code & no.)
2 FIELDS, AUBREY FIELD SUPERVISOR	504 384 9550 EXT. 264

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX	B. CITY OR TOWN	C. STATE	D. ZIP CODE
3 1200 YOUNGS ROAD			
4	MORGAN CITY	LA	70380

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER	B. COUNTY NAME
5 SEC. 2 T215-R11E AT GULF OF MEX.	TERREBONNE PARISH

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
6 SE OF ATCHAFALAYA BAY	LA	N/A	

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST	B. SECOND
7 1311 (specify) CRUDE OIL PRODUCTION	7 (specify)
C. THIRD	**D. FOURTH**
7 (specify)	7 (specify)

VIII. OPERATOR INFORMATION

A. NAME: MOBIL OIL EXP & PRODUCING SOUTHEAST INC.

B. Is the name listed in Item VIII-A also the owner? [X] YES [ ] NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)
F - FEDERAL; S - STATE; M - PUBLIC (other than federal or state); O - OTHER (specify); P - PRIVATE

P (specify)

D. PHONE (area code & no.): A 318 384 9550

E. STREET OR P.O. BOX: 1200 YOUNGS ROAD

F. CITY OR TOWN: MORGAN CITY

G. STATE: LA

H. ZIP CODE: 70380

IX. INDIAN LAND

Is the facility located on Indian lands? [ ] YES [X] NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)	D. PSD (Air Emissions from Proposed Sources)
9 N	9 P
B. UIC (Underground Injection of Fluids)	**E. OTHER (specify)**
9 U	9 (specify)
C. RCRA (Hazardous Wastes)	**F. OTHER (specify)**
9 R	9 (specify)

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Crude oil tank battery and central facility serving Point Au Fer Oil Field. Facility is used to separate produced water from crude oil.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
R.L. Draper, Vice President and Exploration & Producing Manager		

COMMENTS FOR OFFICIAL USE ONLY

C

*U.S. GOVERNMENT PRINTING OFFICE 1980

EPA I.D. NUMBER (copy from Item 1 of Form 1)

Please print or type in the unshaded areas only.

Form Approved OMB No. 158-R0173

FORM 2C NPDES

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY
APPLICATION FOR PERMIT TO DISCHARGE WASTEWATER
EXISTING MANUFACTURING, COMMERCIAL, MINING AND SILVICULTURAL OPERATIONS
Consolidated Permits Program

I. OUTFALL LOCATION

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

A. OUTFALL NUMBER (list)	B. LATITUDE			C. LONGITUDE			D. RECEIVING WATER (name)
	1. DEG.	2. MIN	3. SEC.	1. DEG.	2. MIN.	3. SEC.	
001	29	15	50	91	17	27	Locust Bayou to Lower Atchafalaya Bay

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined (*e.g., for certain mining activities*), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures. SEE EXHIBIT 2

B. For each outfall, provide a description of: (1) All operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) The average flow contributed by each operation; and (3) The treatment received by the wastewater. Continue on additional sheets if necessary. Mobil Point Au Fer Central Facility

1. OUTFALL NO. (list)	2. OPERATION(S) CONTRIBUTING FLOW		3. TREATMENT		
	a. OPERATION (list)	b. AVERAGE FLOW (include units)	a. DESCRIPTION	b. LIST CODES FROM TABLE 2C-1	
001	Oil field tank battery with treators and separators. Deck runoff.	0.121 MGD (Variable runoff)	Low pressure separators, heat treaters, gunbarrel separators, final skimming pit and discharge to surface water.	XX	1-U
				4-A	
	(NOTE: Domestic waste flows to a septic tank & tile field near the living quarters, serves two employees.)				

OFFICIAL USE ONLY (*effluent guidelines sub-categories*)

CONTINUED FROM THE FRONT

C. Except for storm runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?

☐ YES *(complete the following table)* ☒ NO *(go to Section III)*

1. OUTFALL NUMBER *(list)*	2. OPERATION(s) CONTRIBUTING FLOW *(list)*	3. FREQUENCY a. DAYS PER WEEK *(specify average)*	3. FREQUENCY b. MONTHS PER YEAR *(specify average)*	4. FLOW a. FLOW RATE *(in mgd)* 1. LONG TERM AVERAGE	4. FLOW a. FLOW RATE *(in mgd)* 2. MAXIMUM DAILY	4. FLOW b. TOTAL VOLUME *(specify with units)* 1. LONG TERM AVERAGE	4. FLOW b. TOTAL VOLUME *(specify with units)* 2. MAXIMUM DAILY	4. FLOW c. DURATION *(in days)*
	N/A							

III. MAXIMUM PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?

☐ YES *(complete Item III-B)* ☒ NO *(to to Section IV)*

B. Are the limitations in the applicable effluent guideline expressed in terms of production *(or other measure of operation)*?

