Chevron

Dale Haines
Operations Manager

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June 21, 2010

RECEIVED
JUN 23 2010
DEC
Division of Water Quality
Wastewater Discharge Program

Mr. Chae Park
U.S. Environmental Protection Agency
Region 10, Water Compliance Section
1200 Sixth Avenue, OW-133
Seattle, WA 98101

RETURN RECEIPT REQUESTED
CERTIFIED MAIL 91 7108 2133 3937 7311 4795

Re: NPDES Permit No. AKG-31-5002
Trading Bay Production Facility May 2010 Discharge Monitoring Reports (DMR)

Dear Mr. Park:

Union Oil Company of California operates the Trading Bay Production Facility that discharges regulated effluents in Cook Inlet, Alaska under NPDES Permit No. AKG-31-5002. Pursuant to condition VI.B of the Permit, Union Oil Company of California is hereby submitting the May 2010 NPDES Discharge Monitoring Reports (DMRs) for the Trading Bay Production Facility.

Please note that additional pages have been added in response to EPA's reporting request of May 25, 2010. The resulting reports for our 12 reporting facilities contain nearly 300 pages. Signing each individual page is a substantial and disproportionate burden. My staff is working with Hahn Shaw to agree on an appropriate path forward with regard to the EPA's request that Union re-do previously submitted forms.

In the meantime, Ms. Shaw telephonically approved Union submitting this letter as certification of all of the attached DMRs, in place of endorsing each of the attached DMRs. Thus, the certification below applies to all of the DMRs attached to this letter.

If you have any questions, please direct them to Ms. Marilu Moreno-Jones at 907-263-7305 or via e-mail at mmjones@chevron.com.

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 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 knowing violations.

Best regards,

Dale Haines

cc: ADEC / Certified Mail 91 7108 2133 3937 7311 4788

NATIONAL PALLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: UNION OIL COMPANY OF CALIFORNIA (UNOCAL)
ADDRESS: P.O. BOX 196247
ANCHORAGE, AK 99519-6247
FACILITY: TRADING BAY TREATMENT FACILITY
LOCATION: COOK INLET, Alaska
ATTN: JOHN ZAGER, GENERAL MANAGER

AKG315002	001-E
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD		
	MM/DD/YYYY	**MM/DD/YYYY**
FROM	05/01/2010	**TO** 05/31/2010

DMR Mailing ZIP CODE: 99519
MINOR
(SUBR 02)
WATER-BASED FLUIDS & CUTTINGS
External Outfall

No Discharge X

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Drillin fluid, end of well, 96-hr IC50	SAMPLE MEASUREMENT	******	******	******		******	******				
04311 V 1 See Comments	PERMIT REQUIREMENT	******	******	******	30000 MINIMUM	******	******	ppm		End of Well	GRAB
Drilling fluid, toxicity	SAMPLE MEASUREMENT	******	******	******		******	******				
04312 V 1 See Comments	PERMIT REQUIREMENT	******	******	******	30000 MINIMUM	******	******	ppm		Monthly	GRAB
Cadmium, dry weight	SAMPLE MEASUREMENT	******	******	******	******						
46395 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	3 MO AVG	3 DAILY MX	mg/kg		Once Per Well	GRAB
Fuel, Diesel, #1 Occurences	SAMPLE MEASUREMENT	******	******	******	******	******					
51560 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	occur/mo		Daily	GRAB
Free Oil	SAMPLE MEASUREMENT	******	******	******	******	******					
51575 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	occur/mo		Daily	GRAB
Mercury, dry weight	SAMPLE MEASUREMENT	******	******	******	******						
78471 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	1 MO AVG	1 DAILY MAX	mg/kg		Once Per Well	GRAB
Drilling fluids, discharge rate	SAMPLE MEASUREMENT				******	******	******	******			
82592 O 0 See Comments	PERMIT REQUIREMENT	0 MO AVG	0 DAILY MX	bbl/hr	******	******	******	******		Continuous	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John Zager, General Manager Mid Continent/Alaska Business Unit	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision accordence 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, 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 possibilty of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(907)	276-7600	06/21/2010
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

O = 0 to 5 meters
P = >5 to 20 meters
Q = >20 to 40 meters
R = >40 meters
V = Suspended Particulate Phase toxicity (LC50) - see Appendix B of GP

NATIONAL PALLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: UNION OIL COMPANY OF CALIFORNIA (UNOCAL)
ADDRESS: P.O. BOX 196247
ANCHORAGE, AK 99519-6247
FACILITY: TRADING BAY TREATMENT FACILITY
LOCATION: COOK INLET, Alaska
ATTN: JOHN ZAGER, GENERAL MANAGER

AKG315002	001-E
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD		
	MM/DD/YYYY	**MM/DD/YYYY**
FROM	05/01/2010	**TO** 05/31/2010

DMR Mailing ZIP CODE: 99519
MINOR
(SUBR 02)
WATER-BASED FLUIDS & CUTTINGS
External Outfall

No Discharge X

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Drilling fluids, discharge rate	SAMPLE MEASUREMENT				******	******	******	******			
82592 P 0 See Comments	PERMIT REQUIREMENT	500 MO AVG	500 DAILY MX	bbl/hr	******	******	******	******		Continuous	ESTIMA
Drilling fluids, discharge rate	SAMPLE MEASUREMENT				******	******	******	******			
82592 Q 0 See Comments	PERMIT REQUIREMENT	750 MO AVG	750 DAILY MX	bbl/hr	******	******	******	******		Continuous	ESTIMA
Drillingfluids, discharge rate	SAMPLE MEASUREMENT				******	******	******	******			
82592 R 0 See Comments	PERMIT REQUIREMENT	1000 MO AVG	1000 DAILY MAX	bbl/hr	******	******	******	******		Continuous	ESTIMA
Drilling fluids, volume	SAMPLE MEASUREMENT				******	******	******	******			
82594 1 1 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	Mgal	******	******	******	******		Monthly	ESTIMA

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TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

