Platform Eureka

Attachment 1

EPA DMR
PERMIT NO. CAG280000

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

Form Approved
OMB 2040-0004

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

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	001A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Drilling Fluids and Cuttings
External Outfall

No Discharge C

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil based fluids, non-aqueous based drilling fluids and cuttings	SAMPLE MEASUREMENT		******		******	******	******	******			
51707 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. VALUE	******	Y=1;N=0	******	******	******	******		End Of Well	GRAB
Cadmium [Cd], in barite, dry weight	SAMPLE MEASUREMENT	******	******	******	******	******					
78244 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	3 DAILY MX	mg/kg		Once per Batch	GRAB
Mercury [Hg], in barite, dry weight	SAMPLE MEASUREMENT	******	******	******	******	******					
78245 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	1 DAILY MX	mg/kg		Once per Batch	GRAB
Drilling fluids, free oil	SAMPLE MEASUREMENT	******	******	******	******	******					
82589 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily when Discharging	GRAB
Drilling fluids, volume	SAMPLE MEASUREMENT	******			******	******	******	******			
82594 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	bbl	******	******	******	******		Daily	ESTIMA
Drilling fluids, volume	SAMPLE MEASUREMENT	******	0	bbl	******	******	******	******		Annual	Calctf
82594 EG 0 Effluent Gross	PERMIT REQUIREMENT	******	36650 YTD TOT	bbl	******	******	******	******		Annual	CALCTD
Drill cuttings, free oil	SAMPLE MEASUREMENT	******			******	******					
82595 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	occur/mo	******	******	Req. Mon. MO TOTAL	d		Daily	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED	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.	Marina Robertson, HSE Manager SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		01 22 2015
			AREA Code	NUMBER	MM/DD/YYYY

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

1. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
2. Drill fluid inventory refer to Attachment referenced, when applicable.
3. Drilling fluids & Drill Cuttings free Oil refers to free oil static sheen test.

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

Form Approved
OMB 2040-0004

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

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ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	001A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Drilling Fluids and Cuttings
External Outfall

No Discharge C

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Drilling cuttings, volume	SAMPLE MEASUREMENT	******			******	******	******	******			
82596 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	bbl	******	******	******	******		Daily	ESTIMA
Drilling cuttings, volume	SAMPLE MEASUREMENT	******	0	bbl	******	******	******	******		Annual	Calctd
82596 EG 0 Effluent Gross	PERMIT REQUIREMENT	******	13350 YTD TOT	bbl	******	******	******	******		Annual	CALCTD
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	******	******	******		******	******				
TAB3E 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	3 MINIMUM	******	******	%		Contingent	GRAB
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	******	******	******		******	******				
TAB3E EG 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	3 MINIMUM	******	******	%		Contingent	GRAB
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	******	******	******		******	******				
TAB3E O 0 See Comments	PERMIT REQUIREMENT	******	******	******	3 MINIMUM	******	******	%		Contingent	GRAB

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			AREA Code	NUMBER	MM/DD/YYYY

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

1. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
2. Drill fluid inventory refer to Attachment.referenced, when applicable.
3. Drilling fluids & Drill Cuttings free Oil refers to free oil static sheen test.

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

Form Approved
OMB 2040-0004

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

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	002A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Produced Water Monthly
External Outfall

No Discharge A

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	******	******	******	******						
00552 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	29 MO AVG	42 DAILY MX	mg/L		Weekly	GRAB
Produced water, flow	SAMPLE MEASUREMENT		******	bbl/d	******	******	******	******			
82600 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Daily	ESTIMA

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TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

1. PW annual cumulative flow from Mar 1st thru Feb 28th each year.
2. If PW is discharged, 12 mo of monitoring is required for RP analysis
3. Produced water is commingled & processed at platform Elly before being injected or discharged

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

Form Approved
OMB 2040-0004

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

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ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	003A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Well Treatment, Completion and Workover Fluids
External Outfall

No Discharge A

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Well fluids, oil & grease	SAMPLE MEASUREMENT	******	******	******	******						
04379 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	29 MO AVG	42 DAILY MX	mg/L		Once per Occurance	GRAB
Number of Events	SAMPLE MEASUREMENT	******			******	******	******	******			
51484 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. TOTAL	#	******	******	******	******		Once per Occurance	CALCTD
Well fluids, free oil	SAMPLE MEASUREMENT	******			******	******	******	******			
82603 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	occur/mo	******	******	******	******		Once per Discharge	GRAB
Well fluids, volume	SAMPLE MEASUREMENT				******	******	******	******			
82604 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MO TOTAL	bbl	******	******	******	******		Once per Occurance	ESTIMA

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

1. Type and # of Job: Completion, workover, treatment or combination.
2. Free Oil Static Sheen Test.
3. Chemical Inventory, refer to Attachment referenced, when applicable.
4. If present, WTCWFs are commingled with produced water and injected back into the formation.

