October 22, 2015

Jared Blumenfeld
U.S. EPA, Region 9
NPDES/DMR, ENF-4-1
75 Hawthorne Street
San Francisco, CA 94105-3901

**Re: Discharge Monitoring Report – Third Quarter 2015**
**Platforms Ellen, Elly, and Eureka. NPDES Permit CAG280000**

Dear Mr. Blumenfeld:

This letter and its attachments include Discharge Monitoring Reports (DMRs) for the reporting period of July, August, and September 2015 for Beta Offshore Platforms Ellen, Elly and Eureka.

All produced fluids from Platform Eureka are piped to Platform Elly for processing. Platforms Elly and Ellen are two separate platforms attached by a bridge, thus they have the same latitude and longitude listed in their DMRs. We have submitted separate DMRs for each of the three platforms since there are separate NPDES discharges associated with each platform. Oil production wells are located at Platforms Ellen and Eureka. Platform Elly serves as a processing facility and contains most of the production treatment processes. This is the only platform that may occasionally discharge produced water. There are no drilling related activities or wells on Platform Elly. Production fluids generated at Ellen and Eureka are sent to Elly for further processing and back to Ellen for injection.

Attachment 1: EPA DMR forms (3320-1) for Eureka, Elly and Ellen which were supplied by EPA.

Attachment 2: Listings of the chemical inventory for miscellaneous discharges (specifically non-contact cooling water) for each platform.

Attachment 3: Provides pre-dilution and post dilution chlorine results for non-contact cooling water discharges in accordance with Appendix C of the permit for each platform.

Attachment 4: Summarizes discharges that are prohibited.

Attachment 5: Includes copies of the official state certified lab reports and laboratory quality control reports and other permit required information (EPA Methods, sample dates, etc.) for each Platform.

## Discharge Overview

Drilling Muds and Cuttings (001):

There were no drilling discharges associated with the well work during this reporting quarter on Platform Ellen.

111 W. Ocean Blvd., Ste 1240 | Long Beach, CA 90802 | Office: 562-628-1526 | Fax: 562-628-1536

Produced Water (002):
Produced water dilution – Platform Elly: On rare occasions when produced water is discharged, the discharge typically only occurs for a few hours or less. In calculating the dilution for each quarter, we use the average produced water daily rate based on the actual barrels of water per day "rate". As an example, if 100 barrels were discharged in one hour, the actual rate would extrapolate to a 2400 barrels of water per day (BWD) "rate", instead of only 100 BWD. This better represents the flow velocity used in the EPA Plume dilution calculation. A dilution of 749:1 was calculated for the quarter.

There were two days of small amounts of produced water discharge during the month of July. Oil & Grease results are included in the DMR as end of pipe values. The monthly oil and grease average was slightly above the limit of 29 mg/l. At no time did this situation present a hazard to human health or the environment.

Although there were no discharges on July 20, we collected representative samples for the annual zinc and quarterly 3-species toxicity screening; including Red Abalone, Top Smelt and Giant Kelp chronic toxicity testing (refer to Attachment 5). Results are included in the DMR.

Well Treatment Completion and Workover Fluids (003):
WTCWF generated from Platform Ellen or Eureka would be commingled with the produced water at Platform Elly/Ellen. There were seven well treatment, completion and workover fluid type jobs performed during this quarter at Platform Ellen. There was no discharge of fluids. Chemical inventories are available on request.

Deck Drains (004):
Platform Ellen and Elly deck drains are commingled with production fluids and are processed at Platform Elly. Water segregated from the process is re-injected at Platform Ellen. Refer to Produced Water monitoring requirements in the DMR if discharged. Deck drain fluids on Platform Eureka are sent to a disposal well on Eureka and not discharged.

Sanitary and Domestic Waste (005):
Platforms Ellen and Eureka both operate a United States Coast Guard approved Marine Sanitation Device (MSD). Although these devices are capable of treating both sanitary and domestic waste, some of the domestic waste (as laundry water) is not discharged. At Platform Ellen, these domestic volumes are commingled with production fluids, sent to Platform Elly for processing, and returned to Platform Ellen for injection with produced water. The sanitary waste commingles with sink and shower water and is properly treated and chlorinated through the MSD, then discharged at Platform Ellen.

Platform Eureka also has sanitary and domestic waste water discharges (refer to the DMR). Domestic waste water (as laundry water) is sent to a disposal well and not discharged at Eureka. Sanitary wastes are treated through a USCG-approved MSD and discharged at Eureka. There are no sanitary/domestic waste discharges at Platform Elly.

Fire water (008):
Fire water at Platforms Ellen and Elly is commingled with deck drains and injected with produced water at Platform Ellen. The fire water and deck drain volumes at Platform Eureka are sent to a disposal well and are not discharged. The fire water was reported as not being chlorinated at all three platforms.

Non-contact Cooling Water (009) - Combined with Excess Sea Water:
Non-contact cooling water (as sea water) may be discharged at all three platforms. Separate discharges occur through separate outfalls for each of the three platforms. Seawater pumps deliver

water throughout the platforms for use as non-contact cooling water, marine sanitation device feed water and for sanitary usage supply. Any excess seawater not used for these sources has been previously reported under uncontaminated water in the DMRs under a separate discharge (016). When the non-contact cooling water is discharged it can be combined with the excess seawater discharges at Eureka and Ellen. Since the platforms add low dosages of chlorine treatment to this part of the system, chlorine monitoring has been performed on the chlorinated discharges and if applicable, includes excess seawater in addition to the non-contact cooling water. Thus, the DMR reports the total water discharged for both sources (non-contact cooling water and excess seawater). Both volumes and chlorine results for the combined discharges are listed in the DMR under non-contact cooling water for Eureka and Ellen. Elly has only non-contact cooling water. Any separate uncontaminated discharges that occur, will continue to be reported independently under discharge (016) in the DMR.

The chemical inventory for non-contact cooling water (Attachment 2) was based on Operations' daily estimates using a Hach color wheel chlorine test kit.

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. See 18 U.S.C & 1001 and 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years)

Should you have any questions or require any additional information, please contact me at (562) 628-1526.

Sincerely,

Marina Robertson
HSE Manager

cc (via email):

Regional Supervisor
Bureau of Safety and Environmental
Enforcement (BSEE)
760 Paseo Camarillo
Camarillo, CA 93010-6064
Attn: James Salmons

Regional Supervisor
Office of Environment
Bureau of Ocean Energy Management (BOEM)
760 Paseo Camarillo, 2nd Floor
Camarillo, Ca 93010
Attn: Susan Zaleski

Ms. Alison Dettmer
Energy and Ocean Resources Unit
California Coastal Commission
45 Fremont, Suite 2000
San Francisco, CA 94105-2219

# Platform Elly

# Attachment 1

# EPA DMR
# PERMIT NO. CAG280000

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 ELLY - CAG280000

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

**FACILITY:** PLATFORM ELLY

**LOCATION:** LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001148 | 001A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2015 | 07/31/2015 |

**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 | ****** | 49950 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<br>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<br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 22 2015 |
| TYPED OR PRINTED | | | AREA Code | NUMBER | MM/DD/YYYY |

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

1. There are no wells or drilling activities at Platform Elly.

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 ELLY - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLY
**LOCATION:** LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001148 | 001A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2015 | 07/31/2015 |

**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 | ****** | 18150 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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**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**

1. There are no wells or drilling activities at Platform Elly.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

**DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

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| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001148 | 002A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2015 | 07/31/2015 |

**DMR Mailing ZIP CODE:** 90802
MINOR
(SUBR FW)
Produced Water Monthly
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 | | | |
| Oil and grease, hexane extr method | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | 34.2 | 37.6 | mg/L | 1 | Weekly | Grab/ Composite |
| 00552 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 29 MO AVG | 42 DAILY MX | mg/L | | Weekly | GRAB |
| Produced water, flow | SAMPLE MEASUREMENT | 213.5 | ****** | bbl/d | ****** | ****** | ****** | ****** | 0 | Daily | ESTIMA |
| 82600 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | ****** | bbl/d | ****** | ****** | ****** | ****** | | Daily | ESTIMA |
| Produced water, flow | SAMPLE MEASUREMENT | ****** | 470.7 | bbl/yr | ****** | ****** | ****** | ****** | 0 | Annual | CALCTD |
| 82600 O 0 See Comments | PERMIT REQUIREMENT | ****** | 10950000 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. WTCWF, Deck Drainage, Domestic Waste & Fire Control Water are commingled with production & processed at platform Elly.
2. Produced water annual cumulative flow from March 1st thru Feb 28th each year
3. Oil and grease sampling is weekly during discharge (no sample during weeks with no produced water discharges).
4. Produced water, flow sampling is daily during discharge.

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 ELLY - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLY
**LOCATION:** LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001148 | 002A-Y |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 01/01/2015 | 12/31/2015 |

**DMR Mailing ZIP CODE:** 90802
MINOR
(SUBR FW)
Annual 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 | | | |
| Pass/Fail Static 48Hr Chronic Macrocystis pyrifera | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | ****** | Pass | 0 | 0 | When Discharging | COMP24 |
| TGK1D 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | ****** | Opt. Mon. VALUE | pass=0/fail =1 | | When Discharging | COMP24 |
| Pass/Fail Static 48Hr Chronic Haliotis rufescens | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | ****** | Pass | 0 | 0 | When Discharging | COMP24 |
| TGK3R 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | ****** | Opt. Mon. VALUE | pass=0/fail =1 | | When Discharging | COMP24 |
| Pass/Fail Static Renewal 7 Day Chronic Atherinops affinis | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | ****** | Pass | 0 | 0 | When Discharging | COMP24 |
| TGP6L 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | ****** | Opt. Mon. VALUE | pass=0/fail =1 | | When Discharging | COMP24 |

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|---|---|---|---|---|---|
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| TYPED OR PRINTED | | | AREA Code | NUMBER | MM/DD/YYYY |

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

* This sampling was part of the inital four-quarter toxicity moniroring requirement.