☐ YES *(complete Item III-C)* ☒ NO *(go to Section IV)*

C. If you answered "Yes" to Item III-B, list the quantity which represents an actual measurement of your maximum level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.

1. MAXIMUM QUANTITY a. QUANTITY PER DAY	1. MAXIMUM QUANTITY b. UNITS OF MEASURE	1. MAXIMUM QUANTITY c. OPERATION, PRODUCT, MATERIAL, ETC. *(specify)*	2. AFFECTED OUTFALLS *(list outfall numbers)*
N/A			

IV. IMPROVEMENTS

A. Are you now required by any Federal, State or local authority to meet any implementation schedule for the construction, upgrading or operation of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

☐ YES *(complete the following table)* ☒ NO *(go to Item IV-B)*

1. IDENTIFICATION OF CONDITION, AGREEMENT, ETC.	2. AFFECTED OUTFALLS a. NO.	2. AFFECTED OUTFALLS b. SOURCE OF DISCHARGE	3. BRIEF DESCRIPTION OF PROJECT	4. FINAL COMPLIANCE DATE a. REQUIRED	4. FINAL COMPLIANCE DATE b. PROJECTED
N/A					

B. OPTIONAL. You may attach additional sheets describing any additional water pollution control programs *(or other environmental projects which may affect your discharges)* you now have underway or which you plan. Indicate whether each program is now underway or planned, and indicate your actual or planned schedules for construction. ☐ MARK "X" IF DESCRIPTION OF ADDITIONAL CONTROL PROGRAMS IS ATTACHED

 CONTINUE ON PAGE 3

CONTINUED FROM PAGE 2

Form Approved OMB No. 158-R0173

V. INTAKE AND EFFLUENT CHARACTERISTICS

A, B, & C: See instructions before proceeding — Complete one set of tables for each outfall — Annotate the outfall number in the space provided. NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered V-1 through V-9.

D. Use the space below to list any of the pollutants listed in Table 2c-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

1. POLLUTANT	2. SOURCE	1. POLLUTANT	2. SOURCE
N/A			

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

A. Is any pollutant listed in Item V-C a substance or a component of a substance which you do or expect that you will over the next 5 years use or manufacture as an intermediate or final product or byproduct?

☐ YES *(list all such pollutants below)* ☒ NO *(go to Item VI-B)*

N/A

B. Are your operations such that your raw materials, processes, or products can reasonably be expected to vary so that your discharges of pollutants may during the next 5 years exceed two times the maximum values reported in Item V?

☐ YES *(complete Item VI-C below)* ☒ NO *(go to Section VII)*

C. If you answered "Yes" to Item VI-B, explain below and describe in detail the sources and expected levels of such pollutants which you anticipate will be discharged from each outfall over the next 5 years, to the best of your ability at this time. Continue on additional sheets if you need more space.

N/A

CONTINUED FROM THE FRONT

VII. BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ YES *(identify the test(s) and describe their purposes below)* ☒ NO *(go to Section VIII)*

N/A

VIII. CONTRACT ANALYSIS INFORMATION

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

☒ YES *(list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)* ☐ NO *(go to Section IX)*

A. NAME	B. ADDRESS	C. TELEPHONE (area code & no.)	D. POLLUTANTS ANALYZED (list)
Analysis Laboratories, Inc.	2932 Lime Street P.O. Box 8666 Metairie, LA 70011	504-889-0710	See list of parameters with results reported in Sec. V Parts A, B & C.

IX. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE *(type or print)*	B. PHONE NO. *(area code & no.)*
R.L. Draper, Vice President & Exploration & Producing Manager	504-566-5200
C. SIGNATURE	**D. DATE SIGNED**

Mobil Point Au Fer Central Facility

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets *(use the same format)* instead of completing these pages. SEE INSTRUCTIONS.

EPA I.D. NUMBER *(copy from Item 1 of Form 1)*

Form Approved OMB No. 158-R0173

V. INTAKE AND EFFLUENT CHARACTERISTICS *(continued from page 3 of Form 2-C)*

OUTFALL NO 001

PART A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

1. POLLUTANT	2. EFFLUENT a. MAXIMUM DAILY VALUE * (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	3. UNITS (specify if blank) a. CONCENTRATION	b. MASS	4. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
a. Biochemical Oxygen Demand (BOD)	127	116.7					1	mg/l	lb/day			
b. Chemical Oxygen Demand (COD)	1123	1,032.1					1	mg/l	lb/day			
c. Total Organic Carbon (TOC)	38	34.9					1	mg/l	lb/day			
d. Total Suspended Solids (TSS)	115	105.7					1	mg/l	lb/day			
e. Ammonia (as N)	130	119.5					1	mg/l	lb/day			
f. Flow	VALUE 0.1102 *		VALUE 0.1263		VALUE 0.1206		10	-----	MGD	VALUE		
g. Temperature (winter)	VALUE Ambient		VALUE		VALUE		----	°C		VALUE		
h. Temperature (summer)	VALUE Ambient		VALUE		VALUE		----	°C		VALUE		
i. pH	MINIMUM 6.55	MAXIMUM ----	MINIMUM	MAXIMUM			1	STANDARD UNITS				