O = 0 to 5 meters
P = >5 to 20 meters
Q = >20 to 40 meters
R = >40 meters
V = Suspended Particulate Phase toxicity (LC50) - see Appendix B of GP

NATIONAL PALLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: UNION OIL COMPANY OF CALIFORNIA (UNOCAL)
ADDRESS: P.O. BOX 196247
ANCHORAGE, AK 99519-6247
FACILITY: TRADING BAY TREATMENT FACILITY
LOCATION: COOK INLET, Alaska
ATTN: JOHN ZAGER, GENERAL MANAGER

AKG315002	001-F
PERMIT NUMBER	**DISCHARGE NUMBER**

	MONITORING PERIOD		
	MM/DD/YYYY		MM/DD/YYYY
FROM	05/01/2010	TO	05/31/2010

DMR Mailing ZIP CODE: 99519
MINOR
(SUBR 02)
NON-AQEOUS FLUIDS
External Outfall

No Discharge X

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Drilling Fluids, Discharge Rate Occurances	SAMPLE MEASUREMENT	******	******	******	******	******					
51559 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	occur/mo		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL PALLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: UNION OIL COMPANY OF CALIFORNIA (UNOCAL)
ADDRESS: P.O. BOX 196247
ANCHORAGE, AK 99519-6247
FACILITY: TRADING BAY TREATMENT FACILITY
LOCATION: COOK INLET, Alaska
ATTN: JOHN ZAGER, GENERAL MANAGER

AKG315002	001-G
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
	MM/DD/YYYY	MM/DD/YYYY
FROM	05/01/2010	TO 05/31/2010

DMR Mailing ZIP CODE: 99519
MINOR
(SUBR 02)
NON-AQUEOUS STOCK BASED FLUID
External Outfall

No Discharge X

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Polynuclear Aromatic Hydrocarbons (Method 610)	SAMPLE MEASUREMENT	******	******	******	******	******					
22456 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	.00001 MAXIMUM	Ratio		Annual	GRAB
Cadmium, dry weight	SAMPLE MEASUREMENT	******	******	******	******	******	******				
46395 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	3 AVERAGE	3 MAXIMUM	mg/kg		Annual	GRAB
Stock base fluid, sedminet toxicity	SAMPLE MEASUREMENT	******	******	******	******	******	******				
51115 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	1 MAXIMUM	Ratio		Annual	GRAB
Stock base fluid, biodegredation rate	SAMPLE MEASUREMENT	******	******	******	******	******					
51116 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	1 MAXIMUM	Ratio		Annual	GRAB
Mercury, dry weight	SAMPLE MEASUREMENT	******	******	******	******						
78471 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	1 MO AVG	1 DAILY MAX	mg/kg		Annual	GRAB
Drilling fluids, volume	SAMPLE MEASUREMENT				******	******	******	******			
82594 1 1 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John Zager, General Manager Mid Continent/Alaska Business Unit	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision accordence 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 responcible 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 possibilty of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(907)	276-7600	06/21/2010
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL PALLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: UNION OIL COMPANY OF CALIFORNIA (UNOCAL)
ADDRESS: P.O. BOX 196247
ANCHORAGE, AK 99519-6247
FACILITY: TRADING BAY TREATMENT FACILITY
LOCATION: COOK INLET, Alaska
ATTN: JOHN ZAGER, GENERAL MANAGER

AKG315002	001-H
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
	MM/DD/YYYY	MM/DD/YYYY
FROM	05/01/2010	TO 05/31/2010

DMR Mailing ZIP CODE: 99519
MINOR
(SUBR 02)
NON-AQUEOUS - OFFSHORE
External Outfall

No Discharge X

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Stock base fluid, sediment toxicity	SAMPLE MEASUREMENT	******	******	******	******	******					
51115 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	1 MAXIMUM	Ratio		Annual	GRAB
Discharge drill cuttings, formation oil	SAMPLE MEASUREMENT	******	******	******	******	******					
51118 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. VALUE	Y=1;N=0		Daily	GRAB
Discharge drill cuttings, base fluids retained	SAMPLE MEASUREMENT	******	******	******	******	******					
51120 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	9.4 MAXIMUM	%		Daily	GRAB
Discharge drill cuttings, base fluids retained	SAMPLE MEASUREMENT	******	******	******	******	******					
51120 W 1 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	6.9 MAXIMUM	%		Daily	GRAB
Fuel, Diesel, #1 Occurrences	SAMPLE MEASUREMENT	******	******	******	******	******					
51560 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	occur/mo		Daily	GRAB
Drilling fluids, free oil	SAMPLE MEASUREMENT	******			******	******	******	******			
82589 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	occur/mo	******	******	******	******		Daily	GRAB
Drilling fluids, volume	SAMPLE MEASUREMENT				******	******	******	******			
82594 1 1 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	Mgal	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John Zager, General Manager Mid Continent/Alaska Business Unit	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision accordence 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 responcible 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 possibilty of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(907) 276-7600		06/21/2010
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

O - INTERNAL OLEFIN - % BY WEIGHT (G/100G)
W - ESTER OR ESTER STOCK - % BY WEIGHT (G/100G)

NATIONAL PALLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: UNION OIL COMPANY OF CALIFORNIA (UNOCAL)
ADDRESS: P.O. BOX 196247
ANCHORAGE, AK 99519-6247
FACILITY: TRADING BAY TREATMENT FACILITY
LOCATION: COOK INLET, Alaska
ATTN: JOHN ZAGER, GENERAL MANAGER

AKG315002	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
	MM/DD/YYYY	MM/DD/YYYY
FROM	05/01/2010	TO 05/31/2010