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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**ADDRESS:** 111 West Ocean Blvd., Suite 1240
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**FACILITY:** PLATFORM ELLY
**LOCATION:** LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001148 | 002A-Y |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 01/01/2015 | 12/31/2015 |

**DMR Mailing ZIP CODE:** 90802
MINOR
(SUBR FW)
Annual Discharge Report - Collect with Toxicity
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 | | | |
| Zinc, total recoverable | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | ****** | 8 | ug/L | 0 | When Discharging | Grab |
| 01094 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | ****** | Opt. Mon. DAILY MX | ug/L | | When Discharging | GRAB |

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|---|---|---|---|---|---|
| | 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 | | | |
| 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. Zinc was taken as a non-NPDES sample, however the water was representative of discharges which took place during the month.
2. Results are post dilution and there is no limit in the permit, Appendix B.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

**DISCHARGE MONITORING REPORT (DMR)**

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|---|---|
| CAF001148 | 003A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2015 | 07/31/2015 |

**DMR Mailing ZIP CODE:** 90802
MINOR
(SUBR FW)
Well Treatment, Completion and Workover Fluic
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 | | | |
| 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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| 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 when applicable
4. There are no wells or drilling activities at Platform Elly

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 ELLY - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLY
**LOCATION:** LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001148 | 004A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2015 | 07/31/2015 |

**DMR Mailing ZIP CODE:** 90802
MINOR
(SUBR FW)
Deck Drainage
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 | | | |
| 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<br>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. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 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. NODI (A): Deck Drainage is commingled with Produced 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 ELLY - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLY
**LOCATION:** LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001148 | 005A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2015 | 07/31/2015 |

**DMR Mailing ZIP CODE:** 90802
MINOR
(SUBR FW)
Domestic and Sanitary Waste
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 | | | |
| Flow rate, domestic | SAMPLE MEASUREMENT | | ****** | | ****** | ****** | ****** | ****** | | | |
| 51667 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | ****** | bbl/d | ****** | ****** | ****** | ****** | | Monthly | ESTIMA |
| Sanitary waste, residual chlorine | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | | | | | | |
| 82605 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 1 MINIMUM | 10 MAXIMUM | mg/L | | Monthly | GRAB |
| Sanitary waste, flow | SAMPLE MEASUREMENT | | ****** | | ****** | ****** | ****** | ****** | | | |
| 82606 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | ****** | bbl/d | ****** | ****** | ****** | ****** | | Monthly | ESTIMA |
| Sanitary waste, solids | SAMPLE MEASUREMENT | ****** | | | ****** | ****** | ****** | ****** | | | |
| 82607 RW 0 Receiving Water | PERMIT REQUIREMENT | ****** | Req. Mon. MO AVG | # dis/d | ****** | ****** | ****** | ****** | | Daily | VISUAL |
| Domestic waste, foam and floating solids | SAMPLE MEASUREMENT | ****** | | | ****** | ****** | ****** | ****** | | | |
| 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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| Jim Guion<br>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. Robert<br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 22 2015 |
| TYPED OR PRINTED | | | AREA Code | NUMBER | MM/DD/YYYY |

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

1. NODI (A): Sanitary Waste is commingled and discharged with Sanitary Waste at platform Ellen . Domestic Waste, as laundry, is commingled with produced water and injected. Domestic waste from showers and sinks is commingled with sanitary at Platform Ellen (refer to Platform Ellen DMR).

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 ELLY - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLY
**LOCATION:** LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001148 | 006A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2015 | 07/31/2015 |

**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<br>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<br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 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 ELLY - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLY
**LOCATION:** LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001148 | 007A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2015 | 07/31/2015 |

**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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| Jim Guion<br>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<br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 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 ELLY - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLY
**LOCATION:** LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001148 | 008A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2015 | 07/31/2015 |

**DMR Mailing ZIP CODE:** 90802
MINOR
(SUBR FW)
Fire Control System 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 | | | |
| 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<br>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<br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 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. NODI(A): Fire Control System Water is commingled with Produced Water and is injected. Small amounts may be discharged overboard during fire water system testing. The firewater is not chlorinated or chemically treated.

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 ELLY - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLY
**LOCATION:** LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001148 | 009A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2015 | 07/31/2015 |

**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 | ****** | ****** | ****** | ****** | .00029 | .00029 | mg/L | 0 | Quarerly | 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 | ****** | ****** | ****** | ****** | ****** | 0 | d | 0 | Daily | Visual |
| 51705 RW 0 Receiving Water | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | ****** | Req. Mon. MO TOTAL | d | | Daily | VISUAL |
| Flow | SAMPLE MEASUREMENT | 5,143 | ****** | 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<br>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. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 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. When present, Chlorine values are reported post-dilution per EPA Plumes UM.

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 ELLY - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLY
**LOCATION:** LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001148 | 010A-A |

| MONITORING PERIOD MM/DD/YYYY | MM/DD/YYYY |
|---|---|
| 07/01/2015 | 07/31/2015 |

**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 |
| 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<br>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. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 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 ELLY - CAG280000

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

**FACILITY:** PLATFORM ELLY

**LOCATION:** LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| CAF001148 | 011A-A |
|---|---|
| **PERMIT NUMBER** | **DISCHARGE NUMBER** |

| MONITORING PERIOD | |
|---|---|
| **MM/DD/YYYY** | **MM/DD/YYYY** |
| 07/01/2015 | 07/31/2015 |

**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 |
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| Jim Guion<br>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. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 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 ELLY - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLY
**LOCATION:** LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001148 | 012A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2015 | 07/31/2015 |

**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<br>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. Roberts<br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 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 ELLY - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLY
**LOCATION:** LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001148 | 013A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2015 | 07/31/2015 |

**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<br>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<br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 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 ELLY - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLY
**LOCATION:** LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001148 | 014A-A |

| MONITORING PERIOD MM/DD/YYYY | MM/DD/YYYY |
|---|---|
| 07/01/2015 | 07/31/2015 |

**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<br>Executive Vice President, Chief Operating Officer<br>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<br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 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 ELLY - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLY
**LOCATION:** LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001148 | 015A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2015 | 07/31/2015 |

**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<br>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<br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 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 ELLY - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLY
**LOCATION:** LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001148 | 016A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2015 | 07/31/2015 |

**DMR Mailing ZIP CODE:** 90802
MINOR
(SUBR FW)
Uncontaminated 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<br>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<br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 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 ELLY - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLY
**LOCATION:** LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001148 | 017A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2015 | 07/31/2015 |

**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 |
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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.

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 ELLY - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLY
**LOCATION:** LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001148 | 018A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2015 | 07/31/2015 |

**DMR Mailing ZIP CODE:** 90802
MINOR
(SUBR FW)
Laboratory Waste
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 | | | |
| 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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| Jim Guion<br>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<br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 22 2015 |
| TYPED OR PRINTED | | | AREA Code | NUMBER | MM/DD/YYYY |

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

1. NODI (A): Laboratory Waste commingled with Produced 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 ELLY - CAG280000

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

**FACILITY:** PLATFORM ELLY

**LOCATION:** LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001148 | 019A-A |

| MONITORING PERIOD MM/DD/YYYY | MM/DD/YYYY |
|---|---|
| 07/01/2015 | 07/31/2015 |

**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.
2. There are no wells or drilling activities at Platform Elly

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 ELLY - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLY
**LOCATION:** LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001148 | 020A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2015 | 07/31/2015 |

**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<br>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<br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 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 ELLY - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLY
**LOCATION:** LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001148 | 021A-A |

| MONITORING PERIOD MM/DD/YYYY | MM/DD/YYYY |
|---|---|
| 07/01/2015 | 07/31/2015 |

**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 |
|---|---|---|---|---|---|
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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. Submit RP analysis per permit requirement after sampling is completed.

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 ELLY - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLY
**LOCATION:** LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001148 | 022A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2015 | 07/31/2015 |

**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<br>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. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 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 ELLY - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLY
**LOCATION:** LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001148 | 001A-A |

| MONITORING PERIOD MM/DD/YYYY | MM/DD/YYYY |
|---|---|
| 08/01/2015 | 08/31/2015 |

**DMR Mailing ZIP CODE:** 90802
MINOR
(SUBR FW)
Drilling Fluids and Cuttings
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 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 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 | ****** | 49950 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 |

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| TYPED OR PRINTED | | | AREA Code | NUMBER | MM/DD/YYYY |

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

1. There are no wells or drilling activities at Platform Elly.

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 ELLY - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLY
**LOCATION:** LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001148 | 001A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 08/01/2015 | 08/31/2015 |

**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 | ****** | 18150 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. There are no wells or drilling activities at Platform Elly.

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 ELLY - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLY
**LOCATION:** LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001148 | 002A-A |

| MONITORING PERIOD MM/DD/YYYY | MM/DD/YYYY |
|---|---|
| 08/01/2015 | 08/31/2015 |

**DMR Mailing ZIP CODE:** 90802
MINOR
(SUBR FW)
Produced Water Monthly
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 | | | |
| Oil and grease, hexane extr method | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | NODI (C) | NODI (C) | | | | |
| 00552 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 29 MO AVG | 42 DAILY MX | mg/L | | Weekly | GRAB |
| Produced water, flow | SAMPLE MEASUREMENT | NODI (C) | ****** | | ****** | ****** | ****** | ****** | | | |
| 82600 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | ****** | bbl/d | ****** | ****** | ****** | ****** | | Daily | ESTIMA |
| Produced water, flow | SAMPLE MEASUREMENT | ****** | 470.7 | bbl/yr | ****** | ****** | ****** | ****** | 0 | Annual | Calctd |
| 82600 O 0 See Comments | PERMIT REQUIREMENT | ****** | 10950000 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. WTCWF, Deck Drainage, Domestic Waste & Fire Control Water are commingled with production & processed at platform Elly.
2. Produced water annual cumulative flow from March 1st thru Feb 28th each year
3. Oil and grease sampling is weekly during discharge (no sample during weeks with no produced water 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 ELLY - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLY
**LOCATION:** LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| CAF001148 | 003A-A |
|---|---|
| **PERMIT NUMBER** | **DISCHARGE NUMBER** |

| MONITORING PERIOD | |
|---|---|
| **MM/DD/YYYY** | **MM/DD/YYYY** |
| 08/01/2015 | 08/31/2015 |

**DMR Mailing ZIP CODE:** 90802
MINOR
(SUBR FW)
Well Treatment, Completion and Workover Fluic
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 | | | |
| 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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| 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 when applicable
4. There are no wells or drilling activities at Platform Elly

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 ELLY - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLY
**LOCATION:** LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001148 | 004A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 08/01/2015 | 08/31/2015 |

**DMR Mailing ZIP CODE:** 90802
MINOR
(SUBR FW)
Deck Drainage
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 | | | |
| 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. NODI (A): Deck Drainage is commingled with Produced Water. There were no produced water discharges during the month.

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 ELLY - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLY
**LOCATION:** LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001148 | 005A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 08/01/2015 | 08/31/2015 |

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

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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. NODI (A):Sanitary Waste is commingled and discharged with Sanitary Waste at platform Ellen . Domestic Waste, as laundry, is commingled with produced water and injected. Domestic waste from showers and sinks is commingled with sanitary at Platform Ellen (refer to Platform Ellen DMR).

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 ELLY - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLY
**LOCATION:** LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001148 | 006A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 08/01/2015 | 08/31/2015 |

**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 ELLY - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLY
**LOCATION:** LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001148 | 007A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 08/01/2015 | 08/31/2015 |

**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<br>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. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 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 ELLY - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLY
**LOCATION:** LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001148 | 008A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 08/01/2015 | 08/31/2015 |

**DMR Mailing ZIP CODE:** 90802
MINOR
(SUBR FW)
Fire Control System 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 | | | |
| 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<br>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<br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 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 Produced Water and injected. Small amounts may be discharged overboard during fire water system testing. The firewater is not chlorinted or chemically treated.