PART B - Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2-a for any pollutant, you must provide the results of at least one analysis for that pollutant. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X' a. BELIEVED PRESENT	b. BELIEVED ABSENT	* 3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. ANALYSES
a. Bromide (24959-67-9)	X		2.6	2.39					1	mg/l	lb/day			
b. Chlorine, Total Residual	X		111,000	102,000	(Chloride, Cl)				1	mg/l	lb/day			
c. Color	X		30.0	------					1	Pt-Co	-----			
d. Fecal Coliform		X	----	------					-	-----	-----			
e. Fluoride (16984-48-8)	X		1.1	1.01					1	mg/l	lb/day			
f. Nitrate-Nitrite (as N)		X	----	------					-	-----	-----			

*NOTE: Max. daily values are based on grab sample collected on 5/19/83, and on average daily flow for May 1983.

ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (If available)	2. MARK 'X' a. BELIEVED PRESENT	b. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE* (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
g. Nitrogen, Total Organic (as N)		X	----	----					-	-----	-----			
h. Oil and Grease	X		89	81.80					1	mg/l	lb/day			
i. Phosphorus (as P), Total (7723-14-0)	X		< 0.1	0.09					1	mg/l	lb/day			
j. Radioactivity														
(1) Alpha, Total		X	----	----					-	-----	-----			
(2) Beta, Total		X	----	----					-	-----	-----			
(3) Radium, Total		X	----	----					-	-----	-----			
(4) Radium 226, Total		X	----	----					-	-----	-----			
k. Sulfate (as SO_4) (14808-79-8)	X		< 1.0	0.92					1	mg/l	lb/day			
l. Sulfide (as S)		X	----	----					-	-----	-----			
m. Sulfite (as SO_3) (14265-45-3)		X	----	----					-	-----	-----			
n. Surfactants		X	----	----					-	-----	-----			
o. Aluminum, Total (7429-90-5)	X		<0.1	0.09					1	mg/l	lb/day			
p. Barium, Total (7440-39-3)	X		110	101.10					1	mg/l	lb/day			
q. Boron, Total (7440-42-8)		X	----	----					-	-----	-----			
r. Cobalt, Total (7440-48-4)		X	----	----					-	-----	-----			
s. Iron, Total (7439-89-6)	X		22	20.22					1	mg/l	lb/day			
t. Magnesium, Total (7439 95-4)	X		1,375	1,264					1	mg/l	lb/day			
u. Molybdenum, Total (7439-98 7)		X	----	----					-	-----	-----			
v. Manganese, Total (7439-96 5)	X		1.3	1.19					1	mg/l	lb/day			
w. Tin, Total (7440-31 5)		X	----	----					-	-----	-----			
x. Titanium, Total (7440-32-6)		X	----	----					-	-----	-----			

*See note on page V-1

CONTINUE ON PAGE V-3

EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
	001

Form Approved OMB No. 158-R0173

CONTINUED FROM PAGE 3 OF FORM 2-C

PART C. If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a *(secondary industries, non-process wastewater outfalls, and non-required GC/MS fractions)*, mark "X" in column 2-b for each pollutant you know or have reason to believe is present. Mark "X" in column 2-c for each pollutant you believe to be absent. If you mark either columns 2-a or 2-b for any pollutant, you must provide the results of at least one analysis for that pollutant. Note that there are seven pages to this part; please review each carefully. Complete one table *(all seven pages)* for each outfall. See instructions for additional details and requirements.

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (if available) (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (if available) (2) MASS	d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	a. LONG TERM AVERAGE VALUE (2) MASS	b. NO. OF ANALYSES
METALS, CYANIDE, AND TOTAL PHENOLS															
1M. Antimony, Total (7440-36-0)			X	----	-----					-	-----	-----			
2M. Arsenic, Total (7440-38-2)		X		<0.01	0.009					1	mg/l	lb/day			
3M. Beryllium, Total (7440-41-7)			X	----	-----					-	-----	-----			
4M. Cadmium, Total (7440-43-9)		X		0.5	0.46					1	mg/l	lb/day			
5M. Chromium, Total (7440-47-3)		X		<0.05	0.046					1	mg/l	lb/day			
6M. Copper, Total (7550-50-8)		X		0.3	0.28					1	mg/l	lb/day			
7M. Lead, Total (7439-92-1)		X		3.5	3.22					1	mg/l	lb/day			
8M. Mercury, Total (7439-97-6)		X		<0.002	0.002					1	mg/l	lb/day			
9M. Nickel, Total (7440-02-0)		X		16.5	15.16					1	mg/l	lb/day			
10M. Selenium, Total (7782-49-2)			X	----	-----					-	-----	-----			
11M. Silver, Total (7440 22-4)		X		<0.05	0.046					1	mg/l	lb/day			
12M Thallium, Total (7440 28-0)			X	----	-----					-	-----	-----			
13M Zinc, Total (7440 66-6)		X		0.45	0.41					1	mg/l	lb/day			
14M Cyanide, Total (57-12 5)			X	----	-----					-	-----	-----			
15M. Phenols, Total			X	----	-----	*See note on page V-1				-	-----	-----			
DIOXIN															
2,3,7,8 Tetra chlorodibenzo P Dioxin (1764 01 6)			X	DESCRIBE RESULTS											