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

Form Approved
OME 040-0004

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

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	004A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Deck Drainage
External Outfall

No Discharge C

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate, deck drainage	SAMPLE MEASUREMENT		******		******	******	******	******			
51666 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	******	******	******	******					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		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)

1. Free Oil Sheen - # days observed
2. Fire Control water, and Laboratory Waste are commingled with Deck Drainage, and sent to a disposal well. No Deck Drainage discharge at platform Eureka.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	005A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Domestic and Sanitary Waste
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			
Flow rate, domestic	SAMPLE MEASUREMENT	NODI (A)	******	bbl/d	******	******	******	******			
51667 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA
Sanitary waste, residual chlorine	SAMPLE MEASUREMENT	******	******	******	******	NODI (9)	NODI (9)				
82605 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	1 MINIMUM	10 MAXIMUM	mg/L		Monthly	GRAB
Sanitary waste, flow	SAMPLE MEASUREMENT	51	******	bbl/d	******	******	******	******	0	Monthly	Estima
82606 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA
Sanitary waste, solids	SAMPLE MEASUREMENT	******	0	#/mo	******	******	******	******	0	Daily	Visual
82607 RW 0 Receiving Water	PERMIT REQUIREMENT	******	Req. Mon. MO AVG	#/mo	******	******	******	******		Daily	VISUAL
Domestic waste, foam and floating solids	SAMPLE MEASUREMENT	******	NODI (A)		******	******	******	******			
82608 RW 0 Receiving Water	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	#/mo	******	******	******	******		Daily	VISUAL

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TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

1. Domestic laundry wastewater is separate and sent to a disposal well. Domestic water from showers and sinks is commingled with sanitary.
2. The sewage treatment unit is a marine sanitation device that complies with pollution control standards and regulations under Section 312 of the Clean Water Act. Thus, it is deemed to be in compliance with permit limitations for sanitary waste chlorine discharges

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
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FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	006A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Blowout Preventer Fluid
External Outfall

No Discharge C

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	******	******	******	******					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	******	******	******	******	******					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		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 POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
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FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	007A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Desalination Unit Discharge
External Outfall

No Discharge C

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	******	******	******	******	******					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		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 POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
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PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	008A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Fire Control System Water
External Outfall

No Discharge C

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	******	******	******	******	******					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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)

1. Chemical Inventory, refer to Attachment 2
2. Fire Control System Water is commingled with Deck Drainage and injected at Eureka.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

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ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	009A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Non-Contact Cooling Water
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	NODI (B)	NODI (B)	mg/L	0	Quarterly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.00585 MO AVG	.0102 DAILY MX	mg/L		Quarterly	GRAB
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT Gra	******	******	******	******	******	0	d	0	Daily	Visual
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT	68,571	******	bbl/d	******	******	******	******	0	Monthly	Estima
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Guion Executive Vice President, Chief Operating Officer	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel 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.	Marina Robertson, HSE Manager SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		01 22 2015
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

1. Chemical Inventory, refer to Attachment 2.
2. Uncontaminated Water, such as excess seawater, is commingled with non-contact cooling water

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	010A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Ballast and Storage Displacement Water
External Outfall

No Discharge C

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	******	******	******	******					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	******	******	******	******	******					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED	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.	Marina Robertson, HSE Manager SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		01 22 2015
			AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	011A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Bilge Water
External Outfall

No Discharge C

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	******	******	******	******					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	******	******	******	******	******					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Guion Executive Vice President, Chief Operating Officer	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel 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.	Marina Robertson, HSE Manager SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		01 22 2015
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	012A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Boiler Blowdown
External Outfall

No Discharge C

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	******	******	******	******	******					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED	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.	Marina Robertson, HSE Manager SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526 AREA Code	NUMBER	01 22 2015 MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	013A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Test Fluids
External Outfall

No Discharge C

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	******	******	******	******					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	******	******	******	******	******					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Guion Executive Vice President, Chief Operating Officer	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel 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.	M. Robertson Marina Robertson, HSE Manager SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		01 22 2015
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

1. Chemical Inventory, refer to Attachment 2.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	014A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Diatomaceous Earth Filter Media
External Outfall

No Discharge C

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	******	******	******	******					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	******	******	******	******	******					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED	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.	Marina Robertson, HSE Manager SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		01 22 2015
			AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	015A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Bulk Transfer Material Overflow
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			
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	******	******	******	******	******	0	d	0	Daily	Visul
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Guion Executive Vice President, Chief Operating Officer	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel 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.	M. Robertson Marina Robertson, HSE Manager SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		01 22 2015
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	016A-A

MONITORING PERIOD MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Uncontaminated Water
External Outfall

No Discharge A

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	******	******	******	******	******					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Guion Executive Vice President, Chief Operating Officer	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel 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.	M. Robertson Marina Robertson, HSE Manager SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		01 22 2015
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

1. Uncontaminated Water, such as excess seawater, is commingled with non-contact cooling water

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	017A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Water Flooding Discharges
External Outfall

No Discharge C

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	******	******	******	******					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	******	******	******	******	******					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED	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.	Marina Robertson, HSE Manager SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526 AREA Code	NUMBER	01 22 2015 MM/DD/YYYY

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

1. Chemical Inventory, refer to Attachment 2.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	018A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Laboratory Waste
External Outfall

No Discharge C

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	******	******	******	******					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	******	******	******	******	******					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED	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.	Marina Robertson, HSE Manager SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526 AREA Code	NUMBER	01 22 2015 MM/DD/YYYY

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

1. Laboratory Waste commingled with Deck Drains and injected at Eureka.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	019A-A

MONITORING PERIOD MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Excess Cement Slurry
External Outfall