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 ELLY - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLY
**LOCATION:** LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001148 | 009A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 08/01/2015 | 08/31/2015 |

**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 | 5,143 | ****** | 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. When present, Chlorine values are reported post-dilution per EPA Plumes UM.
3. NODI (9): Quarterly/No monitoring required this month

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 ELLY - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLY
**LOCATION:** LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001148 | 010A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 08/01/2015 | 08/31/2015 |

**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 |
| 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 ELLY - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLY
**LOCATION:** LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001148 | 011A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 08/01/2015 | 08/31/2015 |

**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 |
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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 ELLY - CAG280000

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

**FACILITY:** PLATFORM ELLY

**LOCATION:** LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001148 | 012A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 08/01/2015 | 08/31/2015 |

**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 |
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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 ELLY - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLY
**LOCATION:** LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001148 | 013A-A |

| MONITORING PERIOD MM/DD/YYYY | MM/DD/YYYY |
|---|---|
| 08/01/2015 | 08/31/2015 |

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

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 ELLY - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLY
**LOCATION:** LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001148 | 014A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 08/01/2015 | 08/31/2015 |

**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 |
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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 ELLY - CAG280000

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

**FACILITY:** PLATFORM ELLY

**LOCATION:** LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| CAF001148 | 015A-A |
|---|---|
| **PERMIT NUMBER** | **DISCHARGE NUMBER** |

| MONITORING PERIOD | |
|---|---|
| **MM/DD/YYYY** | **MM/DD/YYYY** |
| 08/01/2015 | 08/31/2015 |

**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 |
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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 ELLY - CAG280000

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

**FACILITY:** PLATFORM ELLY

**LOCATION:** LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001148 | 016A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 08/01/2015 | 08/31/2015 |

**DMR Mailing ZIP CODE:** 90802
MINOR
(SUBR FW)
Uncontaminated 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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| Jim Guion<br>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<br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 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 ELLY - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLY
**LOCATION:** LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001148 | 017A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 08/01/2015 | 08/31/2015 |

**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<br>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<br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 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 ELLY - CAG280000

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

**FACILITY:** PLATFORM ELLY

**LOCATION:** LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001148 | 018A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 08/01/2015 | 08/31/2015 |

**DMR Mailing ZIP CODE:** 90802

MINOR
(SUBR FW)
Laboratory Waste
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 | | | |
| 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)**

1. NODI (A): Laboratory Waste commingled with Produced Water. There were no produced water discharges during the month.

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 ELLY - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLY
**LOCATION:** LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001148 | 019A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 08/01/2015 | 08/31/2015 |

**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<br>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<br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 22 2015 |
| 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.
2. There are no wells or drilling activities at Platform Elly

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 ELLY - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLY
**LOCATION:** LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001148 | 020A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 08/01/2015 | 08/31/2015 |

**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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| 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 ELLY - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLY
**LOCATION:** LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001148 | 021A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 08/01/2015 | 08/31/2015 |

**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 |
|---|---|---|---|---|---|
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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. Submit RP analysis per permit requirement after sampling is completed.

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 ELLY - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLY
**LOCATION:** LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001148 | 022A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 08/01/2015 | 08/31/2015 |

**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 ELLY - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLY
**LOCATION:** LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001148 | 001A-A |

| MONITORING PERIOD MM/DD/YYYY | MM/DD/YYYY |
|---|---|
| 09/01/2015 | 09/30/2015 |

**DMR Mailing ZIP CODE:** 90802
MINOR
(SUBR FW)
Drilling Fluids and Cuttings
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 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 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 | ****** | 49950 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. There are no wells or drilling activities at Platform Elly.

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 ELLY - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLY
**LOCATION:** LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001148 | 001A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 09/01/2015 | 09/30/2015 |

**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 | ****** | 18150 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. There are no wells or drilling activities at Platform Elly.

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 ELLY - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLY
**LOCATION:** LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001148 | 002A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 09/01/2015 | 09/30/2015 |

**DMR Mailing ZIP CODE:** 90802
MINOR
(SUBR FW)
Produced Water Monthly
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 | | | |
| Oil and grease, hexane extr method | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | NODI (C) | NODI (C) | | | | |
| 00552 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 29 MO AVG | 42 DAILY MX | mg/L | | Weekly | GRAB |
| Produced water, flow | SAMPLE MEASUREMENT | NODI (C) | ****** | | ****** | ****** | ****** | ****** | | | |
| 82600 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | ****** | bbl/d | ****** | ****** | ****** | ****** | | Daily | ESTIMA |
| Produced water, flow | SAMPLE MEASUREMENT | ****** | 470.7 | bbl/yr | ****** | ****** | ****** | ****** | 0 | Annual | Calctd |
| 82600 O 0 See Comments | PERMIT REQUIREMENT | ****** | 10950000 YTD TOT | bbl/yr | ****** | ****** | ****** | ****** | | Annual | CALCTD |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | | | TELEPHONE | | DATE |
|---|---|---|---|---|---|
| Jim Guion<br>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<br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 22 2015 |
| TYPED OR PRINTED | | | AREA Code | NUMBER | MM/DD/YYYY |

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

1. WTCWF, Deck Drainage, Domestic Waste & Fire Control Water are commingled with production & processed at platform Elly.
2. Produced water annual cumulative flow from March 1st thru Feb 28th each year
3. Oil and grease sampling is weekly during discharge (no sample during weeks with no produced water 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 ELLY - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLY
**LOCATION:** LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001148 | 003A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 09/01/2015 | 09/30/2015 |

**DMR Mailing ZIP CODE:** 90802
MINOR
(SUBR FW)
Well Treatment, Completion and Workover Fluic
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 | | | |
| 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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| 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 when applicable
4. There are no wells or drilling activities at Platform Elly

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 ELLY - CAG280000

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

**FACILITY:** PLATFORM ELLY

**LOCATION:** LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001148 | 004A-A |

| MONITORING PERIOD MM/DD/YYYY | MM/DD/YYYY |
|---|---|
| 09/01/2015 | 09/30/2015 |

**DMR Mailing ZIP CODE:** 90802

MINOR
(SUBR FW)
Deck Drainage
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 | | | |
| 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 | | 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. Free Oil Sheen - # days observed .
2. NODI (A): Deck Drainage is commingled with Produced Water. There were no produced water discharges during the month.

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 ELLY - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLY
**LOCATION:** LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001148 | 005A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 09/01/2015 | 09/30/2015 |

**DMR Mailing ZIP CODE:** 90802
MINOR
(SUBR FW)
Domestic and Sanitary Waste
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 | | | |
| Flow rate, domestic | SAMPLE MEASUREMENT | | ****** | | ****** | ****** | ****** | ****** | | | |
| 51667 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | ****** | bbl/d | ****** | ****** | ****** | ****** | | Monthly | ESTIMA |
| Sanitary waste, residual chlorine | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | | | | | | |
| 82605 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 1 MINIMUM | 10 MAXIMUM | mg/L | | Monthly | GRAB |
| Sanitary waste, flow | SAMPLE MEASUREMENT | | ****** | | ****** | ****** | ****** | ****** | | | |
| 82606 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | ****** | bbl/d | ****** | ****** | ****** | ****** | | Monthly | ESTIMA |
| Sanitary waste, solids | SAMPLE MEASUREMENT | ****** | | | ****** | ****** | ****** | ****** | | | |
| 82607 RW 0 Receiving Water | PERMIT REQUIREMENT | ****** | Req. Mon. MO AVG | # dis/d | ****** | ****** | ****** | ****** | | Daily | VISUAL |
| Domestic waste, foam and floating solids | SAMPLE MEASUREMENT | ****** | | | ****** | ****** | ****** | ****** | | | |
| 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. NODI (A): Sanitary Waste is commingled and discharged with Sanitary Waste at platform Ellen . Domestic Waste, as laundry, is commingled with produced water and injected. Domestic waste from showers and sinks is commingled with sanitary at Platform Ellen (refer to Platform Ellen DMR).

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 ELLY - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLY
**LOCATION:** LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001148 | 006A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 09/01/2015 | 09/30/2015 |

**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 |

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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 ELLY - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLY
**LOCATION:** LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001148 | 007A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 09/01/2015 | 09/30/2015 |

**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 ELLY - CAG280000

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

**FACILITY:** PLATFORM ELLY

**LOCATION:** LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001148 | 008A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 09/01/2015 | 09/30/2015 |

**DMR Mailing ZIP CODE:** 90802

MINOR
(SUBR FW)
Fire Control System 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 | | | |
| 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 |
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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. Fire Control System Water is commingled with Produced Water and injected. Small amounts may bbe discharged overboard during fire water system testing. The firewater is not chlorinated or chemically treated.

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 ELLY - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLY
**LOCATION:** LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001148 | 009A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 09/01/2015 | 09/30/2015 |

**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 | 5,143 | ****** | 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. When present, Chlorine values are reported post-dilution per EPA Plumes UM.
3. NODI (9): Quarterly/No monitoring required this month

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 ELLY - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLY
**LOCATION:** LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001148 | 010A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 09/01/2015 | 09/30/2015 |

**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 |
| 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 ELLY - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLY
**LOCATION:** LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001148 | 011A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 09/01/2015 | 09/30/2015 |

**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<br>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. Robert | (562) 628 1526 | | 10 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
OMB No. 2040-0004

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

**NAME:** BETA OFFSHORE PLATFORM ELLY - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLY
**LOCATION:** LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001148 | 012A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 09/01/2015 | 09/30/2015 |

**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<br>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. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 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 ELLY - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLY
**LOCATION:** LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001148 | 013A-A |

| MONITORING PERIOD MM/DD/YYYY | MM/DD/YYYY |
|---|---|
| 09/01/2015 | 09/30/2015 |

**DMR Mailing ZIP CODE:** 90802
MINOR
(SUBR FW)
Test Fluids
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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| Jim Guion<br>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<br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 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 ELLY - CAG280000

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

**FACILITY:** PLATFORM ELLY

**LOCATION:** LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001148 | 014A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 09/01/2015 | 09/30/2015 |

**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 |
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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 ELLY - CAG280000

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

**FACILITY:** PLATFORM ELLY

**LOCATION:** LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| CAF001148 | 015A-A |
|---|---|
| **PERMIT NUMBER** | **DISCHARGE NUMBER** |

| MONITORING PERIOD | |
|---|---|
| **MM/DD/YYYY** | **MM/DD/YYYY** |
| 09/01/2015 | 09/30/2015 |

**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 |
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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 ELLY - CAG280000

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

**FACILITY:** PLATFORM ELLY

**LOCATION:** LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| CAF001148 | 016A-A |
|---|---|
| **PERMIT NUMBER** | **DISCHARGE NUMBER** |

| MONITORING PERIOD | |
|---|---|
| **MM/DD/YYYY** | **MM/DD/YYYY** |
| 09/01/2015 | 09/30/2015 |

**DMR Mailing ZIP CODE:** 90802

MINOR
(SUBR FW)
Uncontaminated 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 | | | 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 ELLY - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLY
**LOCATION:** LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001148 | 017A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 09/01/2015 | 09/30/2015 |

**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 |
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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.

