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

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JUN 18 2010

DEC
Division of Water Quality
Wastewater Discharge Program

NAME:	XTO ENERGY, INC
ADDRESS:	52260 WIK RD KENAI, AK 99611
FACILITY:	EAST FORELANDS
LOCATION:	60° 31' 10" N; 151° 20' 31" W

(2-16)	(17-19)
AKG 31 5003	015
PERMIT NUMBER	DISHCARGE NUMBER

CHECK HERE IF NO DISCHARGE

MONITORING PERIOD

FROM	YEAR	MONTH	DAY
	2010	5	1
	(20-21)	(22-23)	(24-25)

TO	YEAR	MONTH	DAY
	2010	5	31
	(26-27)	(28-29)	(30-31)

PARAMETER (32-37)		QUANTITY OR LOADING (46-53) Average	(54-61) Maximum	Units	QUALITY OR CONCENTRATION (38-45) Minimum	(46-53) Average	(54-61) Maximum	Units	NO EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
015 - Produced Water FLOW	Sample Measurement	0.120427142	0.190092	MGD	***	***	***	***	0	Weekly	Estimate
	Permit Requirement	***	***		***	***	***		***	Weekly	Estimate
015 - Produced Water PRODUCED SAND	Sample Measurement	***	***	***	No discharge	No discharge	No discharge	***	0	***	***
	Permit Requirement	***	***		No discharge	No discharge	No discharge		***	***	***
015 - Produced Water OIL & GREASE	Sample Measurement	***	***	***	***	9.225	13	mg/l	0	Weekly	Grab
	Permit Requirement	***	***		***	29	42		***	Weekly	Grab
015 - Produced Water pH	Sample Measurement	***	***	***	7.4	***	7.79	SU	0	Weekly	Grab
	Permit Requirement	***	***		6	***	9		***	Weekly	Grab
015 - Produced Water TAH	Sample Measurement	***	***	***	***	14.23	14.23	mg/l	0	Monthly	Grab
	Permit Requirement	***	***		***	24	32		***	Monthly	Grab
015 - Produced Water TAqH	Sample Measurement	***	***	***	***	14.286	14.286	mg/l	0	Monthly	Grab
	Permit Requirement	***	***		***	Report	Report		***	Monthly	Grab
015 - Produced Water TOTAL AMMONIA	Sample Measurement	***	***	***	5.1	5.1	5.1	mg/l	0	Quarterly	Grab
	Permit Requirement	***	***		Report	***	Report		***	Quarterly	Grab

NAME TITLE PRINCIPAL EXECUTIVE OFFICER			Telephone	Date (YR/MO/DAY)
Ryan Tunseth HSE&T Coordinator	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 is 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	907 776-2510	6/16/2010

COMMENTS & EXPLANATION OF ANY VIOLATIONS: WET Testing sampling frequency is reduced to once/6 months [Section II.G.6.a - Permit # AKG-31-5000] 1st Period 2010 WET test results are shown. WET Test Re-Screening [Section III.A.2.- Permit # AKG-31-5000] was completed in October of 2009 ...no toxicity was observed in any of the species. Additionally, the sampling frequency for Copper, Manganese, Silver, Total Mercury, and Zinc is reduced in frequency from monthly to quarterly [Section II.G.6.a - Permit # AKG-31-5000] 2nd Quarter 2010 sample results are shown.

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015 - Produced Water COPPER	Sample Measurement	***	***	***	***	3.55	3.55	ug/l	0	Quarterly	Grab
	Permit Requirement	***	***		***	60	90		***	Quarterly	Grab
015 - Produced Water MERCURY	Sample Measurement	***	***	***	***	0.00	0	ug/l	0	Quarterly	Grab
	Permit Requirement	***	***		***	0.5	0.8		***	Quarterly	Grab
015 - Produced Water MANGANESE	Sample Measurement	***	***	***	***	0.68	0.68	mg/l	0	Quarterly	Grab
	Permit Requirement	***	***		***	7.9	15.8		***	Quarterly	Grab
015 - Produced Water SILVER	Sample Measurement	***	***	***	***	0.00	0	ug/l	0	Quarterly	Grab
	Permit Requirement	***	***		***	46	149		***	Quarterly	Grab
015 - Produced Water ZINC	Sample Measurement	***	***	***	***	0.0406	0.0406	mg/l	0	Quarterly	Grab
	Permit Requirement	***	***		***	3.1	6.1		***	Quarterly	Grab
015 - Produced Water WET - *Mytilus galloprovincialis* (invertibrate)	Sample Measurement	***	***	***	***	< 625	< 625	TUc	0	Semi Annual	Grab
	Permit Requirement	***	***		***	1209	2425		***	Semi Annual	Grab

NAME TITLE PRINCIPAL EXECUTIVE OFFICER			Telephone	Date (YR/MO/DAY)
Ryan Tunseth HSE&T Coordinator	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 driectly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief is 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	907 776-2510	6/16/2010

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