No Discharge C

PARAMETER		QUANTITY OR LOADING VALUE	VALUE	UNITS	QUALITY OR CONCENTRATION VALUE	VALUE	VALUE	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	******	******	******	******					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	******	******	******	******	******					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA
Flow	SAMPLE MEASUREMENT	0	******	bbl/yr	******	******	******	******		Annual	Calctd
74076 EG 0 Effluent Gross	PERMIT REQUIREMENT	1200 YTD TOT	******	bbl/yr	******	******	******	******		Annual	CALCTD

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)

1. Annual cumulative Volumes and Limits for the period covering Mar. 1st through Feb 28th each year.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	020A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Muds, Cuttings and Cement at Sea Floor
External Outfall

No Discharge C

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	******	******	******	******					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	******	******	******	******	******					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Guion Executive Vice President, Chief Operating Officer	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel 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.	M. Robertson Marina Robertson, HSE Manager SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		01 22 2015
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB 2040-0004

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

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	021A-A

MONITORING PERIOD MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Hydrotest Water
External Outfall

No Discharge C

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	******					
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	******	******	******	******					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	******	******	******	******	******					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Guion Executive Vice President, Chief Operating Officer	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel 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.	Marina Robertson, HSE Manager SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		01 22 2015
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

1. Chemical Inventory, refer to Attachment 2.
2. Submit RP analysis per permit requirement after sampling is completed.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB 2040-0004

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

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	022A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
H2S Gas Processing Waste Water
External Outfall

No Discharge C

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	******	******	******	******					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	******	******	******	******	******					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Guion Executive Vice President, Chief Operating Officer	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel 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.	M. Robertson Marina Robertson, HSE Manager SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		01 22 2015
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB 2040-0004

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

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	001A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Drilling Fluids and Cuttings
External Outfall

No Discharge C

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil based fluids, non-aqueous based drilling fluids and cuttings	SAMPLE MEASUREMENT		******		******	******	******	******			
51707 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. VALUE	******	Y=1;N=0	******	******	******	******		End Of Well	GRAB
Cadmium [Cd], in barite, dry weight	SAMPLE MEASUREMENT	******	******	******	******	******					
78244 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	3 DAILY MX	mg/kg		Once per Batch	GRAB
Mercury [Hg], in barite, dry weight	SAMPLE MEASUREMENT	******	******	******	******	******					
78245 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	1 DAILY MX	mg/kg		Once per Batch	GRAB
Drilling fluids, free oil	SAMPLE MEASUREMENT	******	******	******	******	******					
82589 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily when Discharging	GRAB
Drilling fluids, volume	SAMPLE MEASUREMENT	******			******	******	******	******			
82594 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	bbl	******	******	******	******		Daily	ESTIMA
Drilling fluids, volume	SAMPLE MEASUREMENT	******	0	bbl	******	******	******	******		Annual	Calctd
82594 EG 0 Effluent Gross	PERMIT REQUIREMENT	******	36650 YTD TOT	bbl	******	******	******	******		Annual	CALCTD
Drill cuttings, free oil	SAMPLE MEASUREMENT	******			******	******					
82595 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	occur/mo	******	******	Req. Mon. MO TOTAL	d		Daily	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Guion Executive Vice President, Chief Operating Officer	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel 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.	M. Robertson Marina Robertson, HSE Manager SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		01 22 2015
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

1. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
2. Drill fluid inventory refer to Attachment.referenced, when applicable.
3. Drilling fluids & Drill Cuttings free Oil refers to free oil static sheen test.

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

Form Approved
OMB 2040-0004

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

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001149	001A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Drilling Fluids and Cuttings
External Outfall

No Discharge C

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Drilling cuttings, volume	SAMPLE MEASUREMENT	******			******	******	******	******			
82596 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	bbl	******	******	******	******		Daily	ESTIMA
Drilling cuttings, volume	SAMPLE MEASUREMENT	******	0	bbl	******	******	******	******		Annual	Calctd
82596 EG 0 Effluent Gross	PERMIT REQUIREMENT	******	13350 YTD TOT	bbl	******	******	******	******		Annual	CALCTD
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	******	******	******		******	******				
TAB3E 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	3 MINIMUM	******	******	%		Contingent	GRAB
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	******	******	******		******	******				
TAB3E EG 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	3 MINIMUM	******	******	%		Contingent	GRAB
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	******	******	******		******	******				
TAB3E O 0 See Comments	PERMIT REQUIREMENT	******	******	******	3 MINIMUM	******	******	%		Contingent	GRAB

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)

1. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
2. Drill fluid inventory refer to Attachment.referenced, when applicable.
3. Drilling fluids & Drill Cuttings free Oil refers to free oil static sheen test.

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

Form Approved
OM 2040-0004

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

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	002A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Produced Water Monthly
External Outfall

No Discharge A

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	******	******	******	******						
00552 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	29 MO AVG	42 DAILY MX	mg/L		Weekly	GRAB
Produced water, flow	SAMPLE MEASUREMENT		******		******	******	******	******			
82600 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Daily	ESTIMA

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)

1. PW annual cumulative flow from Mar 1st thru Feb 28th each year.
2. If PW is discharged, 12 mo of monitoring is required for RP analysis
3. Produced water is commingled & processed at platform Elly before being injected or discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB 2040-0004

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

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001149	003A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Well Treatment, Completion and Workover Fluic
External Outfall

No Discharge A

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Well fluids, oil & grease	SAMPLE MEASUREMENT	******	******	******	******						
04379 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	29 MO AVG	42 DAILY MX	mg/L		Once per Occurance	GRAB
Number of Events	SAMPLE MEASUREMENT	******			******	******	******	******			
51484 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. TOTAL	#	******	******	******	******		Once per Occurance	CALCTD
Well fluids, free oil	SAMPLE MEASUREMENT	******			******	******	******	******			
82603 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	occur/mo	******	******	******	******		Once per Discharge	GRAB
Well fluids, volume	SAMPLE MEASUREMENT				******	******	******	******			
82604 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MO TOTAL	bbl	******	******	******	******		Once per Occurance	ESTIMA

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)

1. Type and # of Job: Completion, workover, treatment or combination.
2. Free Oil Static Sheen Test.
3. Chemical Inventory, refer to Attachment referenced, when applicable.
4. If present, WTCWFs are commingled with produced water and injected back into the formation.