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 ELLY - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLY
**LOCATION:** LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001148 | 018A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 09/01/2015 | 09/30/2015 |

**DMR Mailing ZIP CODE:** 90802
MINOR
(SUBR FW)
Laboratory Waste
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 | | | |
| 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)**

1. NODI (A): Laboratory Waste commingled with Produced Water. There were no produced water discharges during the month.

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 ELLY - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLY
**LOCATION:** LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| CAF001148 | 019A-A |
|---|---|
| **PERMIT NUMBER** | **DISCHARGE NUMBER** |

| MONITORING PERIOD | |
|---|---|
| **MM/DD/YYYY** | **MM/DD/YYYY** |
| 09/01/2015 | 09/30/2015 |

**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.
2. There are no wells or drilling activities at Platform Elly

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 ELLY - CAG280000

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

**FACILITY:** PLATFORM ELLY

**LOCATION:** LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001148 | 020A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 09/01/2015 | 09/30/2015 |

**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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| 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 ELLY - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLY
**LOCATION:** LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001148 | 021A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 09/01/2015 | 09/30/2015 |

**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<br>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. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 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 No. 2040-0004

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

**NAME:** BETA OFFSHORE PLATFORM ELLY - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLY
**LOCATION:** LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001148 | 022A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 09/01/2015 | 09/30/2015 |

**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<br>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. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 22 2015 |
| 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 ELLY
# MISCELLANEOUS DISCHARGES
# CHEMICAL INVENTORY
# July 1, 2015 through September 30, 2015

| 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 | | | | |
| July | 5,143 | Chlorine | 0.17 | 0.8 |
| August | 5,143 | Chlorine | 0.13 | 0.6 |
| September | 5,143 | Chlorine | 0.13 | 0.6 |
| 008 Fire Control System Water | N / A | None | None | None |
| 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 daily monitoring results using a non-EPA chlorine test method (Hach DPD Color Wheel). The chlorine concentrations are the same for Ellly and Ellen since Ellen's seawater pump supplies the non-contact cooling water to Elly.

N / A: Not chlorinated

# Attachment 3

# Non-Contact Cooling Water Chlorine Residual Results

# ATTACHMENT 3
# PLATFORM ELLY
# NON-CONTACT COOLING WATER CHLORINE RESULTS
# July 1, 2015 through September 30, 2015

| 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: 07/20/15 | Once/Quarter | 0.00585 | 0.0102 | 0.00029 | 0.08 | 277:1 |

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

# Attachment 4

# Prohibited Discharges

**ATTACHMENT 4**
**PLATFORM ELLY**
**Prohibited Discharges**
**July 1, 2015 through September 30, 2015**

| 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 detergernts 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

August 7, 2015

**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)* |
|---|---|---|
| | Platform Elly / Ellen | End of Pipe |
| July 20, 2015 @ 0730 hrs | Non-Contact Cooling Water Outlet East Seawater Pump | 0.08 mg/l |
| LTS 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.

October 15, 2015

## 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 Sigma-Aldrich Corporation. Results of this test are as follows:

| **Test Date** | **Total Residual Chlorine** |
|---|---|
| October 12, 2015 | *(EPA Method 330.5)* |
| LTS meter (SN 041200088375) | **3.62 mg/l** |
| LTS meter (SN 12040E195572) | **3.58 mg/l** |

Sigma-Aldrich Corporation test sample (Lot #QC1065-2ml):

| | |
|---|---|
| **Acceptance Limits** | **2.14 – 3.64 mg/l** |
| Certified Value | 2.89 mg/l ± 0.441 |

LTS Lead Technician: Mike Apple

Method Blank < 0.05 mg/l

**S.G. Lawry**
***Environmental Specialist***
***President, LTS***

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

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# WORK ORDER NUMBER: 15-07-0203

*The difference is service*

AIR | SOIL | WATER | MARINE CHEMISTRY

**Analytical Report For**

**Client:** Beta Offshore

**Client Project Name:** Weekly NPDES Produced Water Monitoring

**Attention:** Marina Robertson
111 W. Ocean Blvd., Suite 1240
Long Beach, CA 90802-4633

Amanda Porter

Approved for release on 07/08/2015 by:
Amanda Porter
Project Manager

ResultLink ▸

Email your PM ▸

Eurofins Calscience, Inc. (Calscience) certifies that the test results provided in this report meet all NELAC requirements for parameters for which accreditation is required or available. Any exceptions to NELAC requirements are noted in the case narrative. The original report of subcontracted analyses, if any, is attached to this report. The results in this report are limited to the sample(s) tested and any reproduction thereof must be made in its entirety. The client or recipient of this report is specifically prohibited from making material changes to said report and, to the extent that such changes are made, Calscience is not responsible, legally or otherwise. The client or recipient agrees to indemnify Calscience for any defense to any litigation which may arise.

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# Contents

Client Project Name: Weekly NPDES Produced Water Monitoring
Work Order Number: 15-07-0203


1 Work Order Narrative. . . . . 3

2 Client Sample Data. . . . . 4
2.1 EPA 1664A HEM: Oil and Grease (Aqueous). . . . . 4

3 Quality Control Sample Data. . . . . 5
3.1 LCS/LCSD. . . . . 5

4 Sample Analysis Summary. . . . . 6

5 Glossary of Terms and Qualifiers. . . . . 7

6 Chain-of-Custody/Sample Receipt Form. . . . . 8

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# Work Order Narrative

Work Order: 15-07-0203 Page 1 of 1

**Condition Upon Receipt:**

Samples were received under Chain-of-Custody (COC) on 07/06/15. They were assigned to Work Order 15-07-0203.

Unless otherwise noted on the Sample Receiving forms all samples were received in good condition and within the recommended EPA temperature criteria for the methods noted on the COC. The COC and Sample Receiving Documents are integral elements of the analytical report and are presented at the back of the report.

**Holding Times:**

All samples were analyzed within prescribed holding times (HT) and/or in accordance with the Calscience Sample Acceptance Policy unless otherwise noted in the analytical report and/or comprehensive case narrative, if required.

Any parameter identified in 40CFR Part 136.3 Table II that is designated as "analyze immediately" with a holding time of <= 15 minutes (40CFR-136.3 Table II, footnote 4), is considered a "field" test and the reported results will be qualified as being received outside of the stated holding time unless received at the laboratory within 15 minutes of the collection time.

**Quality Control:**

All quality control parameters (QC) were within established control limits except where noted in the QC summary forms or described further within this report.

**Subcontractor Information:**

Unless otherwise noted below (or on the subcontract form), no samples were subcontracted.

**Additional Comments:**

Air - Sorbent-extracted air methods (EPA TO-4A, EPA TO-10, EPA TO-13A, EPA TO-17): Analytical results are converted from mass/sample basis to mass/volume basis using client-supplied air volumes.

Solid - Unless otherwise indicated, solid sample data is reported on a wet weight basis, not corrected for % moisture. All QC results are always reported on a wet weight basis.

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# Analytical Report

| | | | |
|---|---|---|---|
| Beta Offshore | | Date Received: | 07/06/15 |
| 111 W. Ocean Blvd., Suite 1240 | | Work Order: | 15-07-0203 |
| Long Beach, CA 90802-4633 | | Preparation: | N/A |
| | | Method: | EPA 1664A |
| | | Units: | mg/L |
| Project: Weekly NPDES Produced Water Monitoring | | | Page 1 of 1 |

| Client Sample Number | Lab Sample Number | Date/Time Collected | Matrix | Instrument | Date Prepared | Date/Time Analyzed | QC Batch ID |
|---|---|---|---|---|---|---|---|
| **NPDES Prod. Water** | **15-07-0203-1-A** | **07/04/15 08:56** | **Aqueous** | **N/A** | **07/07/15** | **07/07/15 12:00** | **F0707HEML1** |

| Parameter | Result | RL | DF | Qualifiers |
|---|---|---|---|---|
| HEM: Oil and Grease | 30.7 | 1.00 | 1.00 | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Method Blank** | **099-05-119-4011** | **N/A** | **Aqueous** | **N/A** | **07/07/15** | **07/07/15 12:00** | **F0707HEML1** |

| Parameter | Result | RL | DF | Qualifiers |
|---|---|---|---|---|
| HEM: Oil and Grease | ND | 1.0 | 1.00 | |

RL: Reporting Limit. DF: Dilution Factor. MDL: Method Detection Limit.

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# Quality Control - LCS/LCSD

| | | | |
|---|---|---|---|
| Beta Offshore | | Date Received: | 07/06/15 |
| 111 W. Ocean Blvd., Suite 1240 | | Work Order: | 15-07-0203 |
| Long Beach, CA 90802-4633 | | Preparation: | N/A |
| | | Method: | EPA 1664A |
| Project: Weekly NPDES Produced Water Monitoring | | | Page 1 of 1 |

| Quality Control Sample ID | Type | Matrix | Instrument | Date Prepared | Date Analyzed | LCS/LCSD Batch Number |
|---|---|---|---|---|---|---|
| **099-05-119-4011** | **LCS** | **Aqueous** | **N/A** | **07/07/15** | **07/07/15 12:00** | **F0707HEML1** |
| **099-05-119-4011** | **LCSD** | **Aqueous** | **N/A** | **07/07/15** | **07/07/15 12:00** | **F0707HEML1** |

| Parameter | Spike Added | LCS Conc. | LCS %Rec. | LCSD Conc. | LCSD %Rec. | %Rec. CL | RPD | RPD CL | Qualifiers |
|---|---|---|---|---|---|---|---|---|---|
| HEM: Oil and Grease | 40.00 | 37.10 | 93 | 36.20 | 90 | 78-114 | 2 | 0-18 | |

RPD: Relative Percent Difference. CL: Control Limits

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# Sample Analysis Summary Report

Work Order: 15-07-0203



| Method | Extraction | Chemist ID | Instrument | Analytical Location |
|---|---|---|---|---|
| EPA 1664A | N/A | 1002 | N/A | 1 |

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# Glossary of Terms and Qualifiers