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X" a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – VOLATILE COMPOUNDS															
1V. Acrolein (107-02-8)			X												
2V. Acrylonitrile (107-13-1)			X												
3V. Benzene (71-43-2)			X												
4V. Bis (Chloromethyl) Ether (542-88-1)			X												
5V. Bromoform (75-25-2)			X												
6V. Carbon Tetrachloride (56-23-5)			X												
7V. Chlorobenzene (108-90-7)			X												
8V. Chlorodibromomethane (124-48-1)			X												
9V. Chloroethane (75-00-3)			X												
10V. 2-Chloroethylvinyl Ether (110-75-8)			X												
11V. Chloroform (67-66-3)			X												
12V. Dichlorobromomethane (75-27-4)			X												
13V. Dichlorodifluoromethane (75-71-8)			X												
14V. 1,1-Dichloroethane (75-34-3)			X												
15V. 1,2-Dichloroethane (107-06-2)			X												
16V. 1,1-Dichloroethylene (75-35-4)			X												
17V. 1,2 Dichloropropane (78-87-5)			X												
18V. 1,3 Dichloropropylene (542-75 6)			X												
19V. Ethylbenzene (100-41 4)			X												
20V. Methyl Bromide (74 83 9)			X												
21V. Methyl Chloride (74-87 3)			X												

CONTINUE ON PAGE V-5

CONTINUED FROM PAGE V-4

EPA I.D. NUMBER (copy from Item 1 of Form 1) | OUTFALL NUMBER 001

Form Approved OMB No. 158-R0173

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – VOLATILE COMPOUNDS (continued)															
22V. Methylene Chloride (75-09-2)			X												
23V. 1,1,2,2-Tetrachloroethane (79-34-5)			X												
24V. Tetrachloroethylene (127-18-4)			X												
25V. Toluene (108-88-3)			X												
26V. 1,2-Trans-Dichloroethylene (156-60-5)			X												
27V. 1,1,1-Trichloroethane (71-55-6)			X												
28V. 1,1,2-Trichloroethane (79-00-5)			X												
29V. Trichloroethylene (79-01-6)			X												
30V. Trichlorofluoromethane (75-69-4)			X												
31V. Vinyl Chloride (75-01-4)			X												
GC/MS FRACTION – ACID COMPOUNDS															
1A. 2-Chlorophenol (95-57-8)			X												
2A 2,4-Dichlorophenol (120-83-2)			X												
3A 2,4-Dimethylphenol (105-67-9)			X												
4A. 4,6-Dinitro-O-Cresol (534-52 1)			X												
5A. 2,4-Dinitrophenol (51-28-5)			X												
6A. 2-Nitrophenol (88-75-5)			X												
7A. 4 Nitrophenol (100-02-7)			X												
8A. P-Chloro-M-Cresol (59-50-7)			X												
9A. Pentachlorophenol (87-86-5)			X												
10A. Phenol (108-95-2)			X												
11A. 2,4,6-Trichlorophenol (88-06-2)			X												

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. TEST INFO. REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION — BASE/NEUTRAL COMPOUNDS															
1B. Acenaphthene (83-32-9)			X												
2B. Acenaphtylene (208-96-8)			X												
3B. Anthracene (120-12-7)			X												
4B. Benzidine (92-87-5)			X												
5B. Benzo (a) Anthracene (56-55-3)			X												
6B. Benzo (a) Pyrene (50-32-8)			X												
7B. 3,4-Benzo-fluoranthene (205-99-2)			X												
8B. Benzo (ghi) Perylene (191-24-2)			X												
9B. Benzo (k) Fluoranthene (207-08-9)			X												
10B. Bis (2-Chloro-ethoxy) Methane (111-91-1)			X												
11B. Bis (2-Chloro-ethyl) Ether (111-44-4)			X												
12B. Bis (2-Chloro-isopropyl) Ether (39638-32-9)			X												
13B. Bis (2-Ethyl-hexyl) Phthalate (117-81-7)			X												
14B. 4-Bromo-phenyl Phenyl Ether (101-55-3)			X												
15B. Butyl Benzyl Phthalate (85-68-7)			X												
16B. 2-Chloro-naphthalene (91-58-7)			X												
17B. 4-Chloro-phenyl Phenyl Ether (7005-72-3)			X												
18B. Chrysene (218-01-9)			X												
19B. Dibenzo (a,h) Anthracene (53-70-3)			X												
20B. 1,2-Dichloro-benzene (95-50-1)			X												
21B. 1,3-Dichloro-benzene (541-73-1)			X												