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

Form Approved
OMB 2040-0004

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

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	004A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Deck Drainage
External Outfall

No Discharge C

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate, deck drainage	SAMPLE MEASUREMENT		******		******	******	******	******			
51666 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	******	******	******	******					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Guion Executive Vice President, Chief Operating Officer	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel 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.	Marina Robertson, HSE Manager SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		01 22 2015
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

1. Free Oil Sheen - # days observed
2. Fire Control water, and Laboratory Waste are commingled with Deck Drainage, and sent to a disposal well. No Deck Drainage discharge at platform Eureka.

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

Form Approved
OMB 2040-0004

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

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	005A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Domestic and Sanitary Waste
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			
Flow rate, domestic	SAMPLE MEASUREMENT	NODI (A)	******		******	******	******	******			
51667 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA
Sanitary waste, residual chlorine	SAMPLE MEASUREMENT	******	******	******	******	NODI (9)	NODI (9)				
82605 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	1 MINIMUM	10 MAXIMUM	mg/L		Monthly	GRAB
Sanitary waste, flow	SAMPLE MEASUREMENT	49	******	bbl/d	******	******	******	******	0	Monthly	Estima
82606 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA
Sanitary waste, solids	SAMPLE MEASUREMENT	******	0	#/mo	******	******	******	******	0	Daily	Visual
82607 RW 0 Receiving Water	PERMIT REQUIREMENT	******	Req. Mon. MO AVG	#/mo	******	******	******	******		Daily	VISUAL
Domestic waste, foam and floating solids	SAMPLE MEASUREMENT	******	NODI (A)		******	******	******	******			
82608 RW 0 Receiving Water	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	#/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)

1. Domestic laundry wastewater is separate and sent to a disposal well. Domestic water from showers and sinks is commingled with sanitary.
2. The sewage treatment unit is a marine sanitation device that complies with pollution control standards and regulations under Section 312 of the Clean Water Act. Thus, it is deemed to be in compliance with permit limitations for sanitary waste chlorine discharges

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

Form Approved
OM 2040-0004

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

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	006A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Blowout Preventer Fluid
External Outfall

No Discharge C

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	******	******	******	******					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	******	******	******	******	******					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Guion Executive Vice President, Chief Operating Officer	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel 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.	M. Robertson Marina Robertson, HSE Manager SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		01 22 2015
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001149	007A-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 02
MINOR
(SUBR FW)
Desalination Unit Discharge
External Outfall

No Discharge C

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	******	******	******	******	******					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Guion Executive Vice President, Chief Operating Officer	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel 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.	Marina Robertson, HSE Manager SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		01 22 2015
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001149	008A-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 02
MINOR
(SUBR FW)
Fire Control System Water
External Outfall

No Discharge C

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	******	******	******	******	******					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Guion Executive Vice President, Chief Operating Officer	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel 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.	Marina Robertson, HSE Manager SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		01 22 2015
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

1. Chemical Inventory, refer to Attachment 2
2. Fire Control System Water is commingled with Deck Drainage and injected at Eureka.

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	009A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 02
MINOR
(SUBR FW)
Non-Contact Cooling Water
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	NODI (9)	NODI (9)				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.00585 MO AVG	.0102 DAILY MX	mg/L		Quarterly	GRAB
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	******	******	******	******	******	0	d	0	Daily	Visual
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT	68,571	******	bbl/d	******	******	******	******	0	Monthly	Estima
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED	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.	Marina Robertson, HSE Manager SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526 AREA Code	NUMBER	01 22 2015 MM/DD/YYYY

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

1. Chemical Inventory, refer to Attachment 2.
2. Uncontaminated Water, such as excess seawater, is commingled with non-contact cooling water.

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001149	010A-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Ballast and Storage Displacement Water
External Outfall

No Discharge C

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	******	******	******	******					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	******	******	******	******	******					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA

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 POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	011A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Bilge Water
External Outfall

No Discharge C

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	******	******	******	******					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	******	******	******	******	******					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Guion Executive Vice President, Chief Operating Officer	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel 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.	Marina Robertson, HSE Manager SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		01 22 2015
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB 2040-0004

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

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	012A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Boiler Blowdown
External Outfall

No Discharge C

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	******	******	******	******	******					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Guion Executive Vice President, Chief Operating Officer	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel 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.	M. Robertson Marina Robertson, HSE Manager SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		01 22 2015
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved
OMB 2040-0004

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

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	013A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Test Fluids
External Outfall

No Discharge C

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	******	******	******	******					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	******	******	******	******	******					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Guion Executive Vice President, Chief Operating Officer	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel 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.	M. Robertson Marina Robertson, HSE Manager SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		01 22 2015
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