Work Order: 15-07-0203 Page 1 of 1

| Qualifiers | Definition |
|---|---|
| * | See applicable analysis comment. |
| < | Less than the indicated value. |
| > | Greater than the indicated value. |
| 1 | Surrogate compound recovery was out of control due to a required sample dilution. Therefore, the sample data was reported without further clarification. |
| 2 | Surrogate compound recovery was out of control due to matrix interference. The associated method blank surrogate spike compound was in control and, therefore, the sample data was reported without further clarification. |
| 3 | Recovery of the Matrix Spike (MS) or Matrix Spike Duplicate (MSD) compound was out of control due to suspected matrix interference. The associated LCS recovery was in control. |
| 4 | The MS/MSD RPD was out of control due to suspected matrix interference. |
| 5 | The PDS/PDSD or PES/PESD associated with this batch of samples was out of control due to suspected matrix interference. |
| 6 | Surrogate recovery below the acceptance limit. |
| 7 | Surrogate recovery above the acceptance limit. |
| B | Analyte was present in the associated method blank. |
| BU | Sample analyzed after holding time expired. |
| BV | Sample received after holding time expired. |
| CI | See case narrative. |
| E | Concentration exceeds the calibration range. |
| ET | Sample was extracted past end of recommended max. holding time. |
| HD | The chromatographic pattern was inconsistent with the profile of the reference fuel standard. |
| HDH | The sample chromatographic pattern for TPH matches the chromatographic pattern of the specified standard but heavier hydrocarbons were also present (or detected). |
| HDL | The sample chromatographic pattern for TPH matches the chromatographic pattern of the specified standard but lighter hydrocarbons were also present (or detected). |
| J | Analyte was detected at a concentration below the reporting limit and above the laboratory method detection limit. Reported value is estimated. |
| JA | Analyte positively identified but quantitation is an estimate. |
| ME | LCS Recovery Percentage is within Marginal Exceedance (ME) Control Limit range (+/- 4 SD from the mean). |
| ND | Parameter not detected at the indicated reporting limit. |
| Q | Spike recovery and RPD control limits do not apply resulting from the parameter concentration in the sample exceeding the spike concentration by a factor of four or greater. |
| SG | The sample extract was subjected to Silica Gel treatment prior to analysis. |
| X | % Recovery and/or RPD out-of-range. |
| Z | Analyte presence was not confirmed by second column or GC/MS analysis. |

Solid - Unless otherwise indicated, solid sample data is reported on a wet weight basis, not corrected for % moisture. All QC results are reported on a wet weight basis.

Any parameter identified in 40CFR Part 136.3 Table II that is designated as "analyze immediately" with a holding time of <= 15 minutes (40CFR-136.3 Table II, footnote 4), is considered a "field" test and the reported results will be qualified as being received outside of the stated holding time unless received at the laboratory within 15 minutes of the collection time.

A calculated total result (Example: Total Pesticides) is the summation of each component concentration and/or, if "J" flags are reported, estimated concentration. Component concentrations showing not detected (ND) are summed into the calculated total result as zero concentrations.

**15-07-0203**

| LTS Environmental Inc.<br>704 Adirondack Avenue<br>Ventura, CA 93003<br>805-644-4560 | **Report to:** Marina Robertson<br>111 W. Ocean Blvd. Suite 1240<br>Long Beach, CA. 90802 | **Bill to:** Marina Robertson<br>111 W. Ocean Blvd. Suite 1240<br>Long Beach, CA 90802 |
|---|---|---|

FACILITY: *Platform Elly*
SAMPLER NAME: CHRIS CAMPAS
PROJECT/CHARGE # ***Weekly NPDES Produced Water Monitoring***
RESULTS REQUIRED: **48 hr RUSH**
RESULTS BY: PHONE: _____ E-MAIL **X** mrobertson@betaoffshore.com

SUBMITTED TO: Eurofins (*Calscience*) PHONE: *714-895-5494*
REPORT TO: *Marina Robertson* PHONE: *562-683-3497*
COPIES TO: *Marina Robertson* PHONE: *or* ***714-309-9481***
lawrylts@sbcglobal.net PHONE: *805-644-4560*
*704 Adirondack, Ventura, CA 93003*

| SAMPLE NO. | SAMPLE ID | GRAB/ COMP. | VOLUME | DATE/TIME COLLECTED | PRESERV. | ANALYSES REQUESTED (METHOD) | |
|---|---|---|---|---|---|---|---|
| 1 | *NPDES Prod.Water* | *grab* | *1 L amber* | 7-4-15 8:56 AM | *H2SO4* | ***Oil & Grease (EPA 1664)*** | |
| 2 | *NPDES Prod.Water* | *grab* | *1 L amber* | 7-4-15 8:58 AM | *H2SO4* | ***Oil & Grease (EPA 1664)*** | ***Hold*** |
| 3 | *NPDES Prod.Water* | *grab* | *1 L amber* | 7-4-15 8:59 AM | *H2SO4* | ***Oil & Grease (EPA 1664)*** | ***Hold*** |
| 4 | *NPDES Prod.Water* | *grab* | *1 L amber* | 7-4-15 9:00 AM | *H2SO4* | ***Oil & Grease (EPA 1664)*** | ***Hold*** |
| | | | | | | | |
| | | | | | | | |
| | ***Caution to Sample Collector:*** *All sample bottles contain a concentrated* ***acid*** *preservative.* | | | | | | |
| | *Use proper PPE including gloves and goggles when collecting the samples.* | | | | | | |
| | | | | | | | |

**To Lab:** ***For Samples 1-4: Analyze Sample #1 only - hold other samples until further notice.***

| | |
|---|---|
| Relinquished by: CHRIS CAMPAS Date: 7-4-15<br>Received by: Time: | Relinquished by: CHRIS CAMPAS Date: 7-4-15<br>Received by: Time: |
| Relinquished by: CHRIS CAMPAS Date: 7-4-15<br>Received by: Time: | Relinquished by: CHRIS CAMPAS Date: ~~7-4-15~~ 7/06/15<br>Received by: EU Time: 12.20 PM |

Relinquished by: EU 7/06/15 @ 13.15
Received by: EU 7/6/15 1315

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WORK ORDER NUMBER: 15-07- 0203

# SAMPLE RECEIPT CHECKLIST

COOLER 1 OF 1

CLIENT: LTS ENVIRONMENTAL

DATE: 07 / 06 / 2015

**TEMPERATURE:** (Criteria: 0.0°C – 6.0°C, not frozen except sediment/tissue)

Thermometer ID: SC5 (CF:-0.2°C); Temperature (w/o CF): 4.5 °C (w/ CF): 4.3 °C; ☑ Blank ☐ Sample

☐ Sample(s) outside temperature criteria (PM/APM contacted by: _____)

☐ Sample(s) outside temperature criteria but received on ice/chilled on same day of sampling

☐ Sample(s) received at ambient temperature; placed on ice for transport by courier

Ambient Temperature: ☐ Air ☐ Filter

Checked by: 804

**CUSTODY SEAL:**

| | | | | | |
|---|---|---|---|---|---|
| Cooler | ☐ Present and Intact | ☐ Present but Not Intact | ☑ Not Present | ☐ N/A | Checked by: 804 |
| Sample(s) | ☐ Present and Intact | ☐ Present but Not Intact | ☑ Not Present | ☐ N/A | Checked by: LDM |

| **SAMPLE CONDITION:** | Yes | No | N/A |
|---|---|---|---|
| Chain-of-Custody (COC) document(s) received with samples | ☑ | ☐ | ☐ |
| COC document(s) received complete | ☑ | ☐ | ☐ |
| ☐ Sampling date ☐ Sampling time ☐ Matrix ☐ Number of containers | | | |
| ☐ No analysis requested ☐ Not relinquished ☐ No relinquished date ☐ No relinquished time | | | |
| Sampler's name indicated on COC | ☑ | ☐ | ☐ |
| Sample container label(s) consistent with COC | ☑ | ☐ | ☐ |
| Sample container(s) intact and in good condition | ☑ | ☐ | ☐ |
| Proper containers for analyses requested | ☑ | ☐ | ☐ |
| Sufficient volume/mass for analyses requested | ☑ | ☐ | ☐ |
| Samples received within holding time | ☑ | ☐ | ☐ |
| Aqueous samples for certain analyses received within 15-minute holding time | | | |
| ☐ pH ☐ Residual Chlorine ☐ Dissolved Sulfide ☐ Dissolved Oxygen | ☐ | ☐ | ☑ |
| Proper preservation chemical(s) noted on COC and/or sample container | ☑ | ☐ | ☐ |
| Unpreserved aqueous sample(s) received for certain analyses | | | |
| ☐ Volatile Organics ☐ Total Metals ☐ Dissolved Metals | | | |
| Container(s) for certain analysis free of headspace | ☐ | ☐ | ☑ |
| ☐ Volatile Organics ☐ Dissolved Gases (RSK-175) ☐ Dissolved Oxygen (SM 4500) | | | |
| ☐ Carbon Dioxide (SM 4500) ☐ Ferrous Iron (SM 3500) ☐ Hydrogen Sulfide (Hach) | | | |
| Tedlar™ bag(s) free of condensation | ☐ | ☐ | ☑ |

**CONTAINER TYPE:** (Trip Blank Lot Number: _____)

**Aqueous:** ☐ VOA ☐ VOAh ☐ VOA**na₂** ☐ 100PJ ☐ 100PJ**na₂** ☐ 125AGB ☐ 125AGB**h** ☐ 125AGB**p** ☐ 125PB

☐ 125PB**znna** ☐ 250AGB ☐ 250CGB ☐ 250CGB**s** ☐ 250PB ☐ 250PB**n** ☐ 500AGB ☐ 500AGJ ☐ 500AGJ**s**

☐ 500PB ☐ 1AGB ☐ 1AGB**na₂** ☑ 1AGB**s** ☐ 1PB ☐ 1PB**na** ☐ _____ ☐ _____ ☐ _____ ☐ _____

**Solid:** ☐ 4ozCGJ ☐ 8ozCGJ ☐ 16ozCGJ ☐ Sleeve (_____) ☐ EnCores® (_____) ☐ TerraCores® (_____) ☐ _____

**Air:** ☐ Tedlar™ ☐ Canister ☐ Sorbent Tube ☐ PUF ☐ _____ **Other Matrix** (_____): ☐ _____ ☐ _____

Container: **A** = Amber, **B** = Bottle, **C** = Clear, **E** = Envelope, **G** = Glass, **J** = Jar, **P** = Plastic, and **Z** = Ziploc/Resealable Bag

Preservative: **b** = buffered, **f** = filtered, **h** = HCl, **n** = $HNO_3$, **na** = NaOH, **na₂** = $Na_2S_2O_3$, **p** = $H_3PO_4$, **s** = $H_2SO_4$, **u** = ultra-pure, **znna** = $Zn(CH_3CO_2)_2$ + NaOH

Labeled/Checked by: LDM

Reviewed by: 826

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Supplemental Report 1

Additional requested analyses are reported as a stand-alone report.