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EPA I.D. NUMBER (copy from Item 1 of Form 1) | OUTFALL NUMBER 001

Form Approved OMB No. 158-R0173

CONTINUED FROM PAGE V-6

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS *(continued)*															
22B. 1,4-Dichlorobenzene (106-46-7)			X												
23B. 3,3'-Dichlorobenzidine (91-94-1)			X												
24B. Diethyl Phthalate (84-66-2)			X												
25B. Dimethyl Phthalate (131-11-3)			X												
26B. Di-N-Butyl Phthalate (84-74-2)			X												
27B. 2,4-Dinitrotoluene (121-14-2)			X												
28B. 2,6-Dinitrotoluene (606-20-2)			X												
29B. Di-N-Octyl Phthalate (117-84-0)			X												
30B. 1,2-Diphenylhydrazine *(as Azobenzene)* (122-66-7)			X												
31B. Fluoranthene (206-44-0)			X												
32B. Fluorene (86-73-7)			X												
33B. Hexachlorobenzene (118-71-1)			X												
34B. Hexachlorobutadiene (87-68-3)			X												
35B. Hexachlorocyclopentadiene (77-47-4)			X												
36B. Hexachloroethane (67-72-1)			X												
37B. Indeno *(1,2,3-cd)* Pyrene (193-39-5)			X												
38B. Isophorone (78-59-1)			X												
39B. Naphthalene (91-20-3)			X												
40B. Nitrobenzene (98-95-3)			X												
41B. N-Nitrosodimethylamine (62-75-9)			X												
42B. N-Nitrosodi-N-Propylamine (621-64-7)			X												

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION -- BASE/NEUTRAL COMPOUNDS *(continued)*															
43B. N-Nitrosodiphenylamine (86-30-6)			X												
44B. Phenanthrene (85-01-8)			X												
45B. Pyrene (129-00-0)			X												
46B. 1,2,4-Trichlorobenzene (120-82-1)			X												
GC/MS FRACTION -- PESTICIDES															
1P. Aldrin (309-00-2)			X												
2P. α-BHC (319-84-6)			X												
3P. β-BHC (319-85-7)			X												
4P. γ-BHC (58-89-9)			X												
5P. δ-BHC (319-86-8)			X												
6P. Chlordane (57-74-9)			X												
7P. 4,4'-DDT (50-29-3)			X												
8P. 4,4'-DDE (72-55-9)			X												
9P. 4,4'-DDD (72-54-8)			X												
10P. Dieldrin (60-57-1)			X												
11P. α-Endosulfan (115-29-7)			X												
12P. β-Endosulfan (115-29-7)			X												
13P. Endosulfan Sulfate (1031-07-8)			X												
14P. Endrin (72-20-8)			X												
15P. Endrin Aldehyde (7421-93-4)			X												
16P. Heptachlor (76-44-8)			X												

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EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
	001

Form Approved OMB No. 158-R0173

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION — PESTICIDES (continued)															
17P. Heptachlor Epoxide (1024-57-3)			X												
18P. PCB-1242 (53469-21-9)			X												
19P. PCB-1254 (11097-69-1)			X												
20P. PCB-1221 (11104-28-2)			X												
21P. PCB-1232 (11141-16-5)			X												
22P. PCB-1248 (12672-29-6)			X												
23P. PCB-1260 (11096-82-5)			X												
24P. PCB-1016 (12674-11-2)			X												
25P. Toxaphene (8001-35-2)			X												

STEIMLE & ASSOCIATES, INC.

INFORMATION SHEET
MOBIL POINT AU FER CENTRAL FACILITY
TERREBONNE PARISH, LOUISIANA

A. Discharge

1. No. 001: Effluent line from Final Skimmer Pit. The discharge includes production water (salt water) from the Point Au Fer Oil Field and rainwater runoff from the facility's separation platforms. The discharge is to Locust Bayou near the Lower Atchafalaya Bay and the Gulf of Mexico.

2. No other discharges. Domestic waste from the living quarters (2 employees) flows to a reptic tank and tile field. Potable water is hauled to the facility by barge. There is no other source of drinking water.

B. Water Sources to Disc. 001

1. Production Water: Salt water produced with oil from the Point Au Fer Oil Field. During 1982, water was produced at an average rate of 120,550 gpd. Water is removed from produced oil by low pressure separators. Water is also removed from oil by a heat treating process. This water receives addition separation treatment in gunbarrel separators prior to flowing to the final skimmer pit and ultimate discharge.