1. Chemical Inventory, refer to Attachment 2.

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

Form Approved
OMB 2040-0004

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

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	014A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Diatomaceous Earth Filter Media
External Outfall

No Discharge C

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	******	******	******	******					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	******	******	******	******	******					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED	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.	M. Robertson Marina Robertson, HSE Manager SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526 AREA Code	NUMBER	01 22 2015 MM/DD/YYYY

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

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

Form Approved
OMB 2040-0004

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

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	015A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Bulk Transfer Material Overflow
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			
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	******	******	******	******	******	0	d		Daily	Visual
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Guion Executive Vice President, Chief Operating Officer	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel 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.	M. Robertson Marina Robertson, HSE Manager	(562) 628 1526		01 22 2015
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 POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OM 2040-0004

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

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	016A-A

MONITORING PERIOD MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Uncontaminated Water
External Outfall

No Discharge A

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	******	******	******	******	******					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED	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.	M. Robertson Marina Robertson, HSE Manager SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526 AREA Code	NUMBER	01 22 2015 MM/DD/YYYY

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

1. Uncontaminated Water, such as excess seawater, is commingled with non-contact cooling water

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	017A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Water Flooding Discharges
External Outfall

No Discharge C

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	******	******	******	******					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	******	******	******	******	******					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Guion Executive Vice President, Chief Operating Officer	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel 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.	Marina Robertson, HSE Manager SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		01 22 2015
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

1. Chemical Inventory, refer to Attachment 2.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	018A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Laboratory Waste
External Outfall

No Discharge C

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	******	******	******	******					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	******	******	******	******	******					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED	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.	Marina Robertson, HSE Manager SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526 AREA Code	NUMBER	01 22 2015 MM/DD/YYYY

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

1. Laboratory Waste comingled with Deck Drains and injected at Eureka.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	019A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Excess Cement Slurry
External Outfall

No Discharge C

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	******	******	******	******					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	******	******	******	******	******					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA
Flow	SAMPLE MEASUREMENT	0	******	bbl/yr	******	******	******	******		Annual	Calctd
74076 EG 0 Effluent Gross	PERMIT REQUIREMENT	1200 YTD TOT	******	bbl/yr	******	******	******	******		Annual	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED	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.	Marina Robertson, HSE Manager SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		01 22 2015
			AREA Code	NUMBER	MM/DD/YYYY

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

1. Annual cumulative Volumes and Limits for the period covering Mar. 1st through Feb 28th each year.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001149	020A-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Muds, Cuttings and Cement at Sea Floor
External Outfall

No Discharge C

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	******	******	******	******					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	******	******	******	******	******					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001149	021A-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Hydrotest Water
External Outfall

No Discharge C

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	******					
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	******	******	******	******					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	******	******	******	******	******					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED	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.	Marina Robertson, HSE Manager SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526 AREA Code	NUMBER	01 22 2015 MM/DD/YYYY

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

1. Chemical Inventory, refer to Attachment 2.
2. Submit RP analysis per permit requirement after sampling is completed.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	022A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 90802

MINOR
(SUBR FW)
H2S Gas Processing Waste Water
External Outfall

No Discharge C

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	******	******	******	******					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	******	******	******	******	******					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA

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 POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001149	001A-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Drilling Fluids and Cuttings
External Outfall

No Discharge C

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil based fluids, non-aqueous based drilling fluids and cuttings	SAMPLE MEASUREMENT		******		******	******	******	******			
51707 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. VALUE	******	Y=1;N=0	******	******	******	******		End Of Well	GRAB
Cadmium [Cd], in barite, dry weight	SAMPLE MEASUREMENT	******	******	******	******	******					
78244 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	3 DAILY MX	mg/kg		Once per Batch	GRAB
Mercury [Hg], in barite, dry weight	SAMPLE MEASUREMENT	******	******	******	******	******					
78245 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	1 DAILY MX	mg/kg		Once per Batch	GRAB
Drilling fluids, free oil	SAMPLE MEASUREMENT	******	******	******	******	******					
82589 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily when Discharging	GRAB
Drilling fluids, volume	SAMPLE MEASUREMENT	******			******	******	******	******			
82594 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	bbl	******	******	******	******		Daily	ESTIMA
Drilling fluids, volume	SAMPLE MEASUREMENT	******	0	bbl	******	******	******	******		Annual	Caclld
82594 EG 0 Effluent Gross	PERMIT REQUIREMENT	******	36650 YTD TOT	bbl	******	******	******	******		Annual	CALCTD
Drill cuttings, free oil	SAMPLE MEASUREMENT	******			******	******					
82595 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	occur/mo	******	******	Req. Mon. MO TOTAL	d		Daily	GRAB

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)

1. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
2. Drill fluid inventory refer to Attachment referenced, when applicable..
3. Drilling fluids & Drill Cuttings free Oil refers to free oil static sheen test.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001149	001A-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Drilling Fluids and Cuttings
External Outfall

No Discharge C

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Drilling cuttings, volume	SAMPLE MEASUREMENT	******			******	******	******	******			
82596 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	bbl	******	******	******	******		Daily	ESTIMA
Drilling cuttings, volume	SAMPLE MEASUREMENT	******	0	bbl	******	******	******	******		Annual	Calctd
82596 EG 0 Effluent Gross	PERMIT REQUIREMENT	******	13350 YTD TOT	bbl	******	******	******	******		Annual	CALCTD
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	******	******	******		******	******				
TAB3E 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	3 MINIMUM	******	******	%		Contingent	GRAB
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	******	******	******		******	******				
TAB3E EG 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	3 MINIMUM	******	******	%		Contingent	GRAB
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	******	******	******		******	******				
TAB3E O 0 See Comments	PERMIT REQUIREMENT	******	******	******	3 MINIMUM	******	******	%		Contingent	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
2. Drill fluid inventory refer to Attachment referenced, when applicable..
3. Drilling fluids & Drill Cuttings free Oil refers to free oil static sheen test.