DMR Mailing ZIP CODE: 99519
MINOR
(SUBR 02)
DECK DRAINAGE
External Outfall

No Discharge X

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Deck drainage, free oil	SAMPLE MEASUREMENT	******			******	******	******	******			
82597 1 1 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	occur/mo	******	******	******	******		Daily	VISUAL
Deck drainage, free oil	SAMPLE MEASUREMENT	******			******	******	******	******			
82597 Q 1 See Comments	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	occur/mo	******	******	******	******		Daily	GRAB
Deck drainage, free oil	SAMPLE MEASUREMENT	******			******	******	******	******			
82597 R 1 See Comments	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	occur/mo	******	******	******	******		Monthly	VISUAL
Deck drainage, free oil	SAMPLE MEASUREMENT	******			******	******	******	******			
82597 S 1 See Comments	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	occur/mo	******	******	******	******		Monthly	GRAB
Deck drainage, free oil	SAMPLE MEASUREMENT	******			******	******	******	******			
82597 T 1 See Comments	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	occur/mo	******	******	******	******		Once Per Discharge	GRAB
Deck drainage, volume*	SAMPLE MEASUREMENT				******	******	******	******			
82589 1 1 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	Mgal	******	******	******	******		Monthly	ESTIMA
Toxicity, Chronic	SAMPLE MEASUREMENT	******	******	******	******						
TT000 U 1 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	toxic		Once Every Permit Cycle	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John Zager, General Manager Mid Continent/Alaska Business Unit	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision 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, 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 PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(907)	276-7600	06/21/2010
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Q - SEE TABLE 2 NOTE 1
R - SEE TABLE 2 NOTE 2
S - SEE TABLE 2 NOTES 1 & 2
T - STATIC SHEEN TEST (II.B.4.D.)
U - VERTEBRATE (1/1ST YEAR COVERAGE)
V - INVERTEBRATE (1/1ST YEAR COVERAGE)

NATIONAL PALLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: UNION OIL COMPANY OF CALIFORNIA (UNOCAL)
ADDRESS: P.O. BOX 196247
ANCHORAGE, AK 99519-6247
FACILITY: TRADING BAY TREATMENT FACILITY
LOCATION: COOK INLET, Alaska
ATTN: JOHN ZAGER, GENERAL MANAGER

AKG315002	002-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD		
	MM/DD/YYYY	**MM/DD/YYYY**
FROM	05/01/2010	**TO** 05/31/2010

DMR Mailing ZIP CODE: 99519
MINOR
(SUBR 02)
DECK DRAINAGE
External Outfall

No Discharge X

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toxicity, Chronic	SAMPLE MEASUREMENT	******	******	******	******						
TT000 V 1 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	toxic		Once Every Permit Cycle	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John Zager, General Manager Mid Continent/Alaska Business Unit	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision 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, 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 possibilty of fine and imprisonment for knowing violations.		(907) 276-7600		06/21/2010
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Q - SEE TABLE 2 NOTE 1
R - SEE TABLE 2 NOTE 2
S - SEE TABLE 2 NOTES 1 & 2
T - STATIC SHEEN TEST (II.B.3.D.)
U - VERTEBRATE (1/1ST YEAR COVERAGE)
V - INVERTEBRATE (1/1ST YEAR COVERAGE)

NATIONAL PALLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: UNION OIL COMPANY OF CALIFORNIA (UNOCAL)
ADDRESS: P.O. BOX 196247
ANCHORAGE, AK 99519-6247
FACILITY: TRADING BAY TREATMENT FACILITY
LOCATION: COOK INLET, Alaska
ATTN: JOHN ZAGER, GENERAL MANAGER

AKG315002	003-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	05/01/2010	TO	05/31/2010

DMR Mailing ZIP CODE: 99519
MINOR
(SUBR 02)
SANITARY WASTEWATER
External Outfall

No Discharge X

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******						
00310 O 1 See Comments	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	60 DAILY MX	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******						
00310 P 1 See Comments*	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	60 DAILY MX	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******						
00310 Q 1 See Comments	PERMIT REQUIREMENT	******	******	******	******	48 MO AVG	90 DAILY MX	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******						
00310 R 1 See Comments	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	60 DAILY MX	mg/L		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 O 1 See Comments*	PERMIT REQUIREMENT	******	******	******	******	51 MO AVG	67 DAILY MX	mg/L		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 P 1 See Comments	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	60 DAILY MX	mg/L		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 Q 1 See Comments	PERMIT REQUIREMENT	******	******	******	******	56 MO AVG	108 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John Zager, General Manager Mid Continent/Alaska Business Unit	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision accordence 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 responcible 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 possibilty of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(907) 276-7600		06/21/2010
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

O - M10 MSD & MSD/Biological Treatment Units
P - M10 Biological Units
R - M9MIM MSD & MSD/Biological -TSS net value Q - M9IM Biological Treatment - TSS is net value V - Chlorine limit if mixing zone authorized
W - Chlorine limit if no mixing zone authorized
X - after dechlorination

NATIONAL PALLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: UNION OIL COMPANY OF CALIFORNIA (UNOCAL)
ADDRESS: P.O. BOX 196247
ANCHORAGE, AK 99519-6247
FACILITY: TRADING BAY TREATMENT FACILITY
LOCATION: COOK INLET, Alaska
ATTN: JOHN ZAGER, GENERAL MANAGER

AKG315002	003-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD		
	MM/DD/YYYY	**MM/DD/YYYY**
FROM	05/01/2010	**TO** 05/31/2010

DMR Mailing ZIP CODE: 99519
MINOR
(SUBR 02)
SANITARY WASTEWATER
External Outfall

No Discharge X

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 R 1 See Comments	PERMIT REQUIREMENT	******	******	******	******	51 MO AVG	67 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				******	******	******	******			
50050 1 1 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	******	******	******	******		Monthly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	******					
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	1 DAILY MX	mg/L		Monthly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	******					
50060 V 1 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	1 DAILY MX	mg/L		Monthly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	******					
50060 W 1 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	1 DAILY MX	mg/L		Monthly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******		******	******				
50060 X 1 End of Chlorine Contact Chamber	PERMIT REQUIREMENT	******	******	******	1 MINIMUM	******	******	mg/L		Monthly	GRAB
Solids-flotng-visual detrmntn-# days obs	SAMPLE MEASUREMENT				******	******	******	******			
78246 1 1 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MO TOTAL	d/mo	******	******	******	******		Daily	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John Zager, General Manager Mid Continent/Alaska Business Unit	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision accordence 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, 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 possibilty of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(907) 276-7600		06/21/2010
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