2. Rainfall Runoff: The mean annual rainfall for the area (Morgan City, LA) is 61 inches per year. The work platform runoff area is approximately 0.1 acres. Assuming a 95% runoff coefficient for the concrete deck, a 1" rain would produce a discharge of approximately 2600 gallons. Platform drainage flows by gravity to a sump from which it is pumped to a gunbarrel separator. The final skimmer pit provides additional treatment prior to discharge.

C. Flow Measurement

For purposes of permit monitoring, Discharge 001 flow can be estimated from well production reports. The reports give the results of monthly tests that quantify the amount of oil and water produced from each well served by the central facility. Platform runoff can be determined from calculations using rain gauge readings and the platform area.

D. Permit Monitoring

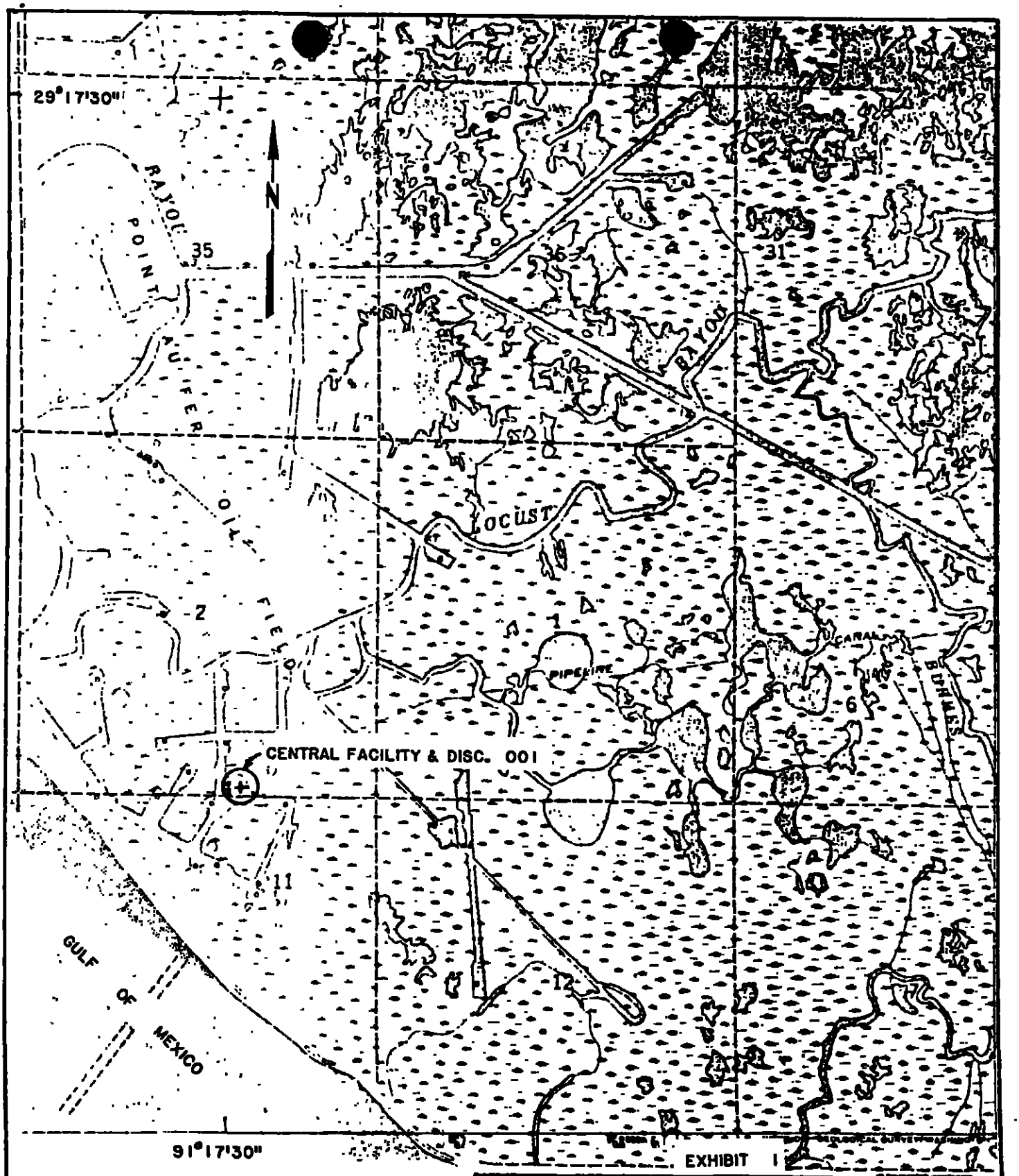
1. Sampling Equipment: An adequate supply of clean wide mouth, one quart jars or bottles and ID labels should be kept on hand at the facility. If the samples cannot be transported immediately to a laboratory, they should be preserved in accordance with the applicable analytical methods. Usually, an ice chest with ice or refrigerated storage for the samples will be adequate. The samples should reach the laboratory within 24 hours of the time of sampling. No other equipment will be needed.