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

Form Approved
OMB 2040-0004

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

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	002A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Produced Water Monthly
External Outfall

No Discharge A

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	******	******	******	******						
00552 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	29 MO AVG	42 DAILY MX	mg/L		Weekly	GRAB
Produced water, flow	SAMPLE MEASUREMENT		******		******	******	******	******			
82600 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Daily	ESTIMA

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)

1. PW annual cumulative flow from Mar 1st thru Feb 28th each year.
2. If PW is discharged, 12 mo of monitoring is required for RP analysis
3. Produced water is commingled & processed at platform Elly before being injected or discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	003A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Well Treatment, Completion and Workover Fluic
External Outfall

No Discharge A

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Well fluids, oil & grease	SAMPLE MEASUREMENT	******	******	******	******						
04379 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	29 MO AVG	42 DAILY MX	mg/L		Once per Occurance	GRAB
Number of Events	SAMPLE MEASUREMENT	******			******	******	******	******			
51484 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. TOTAL	#	******	******	******	******		Once per Occurance	CALCTD
Well fluids, free oil	SAMPLE MEASUREMENT	******			******	******	******	******			
82603 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	occur/mo	******	******	******	******		Once per Discharge	GRAB
Well fluids, volume	SAMPLE MEASUREMENT				******	******	******	******			
82604 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MO TOTAL	bbl	******	******	******	******		Once per Occurance	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED	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.	Marina Robertson, HSE Manager SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		01 22 2015
			AREA Code	NUMBER	MM/DD/YYYY

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

1. Type and # of Job: Completion, workover, treatment or combination.
2. Free Oil Static Sheen Test.
3. Chemical Inventory, refer to Attachment referenced, when applicable.
4. If present, WTCWFs are commingled with produced water and injected back into the formation.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	004A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Deck Drainage
External Outfall

No Discharge C

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate, deck drainage	SAMPLE MEASUREMENT		******	bbl/d	******	******	******	******			
51666 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	******	******	******	******					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Guion Executive Vice President, Chief Operating Officer	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel 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.	Marina Robertson, HSE Manager SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		01 22 2015
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

1. Free Oil Sheen - # days observed
2. Fire Control water, and Laboratory Waste are commingled with Deck Drainage, and sent to a disposal well. No Deck Drainage discharge at platform Eureka.

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

Form Approved
OM 2040-0004

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

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	005A-A

MONITORING PERIOD MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Domestic and Sanitary Waste
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Flow rate, domestic	SAMPLE MEASUREMENT	NODI (A)	******		******	******	******	******			
51667 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA
Sanitary waste, residual chlorine	SAMPLE MEASUREMENT	******	******	******	******	NODI (9)	NODI (9)				
82605 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	1 MINIMUM	10 MAXIMUM	mg/L		Monthly	GRAB
Sanitary waste, flow	SAMPLE MEASUREMENT	36	******	bbl/d	******	******	******	******	0	Monthly	Estima
82606 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA
Sanitary waste, solids	SAMPLE MEASUREMENT	******	0	#/mo	******	******	******	******	0	Daily	Visual
82607 RW 0 Receiving Water	PERMIT REQUIREMENT	******	Req. Mon. MO AVG	#/mo	******	******	******	******		Daily	VISUAL
Domestic waste, foam and floating solids	SAMPLE MEASUREMENT	******	NODI (A)		******	******	******	******			
82608 RW 0 Receiving Water	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	#/mo	******	******	******	******		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Guion Executive Vice President, Chief Operating Officer	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel 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.	Marina Robertson, HSE Manager SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		01 22 2015
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

1. Domestic laundry wastewater is separate and sent to a disposal well. Domestic water from showers and sinks is commingled with sanitary.
2. The sewage treatment unit is a marine sanitation device that complies with pollution control standards and regulations under Section 312 of the Clean Water Act. Thus, it is deemed to be in compliance with permit limitations for sanitary waste chlorine discharges

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	006A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Blowout Preventer Fluid
External Outfall

No Discharge C

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	******	******	******	******					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	******	******	******	******	******					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Guion Executive Vice President, Chief Operating Officer	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel 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.	M. Robertson Marina Robertson, HSE Manager SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		01 22 2015
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	007A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Desalination Unit Discharge
External Outfall

No Discharge C

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	******	******	******	******	******					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Guion Executive Vice President, Chief Operating Officer	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel 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.	Marina Robertson, HSE Manager SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		01 22 2015
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB 2040-0004

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

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	008A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Fire Control System Water
External Outfall

No Discharge C

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	******	******	******	******	******					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Guion Executive Vice President, Chief Operating Officer	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel 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.	M. Robertson Marina Robertson, HSE Manager SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		01 22 2015
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

1. Chemical Inventory, refer to Attachment 2
2. Fire Control System Water is commingled with Deck Drainage and injected at Eureka.