O - M10 MSD & MSD/Biological Treatment Units
P - M10 Biological Units
R - M9MIM MSD & MSD/Biological -TSS net value Q - M9IM Biological Treatment - TSS is net value V - Chlorine limit if mixing zone authorized
W - Chlorine limit if no mixing zone authorized
X - after chlorination

NATIONAL PALLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: UNION OIL COMPANY OF CALIFORNIA (UNOCAL)
ADDRESS: P.O. BOX 196247
ANCHORAGE, AK 99519-6247
FACILITY: TRADING BAY TREATMENT FACILITY
LOCATION: COOK INLET, Alaska
ATTN: JOHN ZAGER, GENERAL MANAGER

AKG315002	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	05/01/2010	TO	05/31/2010

DMR Mailing ZIP CODE: 99519
MINOR
(SUBR 02)
DOMESTIC WASTEWATER
External Outfall

No Discharge X

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT				******	******	******	******			
00056 1 1 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	******	******	******	******		Monthly	ESTIMA
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	******			******	******	******	******			
45613 1 1 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. VALUE	Y=1;N=0	******	******	******	******		Daily	VISUAL
Solids-flotng-visual detrmntn-# days obs	SAMPLE MEASUREMENT	******			******	******	******	******			
78246 1 1 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	d/mo	******	******	******	******		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John Zager, General Manager Mid Continent/Alaska Business Unit	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision 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, 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.		(907) 276-7600		06/21/2010
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL PALLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: UNION OIL COMPANY OF CALIFORNIA (UNOCAL)
ADDRESS: P.O. BOX 196247
ANCHORAGE, AK 99519-6247
FACILITY: TRADING BAY TREATMENT FACILITY
LOCATION: COOK INLET, Alaska
ATTN: JOHN ZAGER, GENERAL MANAGER

AKG315002	005-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD		
	MM/DD/YYYY	**MM/DD/YYYY**
FROM	05/01/2010	**TO** 05/31/2010

DMR Mailing ZIP CODE: 99519
MINOR
(SUBR 02)
DESALINATION UNIT WASTES
External Outfall

No Discharge X

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant*	SAMPLE MEASUREMENT	******			******	******	******	******			
50050 1 1 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. MAXIMUM	Mgal/d	******	******	******	******		Monthly	ESTIMA
Water Treatment Additives Presence	SAMPLE MEASUREMENT	******	******	******	******	******					
51558 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. VALUE	Y=1;N=0		Monthly	CALCTD
Desalinization unit, free oil	SAMPLE MEASUREMENT	******			******	******	******	******			
82609 1 1 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	occur/mo	******	******	******	******		Weekly	VISUAL
Toxicity, Chronic	SAMPLE MEASUREMENT	******	******	******	******						
TT000 Q 1 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	toxic		Quarterly	GRAB
Toxicity, Chronic	SAMPLE MEASUREMENT	******	******	******	******						
TT000 R 1 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	toxic		Semiannual	GRAB
Toxicity, Chronic	SAMPLE MEASUREMENT	******	******	******	******						
TT000 S 1 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	toxic		See Permit	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John Zager, General Manager Mid Continent/Alaska Business Unit	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision accordence 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 responcible 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 possibilty of fine and imprisonment for knowing violations.		(907) 276-7600		06/21/2010
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Q - MISC DISCHARGES >10,000 GPD
R - NEW FACILITIES IN COSTAL WATERS - 2/YR AFTER 1ST YR (II.F.4)
S - ACCELERATED TESTING (III.A.7.)

NATIONAL PALLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: UNION OIL COMPANY OF CALIFORNIA (UNOCAL)
ADDRESS: P.O. BOX 196247
ANCHORAGE, AK 99519-6247
FACILITY: TRADING BAY TREATMENT FACILITY
LOCATION: COOK INLET, Alaska
ATTN: JOHN ZAGER, GENERAL MANAGER

AKG315002	006-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
	MM/DD/YYYY	MM/DD/YYYY
FROM	05/01/2010	TO 05/31/2010

DMR Mailing ZIP CODE: 99519
MINOR
(SUBR 02)
BLOWOUT PREVENTION FLUID
External Outfall

No Discharge X

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Misc. discharges, free oil	SAMPLE MEASUREMENT	******			******	******	******	******			
49498 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	occur/mo	******	******	******	******		Weekly	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******			******	******	******	******			
50050 1 1 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	Mgal/d	******	******	******	******		Monthly	ESTIMA
Water Treatment Additives Presence	SAMPLE MEASUREMENT	******	******	******	******	******					
51558 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. VAULE	Y=1;N=0		Monthly	CALCTD
Toxicity, Chronic	SAMPLE MEASUREMENT	******	******	******	******						
TT000 Q 1 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	toxic		Quarterly	GRAB
Toxicity, Chronic	SAMPLE MEASUREMENT	******	******	******	******						
TT000 R 1 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	toxic		Semiannual	GRAB
Toxicity, Chronic	SAMPLE MEASUREMENT	******	******	******	******						
TT000 S 1 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	toxic		See Permit	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John Zager, General Manager Mid Continent/Alaska Business Unit	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision accordence 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, 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 possibilty of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(907) 276-7600		06/21/2010
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

Q - MISC. DISCHARGES >10,000 GPD
R - NEW FACILITIES IN COASTAL WATERS - 2/YR AFTER 1ST YR (II.F.4.)
S - ACCELERATED TESTING (III.A.7.)