2. Sampling Frequency: The discharge of production water will be daily. The discharge of stormwater will be intermittent. It is anticipated that the permit sampling will be at least once per month. Discharge flow records must be maintained for the discharge throughout the year. To the extent feasible, the time of sampling must be representative of normal operations at the plant.

3. Sampling Location: The discharge should be sampled at the outlet pipe from the final skimmer pit.

4. Sample Type & Volume: Since the production at this facility is fairly constant and the process train does not change- it is anticipated that grab samples will be allowed under the permit. Samples should be collected in quart jars. A one quart sample should be collected at times specified in the permit. If oil & grease is to be monitored an additional one quart sample must be collected for separate laboratory analysis:

5. Sample Analyses: It is anticipated that the following parameters will be required to be monitored under the permit - - Oil & Grease, ph, and TOC or COD. One sample will be analyzed for oil & grease; the other will be analyzed for the remaining permit parameters. The lab results should be reviewed for any permit non-compliance. A copy of the lab results must be maintained at the plant with the discharge flow records. The records will be used in preparing Discharge Monitoring Reports required by the permit.



SCALE: 1=24000

001 LOCATION. LAT. 29°15'50"

LONG. 91°17'27"

SOURCE: USGS 7.5' POINT Au FER, LA. QUAD.

VICINITY MAP

POINT Au FER FIELD & CENTRAL FACILITY,
TERREBONNE PARISH, LA.
MOBIL OIL EXPLORATION & PRODUCING SOUTHEAST, INC.

STEIMLE & ASSOC., INC.