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

Form Approved
OM 2040-0004

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

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	009A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Non-Contact Cooling Water
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	NODI (9)	NODI (9)				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.00585 MO AVG	.0102 DAILY MX	mg/L		Quarterly	GRAB
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	******	******	******	******	******	0	d	0	Daily	Visual
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT	68,571	******	bbl/d	******	******	******	******	0	Monthly	Estima
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA

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)

1. Chemical Inventory, refer to Attachment 2
2. Uncontaminated Water, such as excess seawater, is commingled with non-contact cooling water

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

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	010A-A

MONITORING PERIOD MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Ballast and Storage Displacement Water
External Outfall

No Discharge C

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	******	******	******	******					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	******	******	******	******	******					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED	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.	M. Robertson Marina Robertson, HSE Manager SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526 AREA Code	NUMBER	01 22 2015 MM/DD/YYYY

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

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

Form Approved
OM 2040-0004

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

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	011A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Bilge Water
External Outfall

No Discharge C

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	******	******	******	******					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	******	******	******	******	******					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Guion Executive Vice President, Chief Operating Officer	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel 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.	Marina Robertson, HSE Manager SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		01 22 2015
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved
OM 2040-0004

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

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	012A-A

MONITORING PERIOD MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Boiler Blowdown
External Outfall

No Discharge C

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	******	******	******	******	******					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Guion Executive Vice President, Chief Operating Officer	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel 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.	M. Robertson Marina Robertson, HSE Manager SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		01 22 2015
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved
OMB 2040-0004

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

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	013A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Test Fluids
External Outfall

No Discharge C

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	******	******	******	******					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	******	******	******	******	******					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Guion Executive Vice President, Chief Operating Officer	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel 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.	M. Robertson Marina Robertson, HSE Manager SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		01 22 2015
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

1. Chemical Inventory, refer to Attachment 2.

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

Form Approved
OMB 2040-0004

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

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	014A-A

MONITORING PERIOD MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Diatomaceous Earth Filter Media
External Outfall

No Discharge C

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	******	******	******	******					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	******	******	******	******	******					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED	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.	M. Robertson Marina Robertson, HSE Manager SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526 AREA Code	NUMBER	01 22 2015 MM/DD/YYYY

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

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

Form Approved
OMB 2040-0004

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

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	015A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Bulk Transfer Material Overflow
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			
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	******	******	******	******	******	0	d	0	Daily	Visual
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Guion Executive Vice President, Chief Operating Officer	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel 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.	M. Robertson Marina Robertson, HSE Manager SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		01 22 2015
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved
OMB 2040-0004

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

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	016A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Uncontaminated Water
External Outfall

No Discharge A

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	******	******	******	******	******					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		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)

1. Uncontaminated Water, such as excess seawater, is commingled with non-contact cooling water

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

Form Approved
OM. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	017A-A

MONITORING PERIOD MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Water Flooding Discharges
External Outfall

No Discharge C

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	******	******	******	******					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	******	******	******	******	******					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED	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.	Marina Robertson, HSE Manager SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526 AREA Code	NUMBER	01 22 2015 MM/DD/YYYY

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

1. Chemical Inventory, refer to Attachment 2.

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

Form Approved
OM 2040-0004

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

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	018A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Laboratory Waste
External Outfall

No Discharge C

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	******	******	******	******					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	******	******	******	******	******					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Guion Executive Vice President, Chief Operating Officer	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel 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.	M. Robertson Marina Robertson, HSE Manager SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		01 22 2015
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

1. Laboratory Waste comingled with Deck Drains and injected at Eureka.

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

Form Approved
OMB 2040-0004

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

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	019A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Excess Cement Slurry
External Outfall

No Discharge C

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	******	******	******	******					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	******	******	******	******	******					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA
Flow	SAMPLE MEASUREMENT	0	******	bbl/yr	******	******	******	******		Annual	Calctd
74076 EG 0 Effluent Gross	PERMIT REQUIREMENT	1200 YTD TOT	******	bbl/yr	******	******	******	******		Annual	CALCTD

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)

1. Annual cumulative Volumes and Limits for the period covering Mar. 1st through Feb 28th each year.

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

Form Approved
OMB 2040-0004

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

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	020A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Muds, Cuttings and Cement at Sea Floor
External Outfall

No Discharge C

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	******	******	******	******					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	******	******	******	******	******					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED	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.	M. Robertson Marina Robertson, HSE Manager SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526 AREA Code NUMBER		01 22 2015 MM/DD/YYYY

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

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

Form Approved
OM 2040-0004

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

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	021A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Hydrotest Water
External Outfall

No Discharge C

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	******					
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	******	******	******	******					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	******	******	******	******	******					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jim Guion Executive Vice President, Chief Operating Officer	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel 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.	Marina Robertson, HSE Manager SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		01 22 2015
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

1. Chemical Inventory, refer to Attachment 2.
2. Submit RP analysis per permit requirement after sampling is completed.

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

Form Approved
OM 2040-0004

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

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	022A-A

MONITORING PERIOD MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
H2S Gas Processing Waste Water
External Outfall

No Discharge C

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	******	******	******	******					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	******	******	******	******	******					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA

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)

Attachment 2

Chemical Inventory

ATTACHMENT 2
PLATFORM EUREKA
MISCELLANEOUS DISCHARGES
CHEMICAL INVENTORY
October 1, 2014 through December 31, 2014