NATIONAL PALLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: UNION OIL COMPANY OF CALIFORNIA (UNOCAL)
ADDRESS: P.O. BOX 196247
ANCHORAGE, AK 99519-6247
FACILITY: TRADING BAY TREATMENT FACILITY
LOCATION: COOK INLET, Alaska
ATTN: JOHN ZAGER, GENERAL MANAGER

AKG315002	007-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
	MM/DD/YYYY	MM/DD/YYYY
FROM	05/01/2010	TO 05/31/2010

DMR Mailing ZIP CODE: 99519
MINOR
(SUBR 02)
BOILER BLOWDOWN
External Outfall

No Discharge X

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Misc. discharges, free oil	SAMPLE MEASUREMENT	******			******	******	******	******			
49498 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	occur/mo	******	******	******	******		Weekly	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******			******	******	******	******			
50050 1 1 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	Mgal/d	******	******	******	******		Monthly	ESTIMA
Water Treatment Additives Presence	SAMPLE MEASUREMENT	******	******	******	******	******					
51558 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. VAULE	Y=1;N=0		Monthly	CALCTD
Toxicity, Chronic	SAMPLE MEASUREMENT	******	******	******	******						
TT000 Q 1 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	toxic		Quarterly	GRAB
Toxicity, Chronic	SAMPLE MEASUREMENT	******	******	******	******						
TT000 R 1 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	toxic		Semiannual	GRAB
Toxicity, Chronic	SAMPLE MEASUREMENT	******	******	******	******						
TT000 S 1 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	toxic		See Permit	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John Zager, General Manager Mid Continent/Alaska Business Unit	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision 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, 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 PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(907) 276-7600		06/21/2010
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

Q - MISC. DISCHARGES >10,000 GPD
R - NEW FACILITIES IN COASTAL WATERS - 2/YR AFTER 1ST YR (II.F.4.)
S - ACCELERATED TESTING (III.A.7.)

NATIONAL PALLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: UNION OIL COMPANY OF CALIFORNIA (UNOCAL)
ADDRESS: P.O. BOX 196247
ANCHORAGE, AK 99519-6247
FACILITY: TRADING BAY TREATMENT FACILITY
LOCATION: COOK INLET, Alaska
ATTN: JOHN ZAGER, GENERAL MANAGER

AKG315002	008-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD		
	MM/DD/YYYY	**MM/DD/YYYY**
FROM	05/01/2010	**TO** 05/31/2010

DMR Mailing ZIP CODE: 99519
MINOR
(SUBR 02)
FIRE CONTROL SYSTEM TEST WATER
External Outfall

No Discharge X

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Misc. discharges, free oil	SAMPLE MEASUREMENT	******			******	******	******	******			
49498 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	occur/mo	******	******	******	******		Weekly	VISUAL
Flow, in conduit or thru treatment plant*	SAMPLE MEASUREMENT	******			******	******	******	******			
50050 1 1 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	Mgal/d	******	******	******	******		Monthly	ESTIMA
Water Treatment Additives Presence	SAMPLE MEASUREMENT	******	******	******	******	******					
51558 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MAXIMUM	Y=1;N=0		Monthly	CALCTD
Toxicity, Chronic	SAMPLE MEASUREMENT	******	******	******	******						
TT000 Q 1 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	toxic		Quarterly	GRAB
Toxicity, Chronic	SAMPLE MEASUREMENT	******	******	******	******						
TT000 R 1 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	toxic		Semiannual	GRAB
Toxicity, Chronic	SAMPLE MEASUREMENT	******	******	******	******						
TT000 S 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	tox chronic		See Permit	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John Zager, General Manager Mid Continent/Alaska Business Unit	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision accordence 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 responcible 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 possibilty of fine and imprisonment for knowing violations.		(907) 276-7600		06/21/2010
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Q - MISC. DISCHARGES >10,000 GPD
R - NEW FACILITIES IN COASTAL WATERS - 2/YR AFTER 1ST YR (II.F.4.)
S - ACCELERATED TESTING (III.A.7.)

NATIONAL PALLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: UNION OIL COMPANY OF CALIFORNIA (UNOCAL)
ADDRESS: P.O. BOX 196247
ANCHORAGE, AK 99519-6247
FACILITY: TRADING BAY TREATMENT FACILITY
LOCATION: COOK INLET, Alaska
ATTN: JOHN ZAGER, GENERAL MANAGER

AKG315002	009-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
	MM/DD/YYYY	MM/DD/YYYY
FROM	05/01/2010	TO 05/31/2010

DMR Mailing ZIP CODE: 99519
MINOR
(SUBR 02)
NON-CONTACT COOLING WATER
External Outfall

No Discharge X

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Misc. discharges, free oil	SAMPLE MEASUREMENT	******			******	******	******	******			
49498 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	occur/mo	******	******	******	******		Weekly	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******			******	******	******	******			
50050 1 1 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	Mgal/d	******	******	******	******		Monthly	ESTIMA
Water Treatment Additives Presence	SAMPLE MEASUREMENT	******	******	******	******	******					
51558 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. VAULE	Y=1;N=0		Monthly	CALCTD
Toxicity, Chronic	SAMPLE MEASUREMENT	******	******	******	******						
TT000 Q 1 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	toxic		Quarterly	GRAB
Toxicity, Chronic	SAMPLE MEASUREMENT	******	******	******	******						
TT000 R 1 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	toxic		Semiannual	GRAB
Toxicity, Chronic	SAMPLE MEASUREMENT	******	******	******	******						
TT000 S 1 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	toxic		See Permit	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John Zager, General Manager Mid Continent/Alaska Business Unit	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision 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, 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 PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(907) 276-7600		06/21/2010
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

Q - MISC. DISCHARGES >10,000 GPD
R - NEW FACILITIES IN COASTAL WATERS - 2/YR AFTER 1ST YR (II.F.4.)
S - ACCELERATED TESTING (III.A.7.)