ENGINEERS, ECOLOGISTS, PLANNERS
"SPECIALIZING IN THE ENVIRONMENT"
3826 AIRLINE HWY METAIRIE, LA 70001

DATE: 6/29/83 DRAWN BY: AG CHK BY: RM

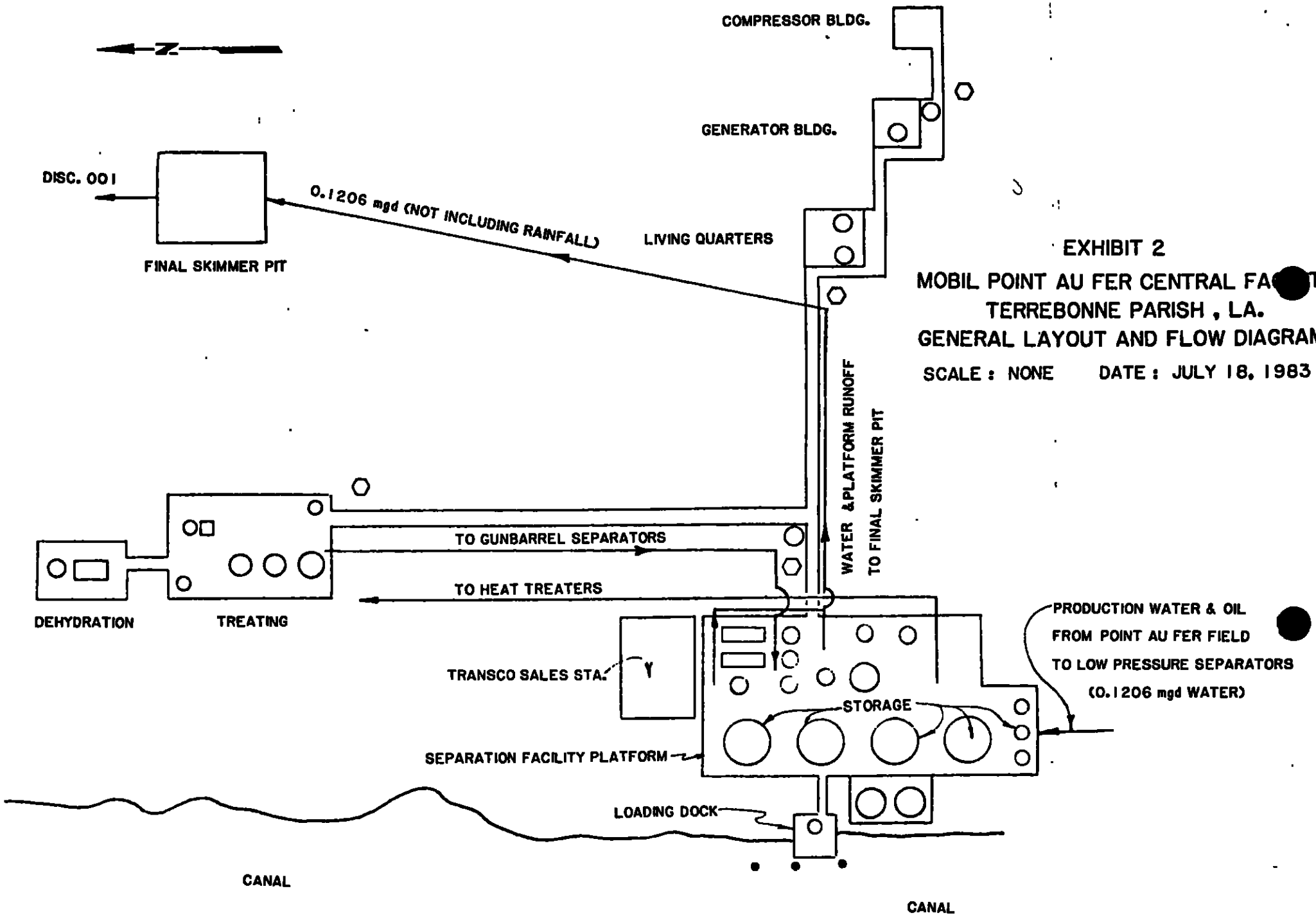


EXHIBIT 2

MOBIL POINT AU FER CENTRAL FACILITY

TERREBONNE PARISH , LA.

GENERAL LAYOUT AND FLOW DIAGRAM

SCALE : NONE DATE : JULY 18, 1983

Mobil Oil Corporation

1001 HOWARD AVENUE
NEW ORLEANS, LOUISIANA 70113

June 25, 1971

Mr. Robert Lafleur
Louisiana Stream Control Commission
P. O. Drawer FC
University Station
Baton Rouge, Louisiana 70803

APPLICATION FOR STATE CERTIFICATION
DISCHARGE OF PRODUCED SALT WATER--
CENTRAL TANK BATTERY
M.A.S. NELSON LEASE
POINTE AU FER FIELD
TERREBONNE PARISH, LOUISIANA

Dear Mr. Lafleur:

In accordance with the provisions of the Federal Water Pollution Control Act, the Refuse Act and the permit program established thereunder, application is hereby made by Mobil Oil Corporation for state certification of produced salt water discharged from Mobil's M.A.S. Nelson Lease crude oil tank battery located in the Pointe Au Fer Field, Terrebonne Parish.

After flowing through the initial separation vessels, the produced salt water is discharged into a separation pit for removal of oil wastes. The resulting salt water enters an oil field canal which is affected by tne ebb and flow of the tide and has natural drainage into the Gulf of Mexico.

The produced salt water is discharged at the rate of approximately 2,500 barrels a day; it has an oil content of 5 ppm, a temperature of 94 deg. F and a chloride content of 87,000 ppm. The receiving water has a temperature of 80 deg. F and a chloride content of 4,810 ppm. There are neither slicks of free or floating oil nor emulsified oils present in sufficient quantity to interfere with the designated uses of the receiving water body.

Pursuant to the provisions of L.S.A.-R.S. 56:1439, notice of this application will be published in the official journal of the state on or about June 25, 1971.

Mobil

In support of our application we are enclosing the following documents:

1. Application Data Sheet
2. Map of the area showing point of discharge
3. Sketch of separation system
4. Copy of notice

If you need any additional information, please let us know.

Yours truly,

GSSmith/js
Encs.

O. E. Van Meter, Jr.
Division General Manager

DATA SHEET
APPLICATION FOR CERTIFICATION OF DISCHARGE

1. Company name and address

Mobil Oil Corporation
1001 Howard Avenue
New Orleans, Louisiana 70113

2. Company unit

New Orleans Exploration & Producing Division

3. Field

Pointe Au Fer Field, Terrebonne Parish

4. Name of facility

M. A. S. Nelson Tank Battery

5. Date

June 25, 1971

6. Identity of waterway

Oilfield Canal which drains to the Gulf of Mexico

7. Location of discharge

Sec. 2 - T20S - R11E

8. Identification of discharge and whether continuous or intermittent discharge

Produced salt water is discharged continuously from an earthen pit to an oilfield canal.

9. Volume of discharge - bbls/day 2500 (See Remarks)

10. Water temperature Date: 5-8-71

(a) Receiving water - 80 °F
(b) Discharge water - 94 °F

11. Total oil content - 3 daily samples

#1 Sample	5	PPM	Date:	5-6-71
#2 Sample	5	PPM	Date:	5-7-71
#3 Sample	4	PPM	Date:	5-8-71

12. Solids - Sample Date: 3-10-71

Suspended solids	62	PPM
Dissolved solids	148800	PPM
Total solids	148862	PPM

13. Chloride content

(a) Receiving water	4,810	PPM
(b) Discharge	87,000	PPM

14. Effect of discharge on quality and appearance of receiving body

No slicks of free or floating oil are present in sufficient quantities to interfere with the designated uses of the receiving water. No emulsified oils are present in sufficient quantities to interfere with the designated uses.

15. List and identify monitoring device(s)

The salt water discharge volumes were calculated from monthly test data.

16. Date of initial discharge or completion date

August, 1955

17. Remarks

Item 9 - Daily average calculated from monthly test data. Future production could be more or less than the reported volume.