# WORK ORDER NUMBER: 15-07-0203

*The difference is service*

AIR | SOIL | WATER | MARINE CHEMISTRY

**Analytical Report For**

**Client:** Beta Offshore

***Client Project Name:*** *Weekly NPDES Produced Water Monitoring*

**Attention:** Marina Robertson
111 W. Ocean Blvd., Suite 1240
Long Beach, CA 90802-4633

Amanda Porter

Approved for release on 07/15/2015 by:
Amanda Porter
Project Manager

ResultLink ▸

Email your PM ▸

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# Contents

Client Project Name: Weekly NPDES Produced Water Monitoring
Work Order Number: 15-07-0203


1 Work Order Narrative. . . . . 3

2 Client Sample Data. . . . . 4
2.1 EPA 1664A HEM: Oil and Grease (Aqueous). . . . . 4

3 Quality Control Sample Data. . . . . 5
3.1 LCS/LCSD. . . . . 5

4 Sample Analysis Summary. . . . . 6

5 Glossary of Terms and Qualifiers. . . . . 7

6 Chain-of-Custody/Sample Receipt Form. . . . . 8

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# Work Order Narrative



**Condition Upon Receipt:**

Samples were received under Chain-of-Custody (COC) on 07/06/15. They were assigned to Work Order 15-07-0203.

Unless otherwise noted on the Sample Receiving forms all samples were received in good condition and within the recommended EPA temperature criteria for the methods noted on the COC. The COC and Sample Receiving Documents are integral elements of the analytical report and are presented at the back of the report.

**Holding Times:**

All samples were analyzed within prescribed holding times (HT) and/or in accordance with the Calscience Sample Acceptance Policy unless otherwise noted in the analytical report and/or comprehensive case narrative, if required.

Any parameter identified in 40CFR Part 136.3 Table II that is designated as "analyze immediately" with a holding time of <= 15 minutes (40CFR-136.3 Table II, footnote 4), is considered a "field" test and the reported results will be qualified as being received outside of the stated holding time unless received at the laboratory within 15 minutes of the collection time.

**Quality Control:**

All quality control parameters (QC) were within established control limits except where noted in the QC summary forms or described further within this report.

**Subcontractor Information:**

Unless otherwise noted below (or on the subcontract form), no samples were subcontracted.

**Additional Comments:**

Air - Sorbent-extracted air methods (EPA TO-4A, EPA TO-10, EPA TO-13A, EPA TO-17): Analytical results are converted from mass/sample basis to mass/volume basis using client-supplied air volumes.

Solid - Unless otherwise indicated, solid sample data is reported on a wet weight basis, not corrected for % moisture. All QC results are always reported on a wet weight basis.

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# Analytical Report

| | | | |
|---|---|---|---|
| Beta Offshore | | Date Received: | 07/06/15 |
| 111 W. Ocean Blvd., Suite 1240 | | Work Order: | 15-07-0203 |
| Long Beach, CA 90802-4633 | | Preparation: | N/A |
| | | Method: | EPA 1664A |
| | | Units: | mg/L |
| Project: Weekly NPDES Produced Water Monitoring | | | Page 1 of 1 |

| Client Sample Number | Lab Sample Number | Date/Time Collected | Matrix | Instrument | Date Prepared | Date/Time Analyzed | QC Batch ID |
|---|---|---|---|---|---|---|---|
| **NPDES Prod. Water** | **15-07-0203-2-A** | **07/04/15 08:58** | **Aqueous** | **N/A** | **07/13/15** | **07/13/15 17:30** | **F0713HEML3** |

| Parameter | Result | RL | DF | Qualifiers |
|---|---|---|---|---|
| HEM: Oil and Grease | 51.8 | 1.00 | 1.00 | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **NPDES Prod. Water** | **15-07-0203-3-A** | **07/04/15 08:59** | **Aqueous** | **N/A** | **07/13/15** | **07/13/15 17:30** | **F0713HEML3** |

| Parameter | Result | RL | DF | Qualifiers |
|---|---|---|---|---|
| HEM: Oil and Grease | 39.5 | 1.00 | 1.00 | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **NPDES Prod. Water** | **15-07-0203-4-A** | **07/04/15 09:00** | **Aqueous** | **N/A** | **07/13/15** | **07/13/15 17:30** | **F0713HEML3** |

| Parameter | Result | RL | DF | Qualifiers |
|---|---|---|---|---|
| HEM: Oil and Grease | 28.4 | 1.00 | 1.00 | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Method Blank** | **099-05-119-4020** | **N/A** | **Aqueous** | **N/A** | **07/13/15** | **07/13/15 17:30** | **F0713HEML3** |

| Parameter | Result | RL | DF | Qualifiers |
|---|---|---|---|---|
| HEM: Oil and Grease | ND | 1.0 | 1.00 | |

RL: Reporting Limit. DF: Dilution Factor. MDL: Method Detection Limit.

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# Quality Control - LCS/LCSD

| | | | |
|---|---|---|---|
| Beta Offshore | | Date Received: | 07/06/15 |
| 111 W. Ocean Blvd., Suite 1240 | | Work Order: | 15-07-0203 |
| Long Beach, CA 90802-4633 | | Preparation: | N/A |
| | | Method: | EPA 1664A |
| Project: Weekly NPDES Produced Water Monitoring | | | Page 1 of 1 |

| Quality Control Sample ID | Type | Matrix | Instrument | Date Prepared | Date Analyzed | LCS/LCSD Batch Number |
|---|---|---|---|---|---|---|
| **099-05-119-4020** | **LCS** | **Aqueous** | **N/A** | **07/13/15** | **07/13/15 17:30** | **F0713HEML3** |
| **099-05-119-4020** | **LCSD** | **Aqueous** | **N/A** | **07/13/15** | **07/13/15 17:30** | **F0713HEML3** |

| Parameter | Spike Added | LCS Conc. | LCS %Rec. | LCSD Conc. | LCSD %Rec. | %Rec. CL | RPD | RPD CL | Qualifiers |
|---|---|---|---|---|---|---|---|---|---|
| HEM: Oil and Grease | 40.00 | 37.70 | 94 | 36.40 | 91 | 78-114 | 4 | 0-18 | |

RPD: Relative Percent Difference. CL: Control Limits

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# Sample Analysis Summary Report

Work Order: 15-07-0203



| Method | Extraction | Chemist ID | Instrument | Analytical Location |
|---|---|---|---|---|
| EPA 1664A | N/A | 1002 | N/A | 1 |

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# Glossary of Terms and Qualifiers

Work Order: 15-07-0203 Page 1 of 1

| Qualifiers | Definition |
|---|---|
| * | See applicable analysis comment. |
| < | Less than the indicated value. |
| > | Greater than the indicated value. |
| 1 | Surrogate compound recovery was out of control due to a required sample dilution. Therefore, the sample data was reported without further clarification. |
| 2 | Surrogate compound recovery was out of control due to matrix interference. The associated method blank surrogate spike compound was in control and, therefore, the sample data was reported without further clarification. |
| 3 | Recovery of the Matrix Spike (MS) or Matrix Spike Duplicate (MSD) compound was out of control due to suspected matrix interference. The associated LCS recovery was in control. |
| 4 | The MS/MSD RPD was out of control due to suspected matrix interference. |
| 5 | The PDS/PDSD or PES/PESD associated with this batch of samples was out of control due to suspected matrix interference. |
| 6 | Surrogate recovery below the acceptance limit. |
| 7 | Surrogate recovery above the acceptance limit. |
| B | Analyte was present in the associated method blank. |
| BU | Sample analyzed after holding time expired. |
| BV | Sample received after holding time expired. |
| CI | See case narrative. |
| E | Concentration exceeds the calibration range. |
| ET | Sample was extracted past end of recommended max. holding time. |
| HD | The chromatographic pattern was inconsistent with the profile of the reference fuel standard. |
| HDH | The sample chromatographic pattern for TPH matches the chromatographic pattern of the specified standard but heavier hydrocarbons were also present (or detected). |
| HDL | The sample chromatographic pattern for TPH matches the chromatographic pattern of the specified standard but lighter hydrocarbons were also present (or detected). |
| J | Analyte was detected at a concentration below the reporting limit and above the laboratory method detection limit. Reported value is estimated. |
| JA | Analyte positively identified but quantitation is an estimate. |
| ME | LCS Recovery Percentage is within Marginal Exceedance (ME) Control Limit range (+/- 4 SD from the mean). |
| ND | Parameter not detected at the indicated reporting limit. |
| Q | Spike recovery and RPD control limits do not apply resulting from the parameter concentration in the sample exceeding the spike concentration by a factor of four or greater. |
| SG | The sample extract was subjected to Silica Gel treatment prior to analysis. |
| X | % Recovery and/or RPD out-of-range. |
| Z | Analyte presence was not confirmed by second column or GC/MS analysis. |

Solid - Unless otherwise indicated, solid sample data is reported on a wet weight basis, not corrected for % moisture. All QC results are reported on a wet weight basis.

Any parameter identified in 40CFR Part 136.3 Table II that is designated as "analyze immediately" with a holding time of <= 15 minutes (40CFR-136.3 Table II, footnote 4), is considered a "field" test and the reported results will be qualified as being received outside of the stated holding time unless received at the laboratory within 15 minutes of the collection time.

A calculated total result (Example: Total Pesticides) is the summation of each component concentration and/or, if "J" flags are reported, estimated concentration. Component concentrations showing not detected (ND) are summed into the calculated total result as zero concentrations.