NATIONAL PALLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: UNION OIL COMPANY OF CALIFORNIA (UNOCAL)
ADDRESS: P.O. BOX 196247
ANCHORAGE, AK 99519-6247
FACILITY: TRADING BAY TREATMENT FACILITY
LOCATION: COOK INLET, Alaska
ATTN: JOHN ZAGER, GENERAL MANAGER

AKG315002	012-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	05/01/2010	TO	05/31/2010

DMR Mailing ZIP CODE: 99519
MINOR
(SUBR 02)
EXCESS CEMENT SLURRY
External Outfall

No Discharge X

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Excess cement slurry, free oil	SAMPLE MEASUREMENT	******			******	******	******	******			
49158 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	occur/mo	******	******	******	******		Weekly	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******			******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	Mgal/d	******	******	******	******		Monthly	ESTIMA
Water Treatment Additives Presence	SAMPLE MEASUREMENT	******	******	******	******	******					
51558 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. VALUE	Y=1;N=0		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John Zager, General Manager Mid Continent/Alaska Business Unit	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision accordence 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 responcible 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 possibilty of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(907) 276-7600		06/21/2010
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL PALLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: UNION OIL COMPANY OF CALIFORNIA (UNOCAL)
ADDRESS: P.O. BOX 196247
ANCHORAGE, AK 99519-6247
FACILITY: TRADING BAY TREATMENT FACILITY
LOCATION: COOK INLET, Alaska
ATTN: JOHN ZAGER, GENERAL MANAGER

AKG315002	013-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	05/01/2010	TO	05/31/2010

DMR Mailing ZIP CODE: 99519
MINOR
(SUBR 02)
MUD, CUTTINGS, CEMENT AT SEAFLOOR
External Outfall

No Discharge X

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Misc. discharges, free oil	SAMPLE MEASUREMENT	******			******	******	******	******			
49498 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	occur/mo	******	******	******	******		Weekly	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******			******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	Mgal/d	******	******	******	******		Monthly	ESTIMA
Water Treatment Additives Presence	SAMPLE MEASUREMENT	******	******	******	******	******					
51558 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. VALUE	Y=1;N=0		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John Zager, General Manager Mid Continent/Alaska Business Unit	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision accordence 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, 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 PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(907)	276-7600	06/21/2010
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL PALLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: UNION OIL COMPANY OF CALIFORNIA (UNOCAL)
ADDRESS: P.O. BOX 196247
ANCHORAGE, AK 99519-6247
FACILITY: TRADING BAY TREATMENT FACILITY
LOCATION: COOK INLET, Alaska
ATTN: JOHN ZAGER, GENERAL MANAGER

AKG315002	014-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
	MM/DD/YYYY	MM/DD/YYYY
FROM	05/01/2010	TO 05/31/2010

DMR Mailing ZIP CODE: 99519
MINOR
(SUBR 02)
WATERFLOODING DISCHARGES
External Outfall

No Discharge X

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Misc. discharges, free oil	SAMPLE MEASUREMENT	******			******	******	******	******			
49498 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	occur/mo	******	******	******	******		Weekly	VISUAL
Flow, in conduit or thru treatment plant*	SAMPLE MEASUREMENT	******			******	******	******	******			
50050 1 1 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	Mgal/d	******	******	******	******		Monthly	ESTIMA
Water Treatment Additives Presence	SAMPLE MEASUREMENT	******	******	******	******	******					
51558 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. VALUE	Y=1;N=0		Monthly	CALCTD
Toxicity, Chronic	SAMPLE MEASUREMENT	******	******	******	******						
TT000 Q 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	toxic		Quarterly	GRAB
Toxicity, Chronic*	SAMPLE MEASUREMENT	******	******	******	******			toxic			
TT000 R 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	toxic		Semiannual	GRAB
Toxicity, Chronic	SAMPLE MEASUREMENT	******	******	******	******						
TT000 S 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	toxic		See Permit	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John Zager, General Manager Mid Continent/Alaska Business Unit	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision accordence 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 responcible 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 possibilty of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(907) 276-7600		06/21/2010
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

*No chemicals are added to Waterflooding Discharges, thus WET testing is not required (Table 5 note 2)

Q - MISC. DISCHARGES >10,000 GPD
R - NEW FACILITIES IN COASTAL WATERS - 2/YR AFTER 1ST YR (II.F.4.)
S - ACCELERATED TESTING (III.A.7.)

NATIONAL PALLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: UNION OIL COMPANY OF CALIFORNIA (UNOCAL)
ADDRESS: P.O. BOX 196247
ANCHORAGE, AK 99519-6247
FACILITY: TRADING BAY TREATMENT FACILITY
LOCATION: COOK INLET, Alaska
ATTN: JOHN ZAGER, GENERAL MANAGER

AKG315002	015-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
	MM/DD/YYYY	MM/DD/YYYY
FROM	05/01/2010	TO 05/31/2010

DMR Mailing ZIP CODE: 99519
MINOR
(SUBR 02)
PRODUCED WATER AND SAND
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	N/A	N/A	N/A	N/A
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	5	5	ug/L	0	Monthly	GRAB
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	23 MO AVG	47 DAILY MX	ug/L		Monthly	GRAB
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	N/A	N/A	N/A	N/A
01079 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	23 MO AVG	47 DAILY MX	ug/L		Quarterly	CALCTD
Silver total recoverable	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	N/A	N/A	N/A	N/A
01079 Q 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	23 MO AVG	47 DAILY MX	ug/L		Weekly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	0.03	0.03	mg/L	0	Monthly	GRAB
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	0.9 MO AVG	1.9 DAILY MX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	N/A	N/A	N/A	N/A
01094 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	0.9 MO AVG	1.9 DAILY MX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	N/A	N/A	N/A	N/A
01094 Q 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	0.9 MO AVG	1.9 DAILY MX	mg/L		Quarterly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John Zager, General Manager Mid Continent/Alaska Business Unit	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision 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, 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 possibilty of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(907)	276-7600	06/21/2010
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

N/A - NOT APPLICABLE

P=MONT. REDUCE (II.G.6.a.1.)
Q=MONT INCREASE (II.G.6.a.2.)
R=ACCELERATED TESTING (III.A.7)

NATIONAL PALLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: UNION OIL COMPANY OF CALIFORNIA (UNOCAL)
ADDRESS: P.O. BOX 196247
ANCHORAGE, AK 99519-6247
FACILITY: TRADING BAY TREATMENT FACILITY
LOCATION: COOK INLET, Alaska
ATTN: JOHN ZAGER, GENERAL MANAGER

AKG315002	015-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
	MM/DD/YYYY	MM/DD/YYYY
FROM	05/01/2010	TO 05/31/2010

DMR Mailing ZIP CODE: 99519
MINOR
(SUBR 02)
PRODUCED WATER AND SAND
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	6	6	ug/L	0	Monthly	GRAB
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	47 MO AVG	117 DAILY MX	ug/L		Monthly	GRAB
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	N/A	N/A	N/A	N/A
01119 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	47 MO AVG	117 DAILY MX	ug/L		Quarterly	GRAB
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	N/A	N/A	N/A	N/A
01119 Q 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	47 MO AVG	117 DAILY MX	ug/L		Weekly	GRAB
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	2	2	mg/L	0	Monthly	GRAB
11123 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	25 MO AVG	50 DAILY MX	mg/L		Monthly	GRAB
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	N/A	N/A	N/A	N/A
11123 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	25 MO AVG	50 DAILY MX	mg/L		Quarterly	GRAB
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	N/A	N/A	N/A	N/A
11123 Q 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	25 MO AVG	50 DAILY MX	mg/L		Weekly	GRAB
Hydrocarbons, aromatic	SAMPLE MEASUREMENT	******	******	******	******	10	10	mg/L	0	Monthly	GRAB
39942 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	18 MO AVG	27 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John Zager, General Manager Mid Continent/Alaska Business Unit	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision accordence 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, 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 PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(907)	276-7600	06/21/2010
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

N/A - NOT APPLICABLE

P=MONT. REDUCE (II.G.6.a.1.)
Q=MONT INCREASE (II.G.6.a.2.)
R=ACCELERATED TESTING (III.A.7)

NATIONAL PALLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: UNION OIL COMPANY OF CALIFORNIA (UNOCAL)
ADDRESS: P.O. BOX 196247
ANCHORAGE, AK 99519-6247
FACILITY: TRADING BAY TREATMENT FACILITY
LOCATION: COOK INLET, Alaska
ATTN: JOHN ZAGER, GENERAL MANAGER

AKG315002	015-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	05/01/2010	TO	05/31/2010

DMR Mailing ZIP CODE: 99519
MINOR
(SUBR 02)
PRODUCED WATER AND SAND
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hydrocarbons, aromatic	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	N/A	N/A	N/A	N/A
39942 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	18 MO AVG	27 DAILY MX	mg/L		Quarterly	GRAB
Hydrocarbons, aromatic	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	N/A	N/A	N/A	N/A
39942 Q 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	18 MO AVG	27 DAILY MX	mg/L		Weekly	GRAB
Hydrocarbons, aqueous	SAMPLE MEASUREMENT	******	******	******	******	10	10	mg/L	0	Monthly	GRAB
50259 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Hydrocarbons, aqueous	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	N/A	N/A	N/A	N/A
50259 P 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Hydrocarbons, aqueous	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	N/A	N/A	N/A	N/A
50259 Q 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
Mercury, total (as Hq)	SAMPLE MEASUREMENT	******	******	******	******	0.2	0.2	mg/L	0	Monthly	GRAB
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	0.6 MO AVG	1.0 DAILY MX	ug/L		Monthly	GRAB
Mercury, total (as Hg)	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	N/A	N/A	N/A	N/A
71900 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	0.6 MO AVG	1.0 DAILY MX	ug/L		Quarterly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John Zager, General Manager Mid Continent/Alaska Business Unit	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision accordence 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, 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 possibilty of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(907)	276-7600	06/21/2010
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

N/A - NOT APPLICABLE

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Q=MONT INCREASE (II.G.6.a.2.)
R=ACCELERATED TESTING (III.A.7)

NATIONAL PALLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: UNION OIL COMPANY OF CALIFORNIA (UNOCAL)
ADDRESS: P.O. BOX 196247
ANCHORAGE, AK 99519-6247
FACILITY: TRADING BAY TREATMENT FACILITY
LOCATION: COOK INLET, Alaska
ATTN: JOHN ZAGER, GENERAL MANAGER

AKG315002	015-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD		
	MM/DD/YYYY	**MM/DD/YYYY**
FROM	05/01/2010	**TO** 05/31/2010

DMR Mailing ZIP CODE: 99519
MINOR
(SUBR 02)
PRODUCED WATER AND SAND
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Mercury, total (as Hg)	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	N/A	N/A	N/A	N/A
71900 Q 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	0.6 MO AVG	1.0 DAILY MX	ug/L		Weekly	GRAB
Toxicity, Chronic	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	N/A	N/A	N/A	N/A
TT000 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	283 MO AVG	568 DAILY MX	toxic		Weekly	GRAB
Toxicity, Chronic	SAMPLE MEASUREMENT	******	******	******	******	**143**	**143**	toxic	**0**	Quarterly	GRAB
TT000 P 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	283 MO AVG	568 DAILY MX	toxic		Quarterly	GRAB
Toxicity, Chronic	SAMPLE MEASUREMENT	******	******	******	******	N/A	N/A	N/A	N/A	N/A	N/A
TT000 R 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	283 MO AVG	568 DAILY MX	toxic		See Permit	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John Zager, General Manager Mid Continent/Alaska Business Unit	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision accordence 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 responcible 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 possibilty of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(907)	276-7600	06/21/2010
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

NA/ - NOT APPLICABLE

P=MONT. REDUCE (II.G.6.a.1.)
Q=MONT INCREASE (II.G.6.a.2.)
R=ACCELERATED TESTING (III.A.7)

NATIONAL PALLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: UNION OIL COMPANY OF CALIFORNIA (UNOCAL)
ADDRESS: P.O. BOX 196247
ANCHORAGE, AK 99519-6247
FACILITY: TRADING BAY TREATMENT FACILITY
LOCATION: COOK INLET, Alaska
ATTN: JOHN ZAGER, GENERAL MANAGER