Fluid Type	Volume (Monthly avg bbls per day)	Product Name	Estimated Chemical Quantity (Monthly avg gal per day)	Average End-of-Pipe [1] Concentration (mg/l)
009 Non-contact Cooling Water (combined with excess seawater)				
October	68,571	Chlorine	1.15	0.4
November	68,571	Chlorine	1.15	0.4
December	68,571	Chlorine	1.15	0.4
008 Fire Control System Water	N / A	None	N / A	N / A
013 Test Fluids	No Discharge	No Discharge	None	None
017 Water Flooding Discharges	No Discharge	No Discharge	None	None
021 Hydrotest Water	No Discharge	No Discharge	None	None

[1] Chemical quantity for non-contact cooling water calculated with Operations monitoring results using a non-EPA chlorine test method (Hach DPD Color Wheel).

N / A: Not chlorinated.

Attachment 3

Non-Contact Cooling Water Chlorine Residual Results

ATTACHMENT 3
PLATFORM EUREKA
NON-CONTACT COOLING WATER CHLORINE RESULTS
October 1, 2014 through December 31, 2014

Discharge	Measurement Frequency	Average Monthly Limit [1] Post Dilution (mg/l)	Maximum Daily Limit [1] Post Dilution (mg/l)	Result Post Dilution (mg/l)	End-of-Pipe Concentration (mg/l) EPA Method 330.5	EPA Plumes Dilution
009 Non-contact Cooling Water Sample Date: 10/27/14	Once/Quarter	0.00585	0.0102	< 0.0003	< 0.05	146:1

[1] Limits are post-dilution as listed in the new permit, Appendix C.

Attachment 4

Prohibited Discharges

ATTACHMENT 4
PLATFORM EUREKA
Prohibited Discharges
October 1, 2014 through December 31, 2014

Prohibited Dishcharge	Permit Requirement/Limit	Monitoring Results
Free Oil [1]	0 days sheen observed on the receiving water during daylight hours	0 Days
Foam [1]	0 days foam observed on the receiving water during daylight hours	0 Days
Floating Solids [1]	0 days solids observed on the receiving water during daylight hours	0 Days
Surfactants [2]	Minimize	Minimized
Detergents [2]	Minimize	Minimized
Dispersants [2]	Minimize	Minimized
Produced Sands [3]	No Disharge	No Discharge
Halogenated Phenol Compounds [4]	No Discharge	No Discharge
Chrome Lignosulfonate [4]	No Discharge	No Discharge
Tracer Materials [5]	Limited	Limited
Garbage [6]	No Discharge	No Discharge

[1] Free Oil, Foam, and Floating Solids: Monitoring by visual observation of the surface of the receiving water in the vicinity of the outfalls shall be conducted during daylight hours.

[2] The discharge of surfactants, dispersants, and detergemts shall be minimized except as necessary to comply with safety requirements of the Occupational Health and Safety Administration and BSEE. The discharge to marine waters in response to oil or other hazardous spills is not authorized.

[3] There shall be no discharge of produced sands.

[4] Other Toxic and Non-conventional Compounds: There shall be no discharge of diesel oil. halogenated phenol compounds, or chrome lignosulfonate. Diesel oil discharge information will be located under the Drilling Inventory attachment when applicable.

[5] Radioactive tracer concentration above the background in the parent, discharge waste stream shall be limited in 10 CFR 20 Appendix B, Table II, Column 2, Effluent Concentrations, Water.

[6] The discharge of garbage is prohibited.

Attachment 5

Laboratory reports for NPDES monitoring

Laboratory Quality Control Reports

LTS ENVIRONMENTAL, INC.

Beta Offshore
111 W. Ocean Blvd., Suite 1240
Long Beach, Ca 90802

October 28, 2014

Attn: Marina Robertson

Quarterly NPDES chlorine residuals on the non-contact cooling water outlet were as follows:

Sample Date / Time	**Location**	**Total Chlorine Residual** *(EPA Method 330.5)* End of Pipe
October 27, 2014 @ 1545 hrs	Platform Eureka *Non-Contact Cooling Water Outlet* West Seawater Pump	*< 0.05 mg/l*
S Meter S/N: 12040E195572		Method Blank < 0.05 mg/l (MDL)

Technician: Cole Jenkins

S.G. Lawry
Environmental Specialist / LTS

704 Adirondack Ave. • Ventura, Ca 93003 • (805) 644-4560 • Fax (805) 644-4560

LTS ENVIRONMENTAL, INC.

September 8, 2014

Quality Control

As part of the annual in-house quality control chlorine meter check and to ensure proper operation of the meters, LTS Environmental performed a total residual chlorine test with a known value obtained from RT Corporation. Results of this test are as follows:

Test Date September 5, 2014	**Total Residual Chlorine** *(EPA Method 330.5)*
LTS meter (SN 041200088375)	**0.57 mg/l**
LTS meter (SN 12040E195572)	**0.52 mg/l**
RT Corporation test sample: (Lot #QC1065-021081)	
Acceptance Limits	**0.481 – 0.835 mg/l**
Certified Value	0.658 mg/l ± 0.0110
	Method Blank < 0.05 mg/l
LTS Lead Technician: Mike Apple	

S.G. Lawry
Environmental Specialist
President, LTS

704 Adirondack Ave. • Ventura, Ca 93003 • (805) 644-4560 • Fax (805) 644-4560