**15-07-0203**

| LTS Environmental Inc.<br>704 Adirondack Avenue<br>Ventura, CA 93003<br>805-644-4560 | **Report to:** Marina Robertson<br>111 W. Ocean Blvd. Suite 1240<br>Long Beach, CA. 90802 | **Bill to:** Marina Robertson<br>111 W. Ocean Blvd. Suite 1240<br>Long Beach, CA 90802 |
|---|---|---|

FACILITY: *Platform Elly*
SAMPLER NAME: CHRIS CAMPAS
PROJECT/CHARGE # ***Weekly NPDES Produced Water Monitoring***
RESULTS REQUIRED: **48 hr RUSH**
RESULTS BY: PHONE: _____ E-MAIL **X** mrobertson@betaoffshore.com

SUBMITTED TO: Eurofins (*Calscience*) PHONE: *714-895-5494*
REPORT TO: *Marina Robertson* PHONE: *562-683-3497*
COPIES TO: *Marina Robertson* PHONE: *or **714-309-9481***
lawrylts@sbcglobal.net PHONE: *805-644-4560*
*704 Adirondack, Ventura, CA 93003*

| SAMPLE NO. | SAMPLE ID | GRAB/ COMP. | VOLUME | DATE/TIME COLLECTED | PRESERV. | ANALYSES REQUESTED (METHOD) | |
|---|---|---|---|---|---|---|---|
| 1 | *NPDES Prod.Water* | *grab* | *1 L amber* | 7-4-15 8:56 AM | *H2SO4* | ***Oil & Grease (EPA 1664)*** | |
| 2 | *NPDES Prod.Water* | *grab* | *1 L amber* | 7-4-15 8:58 AM | *H2SO4* | ***Oil & Grease (EPA 1664)*** | ***Hold*** |
| 3 | *NPDES Prod.Water* | *grab* | *1 L amber* | 7-4-15 8:59 AM | *H2SO4* | ***Oil & Grease (EPA 1664)*** | ***Hold*** |
| 4 | *NPDES Prod.Water* | *grab* | *1 L amber* | 7-4-15 9:00 AM | *H2SO4* | ***Oil & Grease (EPA 1664)*** | ***Hold*** |
| | | | | | | | |
| | | | | | | | |
| | ***Caution to Sample Collector:*** *All sample bottles contain a concentrated **acid** preservative.* | | | | | | |
| | *Use proper PPE including gloves and goggles when collecting the samples.* | | | | | | |
| | | | | | | | |

**To Lab:** ***For Samples 1-4: Analyze Sample #1 only - hold other samples until further notice.***

| | | | |
|---|---|---|---|
| Relinquished by: CHRIS CAMPAS | Date: 7-4-15 | Relinquished by: CHRIS CAMPAS | Date: 7-4-15 |
| Received by: | Time: | Received by: | Time: |
| Relinquished by: CHRIS CAMPAS | Date: 7-4-15 | Relinquished by: CHRIS CAMPAS | Date: ~~7-4-15~~ 7/06/15 |
| Received by: | Time: | Received by: EU | Time: 12.20 PM |

Relinquished by: EU 7/06/15 @ 13.15
Received by: EU 7/6/15 1315

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WORK ORDER NUMBER: 15-07- 0203

# SAMPLE RECEIPT CHECKLIST

COOLER 1 OF 1

CLIENT: LTS ENVIRONMENTAL

DATE: 07 / 06 / 2015

**TEMPERATURE:** (Criteria: 0.0°C – 6.0°C, not frozen except sediment/tissue)

Thermometer ID: SC5 (CF:-0.2°C); Temperature (w/o CF): 4.5 °C (w/ CF): 4.3 °C; ☑ Blank ☐ Sample

☐ Sample(s) outside temperature criteria (PM/APM contacted by: _____)

☐ Sample(s) outside temperature criteria but received on ice/chilled on same day of sampling

☐ Sample(s) received at ambient temperature; placed on ice for transport by courier

Ambient Temperature: ☐ Air ☐ Filter

Checked by: 804

**CUSTODY SEAL:**

| | | | | | |
|---|---|---|---|---|---|
| Cooler | ☐ Present and Intact | ☐ Present but Not Intact | ☑ Not Present | ☐ N/A | Checked by: 804 |
| Sample(s) | ☐ Present and Intact | ☐ Present but Not Intact | ☑ Not Present | ☐ N/A | Checked by: 1017 |

**SAMPLE CONDITION:**

| | Yes | No | N/A |
|---|---|---|---|
| Chain-of-Custody (COC) document(s) received with samples | ☑ | ☐ | ☐ |
| COC document(s) received complete | ☑ | ☐ | ☐ |
| ☐ Sampling date ☐ Sampling time ☐ Matrix ☐ Number of containers | | | |
| ☐ No analysis requested ☐ Not relinquished ☐ No relinquished date ☐ No relinquished time | | | |
| Sampler's name indicated on COC | ☑ | ☐ | ☐ |
| Sample container label(s) consistent with COC | ☑ | ☐ | ☐ |
| Sample container(s) intact and in good condition | ☑ | ☐ | ☐ |
| Proper containers for analyses requested | ☑ | ☐ | ☐ |
| Sufficient volume/mass for analyses requested | ☑ | ☐ | ☐ |
| Samples received within holding time | ☑ | ☐ | ☐ |
| Aqueous samples for certain analyses received within 15-minute holding time | | | |
| ☐ pH ☐ Residual Chlorine ☐ Dissolved Sulfide ☐ Dissolved Oxygen | ☐ | ☐ | ☑ |
| Proper preservation chemical(s) noted on COC and/or sample container | ☑ | ☐ | ☐ |
| Unpreserved aqueous sample(s) received for certain analyses | | | |
| ☐ Volatile Organics ☐ Total Metals ☐ Dissolved Metals | | | |
| Container(s) for certain analysis free of headspace | ☐ | ☐ | ☑ |
| ☐ Volatile Organics ☐ Dissolved Gases (RSK-175) ☐ Dissolved Oxygen (SM 4500) | | | |
| ☐ Carbon Dioxide (SM 4500) ☐ Ferrous Iron (SM 3500) ☐ Hydrogen Sulfide (Hach) | | | |
| Tedlar™ bag(s) free of condensation | ☐ | ☐ | ☑ |

**CONTAINER TYPE:** (Trip Blank Lot Number: _____)

**Aqueous:** ☐ VOA ☐ VOAh ☐ VOA**na₂** ☐ 100PJ ☐ 100PJ**na₂** ☐ 125AGB ☐ 125AGB**h** ☐ 125AGB**p** ☐ 125PB

☐ 125PB**znna** ☐ 250AGB ☐ 250CGB ☐ 250CGB**s** ☐ 250PB ☐ 250PB**n** ☐ 500AGB ☐ 500AGJ ☐ 500AGJ**s**

☐ 500PB ☐ 1AGB ☐ 1AGB**na₂** ☑ 1AGB**s** ☐ 1PB ☐ 1PB**na** ☐ _____ ☐ _____ ☐ _____ ☐ _____

**Solid:** ☐ 4ozCGJ ☐ 8ozCGJ ☐ 16ozCGJ ☐ Sleeve (_____) ☐ EnCores® (_____) ☐ TerraCores® (_____) ☐ _____

**Air:** ☐ Tedlar™ ☐ Canister ☐ Sorbent Tube ☐ PUF ☐ _____ **Other Matrix** (_____): ☐ _____ ☐ _____

Container: **A** = Amber, **B** = Bottle, **C** = Clear, **E** = Envelope, **G** = Glass, **J** = Jar, **P** = Plastic, and **Z** = Ziploc/Resealable Bag

Preservative: **b** = buffered, **f** = filtered, **h** = HCl, **n** = $HNO_3$, **na** = NaOH, **na₂** = $Na_2S_2O_3$, **p** = $H_3PO_4$, **s** = $H_2SO_4$, **u** = ultra-pure, **znna** = $Zn(CH_3CO_2)_2$ + NaOH

Labeled/Checked by: 1017

Reviewed by: 826

7/23 1 sample



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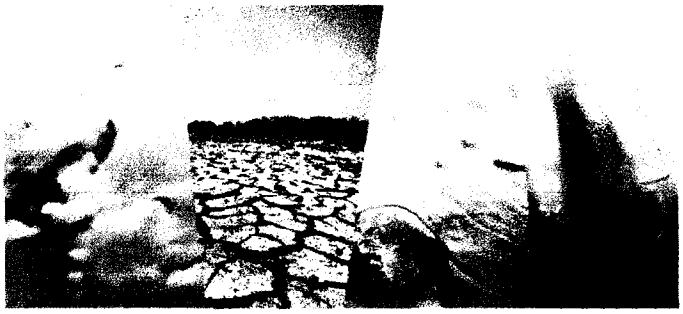
# WORK ORDER NUMBER: 15-07-1539

*The difference is service*



AIR | SOIL | WATER | MARINE CHEMISTRY

**Analytical Report For**

**Client:** Beta Offshore

**Client Project Name:** NPDES Produced Water Monitoring

**Attention:** Marina Robertson
111 W. Ocean Blvd., Suite 1240
Long Beach, CA 90802-4633

Nicole Scott for

Approved for release on 07/27/2015 by:
Amanda Porter
Project Manager

ResultLink ▸

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# Contents

Client Project Name: NPDES Produced Water Monitoring
Work Order Number: 15-07-1539


1 Work Order Narrative. . . . . 3

2 Client Sample Data. . . . . 4
2.1 EPA 1664A HEM: Oil and Grease (Aqueous). . . . . 4

3 Quality Control Sample Data. . . . . 5
3.1 LCS/LCSD. . . . . 5

4 Sample Analysis Summary. . . . . 6

5 Glossary of Terms and Qualifiers. . . . . 7

6 Chain-of-Custody/Sample Receipt Form. . . . . 8

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# Work Order Narrative



**Condition Upon Receipt:**

Samples were received under Chain-of-Custody (COC) on 07/23/15. They were assigned to Work Order 15-07-1539.

Unless otherwise noted on the Sample Receiving forms all samples were received in good condition and within the recommended EPA temperature criteria for the methods noted on the COC. The COC and Sample Receiving Documents are integral elements of the analytical report and are presented at the back of the report.

**Holding Times:**

All samples were analyzed within prescribed holding times (HT) and/or in accordance with the Calscience Sample Acceptance Policy unless otherwise noted in the analytical report and/or comprehensive case narrative, if required.

Any parameter identified in 40CFR Part 136.3 Table II that is designated as "analyze immediately" with a holding time of <= 15 minutes (40CFR-136.3 Table II, footnote 4), is considered a "field" test and the reported results will be qualified as being received outside of the stated holding time unless received at the laboratory within 15 minutes of the collection time.

**Quality Control:**

All quality control parameters (QC) were within established control limits except where noted in the QC summary forms or described further within this report.

**Subcontractor Information:**

Unless otherwise noted below (or on the subcontract form), no samples were subcontracted.

**Additional Comments:**

Air - Sorbent-extracted air methods (EPA TO-4A, EPA TO-10, EPA TO-13A, EPA TO-17): Analytical results are converted from mass/sample basis to mass/volume basis using client-supplied air volumes.

Solid - Unless otherwise indicated, solid sample data is reported on a wet weight basis, not corrected for % moisture. All QC results are always reported on a wet weight basis.

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# Analytical Report

| | | | |
|---|---|---|---|
| Beta Offshore | | Date Received: | 07/23/15 |
| 111 W. Ocean Blvd., Suite 1240 | | Work Order: | 15-07-1539 |
| Long Beach, CA 90802-4633 | | Preparation: | N/A |
| | | Method: | EPA 1664A |
| | | Units: | mg/L |
| Project: NPDES Produced Water Monitoring | | | Page 1 of 1 |

| Client Sample Number | Lab Sample Number | Date/Time Collected | Matrix | Instrument | Date Prepared | Date/Time Analyzed | QC Batch ID |
|---|---|---|---|---|---|---|---|
| **NPDES Prod. Water** | **15-07-1539-1-A** | **07/23/15 05:15** | **Aqueous** | **N/A** | **07/24/15** | **07/24/15 18:30** | **F0724HEML1** |

| Parameter | Result | RL | DF | Qualifiers |
|---|---|---|---|---|
| HEM: Oil and Grease | 30.7 | 1.00 | 1.00 | |

| Client Sample Number | Lab Sample Number | Date/Time Collected | Matrix | Instrument | Date Prepared | Date/Time Analyzed | QC Batch ID |
|---|---|---|---|---|---|---|---|
| **Method Blank** | **099-05-119-4028** | **N/A** | **Aqueous** | **N/A** | **07/24/15** | **07/24/15 18:30** | **F0724HEML1** |

| Parameter | Result | RL | DF | Qualifiers |
|---|---|---|---|---|
| HEM: Oil and Grease | ND | 1.0 | 1.00 | |

RL: Reporting Limit. DF: Dilution Factor. MDL: Method Detection Limit.

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# Quality Control - LCS/LCSD

| | | | |
|---|---|---|---|
| Beta Offshore | | Date Received: | 07/23/15 |
| 111 W. Ocean Blvd., Suite 1240 | | Work Order: | 15-07-1539 |
| Long Beach, CA 90802-4633 | | Preparation: | N/A |
| | | Method: | EPA 1664A |
| Project: NPDES Produced Water Monitoring | | | Page 1 of 1 |

| Quality Control Sample ID | Type | Matrix | Instrument | Date Prepared | Date Analyzed | LCS/LCSD Batch Number |
|---|---|---|---|---|---|---|
| **099-05-119-4028** | **LCS** | **Aqueous** | **N/A** | **07/24/15** | **07/24/15 18:30** | **F0724HEML1** |
| **099-05-119-4028** | **LCSD** | **Aqueous** | **N/A** | **07/24/15** | **07/24/15 18:30** | **F0724HEML1** |

| Parameter | Spike Added | LCS Conc. | LCS %Rec. | LCSD Conc. | LCSD %Rec. | %Rec. CL | RPD | RPD CL | Qualifiers |
|---|---|---|---|---|---|---|---|---|---|
| HEM: Oil and Grease | 40.00 | 38.30 | 96 | 34.90 | 87 | 78-114 | 9 | 0-18 | |

RPD: Relative Percent Difference. CL: Control Limits

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# Sample Analysis Summary Report

Work Order: 15-07-1539



| Method | Extraction | Chemist ID | Instrument | Analytical Location |
|---|---|---|---|---|
| EPA 1664A | N/A | 1002 | N/A | 1 |

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# Glossary of Terms and Qualifiers

Work Order: 15-07-1539



| Qualifiers | Definition |
|---|---|
| * | See applicable analysis comment. |
| < | Less than the indicated value. |
| > | Greater than the indicated value. |
| 1 | Surrogate compound recovery was out of control due to a required sample dilution. Therefore, the sample data was reported without further clarification. |
| 2 | Surrogate compound recovery was out of control due to matrix interference. The associated method blank surrogate spike compound was in control and, therefore, the sample data was reported without further clarification. |
| 3 | Recovery of the Matrix Spike (MS) or Matrix Spike Duplicate (MSD) compound was out of control due to suspected matrix interference. The associated LCS recovery was in control. |
| 4 | The MS/MSD RPD was out of control due to suspected matrix interference. |
| 5 | The PDS/PDSD or PES/PESD associated with this batch of samples was out of control due to suspected matrix interference. |
| 6 | Surrogate recovery below the acceptance limit. |
| 7 | Surrogate recovery above the acceptance limit. |
| B | Analyte was present in the associated method blank. |
| BU | Sample analyzed after holding time expired. |
| BV | Sample received after holding time expired. |
| CI | See case narrative. |
| E | Concentration exceeds the calibration range. |
| ET | Sample was extracted past end of recommended max. holding time. |
| HD | The chromatographic pattern was inconsistent with the profile of the reference fuel standard. |
| HDH | The sample chromatographic pattern for TPH matches the chromatographic pattern of the specified standard but heavier hydrocarbons were also present (or detected). |
| HDL | The sample chromatographic pattern for TPH matches the chromatographic pattern of the specified standard but lighter hydrocarbons were also present (or detected). |
| J | Analyte was detected at a concentration below the reporting limit and above the laboratory method detection limit. Reported value is estimated. |
| JA | Analyte positively identified but quantitation is an estimate. |
| ME | LCS Recovery Percentage is within Marginal Exceedance (ME) Control Limit range (+/- 4 SD from the mean). |
| ND | Parameter not detected at the indicated reporting limit. |
| Q | Spike recovery and RPD control limits do not apply resulting from the parameter concentration in the sample exceeding the spike concentration by a factor of four or greater. |
| SG | The sample extract was subjected to Silica Gel treatment prior to analysis. |
| X | % Recovery and/or RPD out-of-range. |
| Z | Analyte presence was not confirmed by second column or GC/MS analysis. |

Solid - Unless otherwise indicated, solid sample data is reported on a wet weight basis, not corrected for % moisture. All QC results are reported on a wet weight basis.

Any parameter identified in 40CFR Part 136.3 Table II that is designated as "analyze immediately" with a holding time of <= 15 minutes (40CFR-136.3 Table II, footnote 4), is considered a "field" test and the reported results will be qualified as being received outside of the stated holding time unless received at the laboratory within 15 minutes of the collection time.

A calculated total result (Example: Total Pesticides) is the summation of each component concentration and/or, if "J" flags are reported, estimated concentration. Component concentrations showing not detected (ND) are summed into the calculated total result as zero concentrations.

# 15-07-1539

| LTS Environmental Inc.<br>704 Adirondack Avenue<br>Ventura, CA 93003<br>805-644-4560 | **Report to:** Marina Robertson<br>111 W. Ocean Blvd. Suite 1240<br>Long Beach, CA. 90802 | **Bill to:** Marina Robertson<br>111 W. Ocean Blvd. Suite 1240<br>Long Beach, CA 90802 |
|---|---|---|

FACILITY: *Platform Elly*
SAMPLER NAME: Gene Pritchard
PROJECT/CHARGE #: ~~[illegible]~~ *NPDES Produced Water Monitoring*
RESULTS REQUIRED: **48 hr RUSH** ✓
RESULTS BY: PHONE: _____ E-MAIL **X** mrobertson@betaoffshore.com

SUBMITTED TO: Eurofins (*Calscience*) PHONE: *714-895-5494*
REPORT TO: *Marina Robertson* PHONE: *562-683-3497*
COPIES TO: *Marina Robertson* PHONE: *or* ***714-309-9481***
lawrylts@sbcglobal.net PHONE: *805-644-4560*
*704 Adirondack, Ventura, CA 93003*

| SAMPLE NO. | SAMPLE ID | GRAB/ COMP. | VOLUME | DATE/TIME COLLECTED | PRESERV. | ANALYSES REQUESTED (METHOD) | |
|---|---|---|---|---|---|---|---|
| 1 | *NPDES Prod.Water* | *grab* | *1 L amber* | 5:15 AM 7/23/15 | *H2SO4* | ***Oil & Grease (EPA 1664)*** | |
| 2 | *NPDES Prod.Water* | *grab* | *1 L amber* | | *H2SO4* | ***Oil & Grease (EPA 1664)*** | ***Hold*** |
| 3 | *NPDES Prod.Water* | *grab* | *1 L amber* | | *H2SO4* | ***Oil & Grease (EPA 1664)*** | ***Hold*** |
| 4 | *NPDES Prod.Water* | *grab* | *1 L amber* | | *H2SO4* | ***Oil & Grease (EPA 1664)*** | ***Hold*** |
| | | | | | | | |
| | | | | | | | |
| | ***Caution to Sample Collector:*** *All sample bottles contain a concentrated* ***acid*** *preservative.* | | | | | | |
| | *Use proper PPE including gloves and goggles when collecting the samples.* | | | | | | |
| | | | | | | | |

To Lab: ***For Samples 1-4: Analyze Sample #1 only - ~~hold other samples~~ until further notice.***

| | | | |
|---|---|---|---|
| Relinquished by: GP | Date: 7/23/15 | Relinquished by: | Date: |
| Received by: [signature] | Time: 4:10 PM | Received by: | Time: |
| Relinquished by: [signature] | Date: 7/23/15 | Relinquished by: | Date: |
| Received by: Danny Le | Time: 16:10 | Received by: | Time: |

eurofins | Calscience

WORK ORDER NUMBER: 15-07- 1539

# SAMPLE RECEIPT CHECKLIST

COOLER 1 OF 1

CLIENT: LTS Env'l, Inc.

DATE: 07 / 23 / 2015

**TEMPERATURE:** (Criteria: 0.0°C – 6.0°C, not frozen except sediment/tissue)

Thermometer ID: SC5 (CF:-0.2°C); Temperature (w/o CF): 21.4 °C (w/ CF): 21.2 °C; ☐ Blank ☑ Sample

☐ Sample(s) outside temperature criteria (PM/APM contacted by: _____)

☑ Sample(s) outside temperature criteria but received on ice/chilled on same day of sampling

☐ Sample(s) received at ambient temperature; placed on ice for transport by courier

Ambient Temperature: ☐ Air ☐ Filter

Checked by: 689

**CUSTODY SEAL:**

| | | | | | |
|---|---|---|---|---|---|
| Cooler | ☐ Present and Intact | ☐ Present but Not Intact | ☑ Not Present | ☐ N/A | Checked by: 689 |
| Sample(s) | ☐ Present and Intact | ☐ Present but Not Intact | ☑ Not Present | ☐ N/A | Checked by: 1013 |

**SAMPLE CONDITION:**

| | Yes | No | N/A |
|---|---|---|---|
| Chain-of-Custody (COC) document(s) received with samples | ☑ | ☐ | ☐ |
| COC document(s) received complete | ☑ | ☐ | ☐ |
| ☐ Sampling date ☐ Sampling time ☐ Matrix ☐ Number of containers | | | |
| ☐ No analysis requested ☐ Not relinquished ☐ No relinquished date ☐ No relinquished time | | | |
| Sampler's name indicated on COC | ☑ | ☐ | ☐ |
| Sample container label(s) consistent with COC | ☑ | ☐ | ☐ |
| Sample container(s) intact and in good condition | ☑ | ☐ | ☐ |
| Proper containers for analyses requested | ☑ | ☐ | ☐ |
| Sufficient volume/mass for analyses requested | ☑ | ☐ | ☐ |
| Samples received within holding time | ☑ | ☐ | ☐ |
| Aqueous samples for certain analyses received within 15-minute holding time | | | |
| ☐ pH ☐ Residual Chlorine ☐ Dissolved Sulfide ☐ Dissolved Oxygen | ☐ | ☐ | ☑ |
| Proper preservation chemical(s) noted on COC and/or sample container | ☑ | ☐ | ☐ |
| Unpreserved aqueous sample(s) received for certain analyses | | | |
| ☐ Volatile Organics ☐ Total Metals ☐ Dissolved Metals | | | |
| Container(s) for certain analysis free of headspace | ