COPY

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

NAME	Union Oil Company of California
ADDRESS	Attn: John Zager
	P.O. Box 196247
	Anchorage, AK 99519-6247
FACILITY	Trading Bay Production Facility
LOCATION	Cook Inlet, Alaska

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

(2-15) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
AKG-31-5002	015

MONITORING PERIOD

YEAR	MO	DAY		YEAR	MO	DAY
09	10	01	TO	09	10	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

COMMENTS PAGE 3 OF 3

* Flow rates include deck drainage from Dolly Varden, Grayling, King Salmon, Monopod, and Steelhead Platforms.
Estimated completion fluid flow rate: 0.050925 mgd
Estimated workover fluid flow rate: 0.019530 mgd

** Frequency of pH measurement has been increased to more closely monitor water quality.

*** Per Permit instructions weekly samples consist of an average of 4 grab samples over a 24 hour period.

**** Identified as the most sensitive species.

scanned 5/19
RECEIVED
MAY 11 2010
DEC
Division of Water Quality
Wastewater Discharge Program

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 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.	Timothy Brandenburg SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(907) 276-7600		09	11	20
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DA

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

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

NAME	Union Oil Company of California
ADDRESS	Attn: John Zager
	P.O. Box 196247
	Anchorage, AK 99519-6247
FACILITY	Trading Bay Production Facility
LOCATION	Cook Inlet, Alaska

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

OMB No. 2040-0004

(2-16)	(17-19)
AKG-31-5002	015
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MO	DAY		YEAR	MO	DAY
09	10	01	TO	09	10	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

REVISED 05/03/2010

NOTE: Read instructions before completing this form.

COMMENTS PAGE 3 OF 3

* Flow rates include deck drainage from Dolly Varden, Grayling, King Salmon, Monopod, and Steelhead Platforms.
Estimated completion fluid flow rate: **0.050925 mgd**
Estimated workover fluid flow rate: 0.019320 mgd

** Frequency of pH measurement has been increased to more closely monitor water quality.

*** Per Permit instructions weekly samples consist of an average of 4 grab samples over a 24 hour period.

**** Identified as the most sensitive species.

05/03/2010 Revision: Estimated workover fluid flow rate was misreported.

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 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.	DN Timothy Brandenburg	(907) 276-7600		10	05	03
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DA

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