AKG315002	016-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
	MM/DD/YYYY	MM/DD/YYYY
FROM	05/01/2010	TO 05/31/2010

DMR Mailing ZIP CODE: 99519
MINOR
(SUBR 02)
COMPLETION FLUIDS
External Outfall

No Discharge X

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Once Per Discharge	GRAB
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******						
03582 V 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	29 MO AVG	42 DAILY MX	mg/L		Once Per Discharge	GRAB
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******						
03582 W 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	29 MO AVG	42 DAILY MX	mg/L		Once Per Discharge	COMP24
Misc. discharges, free oil	SAMPLE MEASUREMENT	******			******	******	******	******			
49498 U 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	occur/mo	******	******	******	******		Once Per Discharge	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	******	******	******	******		Daily	ESTIMA
Discharge event observation	SAMPLE MEASUREMENT	******	******	******	******	******					
84165 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	#/mo		Once Per Discharge	OCCURS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

NO DISCHARGE OF OIL-BASED FLUIDS ALLOWED
U - FREE OIL TO BE DETERMINED BY THE STATIC CHEEN TEST
V - IF GRAB SAMPLE TAKEN
W - IF COMPOSITE SAMPLE TAKEN

NATIONAL PALLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: UNION OIL COMPANY OF CALIFORNIA (UNOCAL)
ADDRESS: P.O. BOX 196247
ANCHORAGE, AK 99519-6247
FACILITY: TRADING BAY TREATMENT FACILITY
LOCATION: COOK INLET, Alaska
ATTN: JOHN ZAGER, GENERAL MANAGER

AKG315002	017-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	05/01/2010	TO	05/31/2010

DMR Mailing ZIP CODE: 99519
MINOR
(SUBR 02)
WORKOVER FLUIDS
External Outfall

No Discharge X

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Once Per Discharge	GRAB
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******						
03582 V 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	29 MO AVG	42 DAILY MX	mg/L		Once Per Discharge	GRAB
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******						
03582 W 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	29 MO AVG	42 DAILY MX	mg/L		Once Per Discharge	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	******	******	******	******		Daily	ESTIMA
Discharge event observation	SAMPLE MEASUREMENT	******	******	******	******	******					
84165 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	#/mo		Once Per Discharge	OCCURS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John Zager, General Manager Mid Continent/Alaska Business Unit	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision 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, 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 possibilty of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(907)	276-7600	06/21/2010
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

NO DISCHARGE OF OIL-BASED FLUIDS ALLOWED
U - FREE OIL TO BE DETERMINED BY THE STATIC CHEEN TEST
V - IF GRAB SAMPLE TAKEN
W - IF COMPOSITE SAMPLE TAKEN

NATIONAL PALLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: UNION OIL COMPANY OF CALIFORNIA (UNOCAL)
ADDRESS: P.O. BOX 196247
ANCHORAGE, AK 99519-6247
FACILITY: TRADING BAY TREATMENT FACILITY
LOCATION: COOK INLET, Alaska
ATTN: JOHN ZAGER, GENERAL MANAGER

AKG315002	018-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
	MM/DD/YYYY	MM/DD/YYYY
FROM	05/01/2010	TO 05/31/2010

DMR Mailing ZIP CODE: 99519
MINOR
(SUBR 02)
WELL TREATMENT FLUIDS
External Outfall

No Discharge X

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Once Per Discharge	GRAB
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******						
03582 V 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	29 MO AVG	42 DAILY MX	mg/L		Once Per Discharge	GRAB
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******						
03582 W 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	29 MO AVG	42 DAILY MX	mg/L		Once Per Discharge	COMP24
Misc. discharges, free oil	SAMPLE MEASUREMENT	******			******	******	******	******			
49498 U 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	occur/mo	******	******	******	******		Once Per Discharge	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	******	******	******	******		Daily	ESTIMA
Discharge event observation	SAMPLE MEASUREMENT	******	******	******	******	******					
84165 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	#/mo		Once Per Discharge	OCCURS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John Zager, General Manager Mid Continent/Alaska Business Unit	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision accordence 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, 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 possibilty of fine and imprisonment for knowing violations.		(907) 276-7600		06/21/2010
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NO DISCHARGE OF OIL-BASED FLUIDS ALLOWED
U - FREE OIL TO BE DETERMINED BY THE STATIC CHEEN TEST
V - IF GRAB SAMPLE TAKEN
W - IF COMPOSITE SAMPLE TAKEN

NATIONAL PALLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: UNION OIL COMPANY OF CALIFORNIA (UNOCAL)
ADDRESS: P.O. BOX 196247
ANCHORAGE, AK 99519-6247
FACILITY: TRADING BAY TREATMENT FACILITY
LOCATION: COOK INLET, Alaska
ATTN: JOHN ZAGER, GENERAL MANAGER

AKG315002	019-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
	MM/DD/YYYY	MM/DD/YYYY
FROM	05/01/2010	TO 05/31/2010

DMR Mailing ZIP CODE: 99519
MINOR
(SUBR 02)
TEST FLUIDS
External Outfall

No Discharge X

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Once Per Discharge	GRAB
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******						
03582 V 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	29 MO AVG	42 DAILY MX	mg/L		Once Per Discharge	GRAB
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******						
03582 W 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	29 MO AVG	42 DAILY MX	mg/L		Once Per Discharge	COMP24
Misc. discharges, free oil	SAMPLE MEASUREMENT	******			******	******	******	******			
49498 U 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	occur/mo	******	******	******	******		Once Per Discharge	GRAB
Flow, in conduit or thru treatment pla	SAMPLE MEASUREMENT				******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	******	******	******	******		Daily	ESTIMA
Discharge event observation	SAMPLE MEASUREMENT	******	******	******	******	******					
84165 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	#/mo		Once Per Discharge	OCCURS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

NO DISCHARGE OF OIL-BASED FLUIDS ALLOWED
U - FREE OIL TO BE DETERMINED BY THE STATIC CHEEN TEST
V - IF GRAB SAMPLE TAKEN
W - IF COMPOSITE SAMPLE TAKEN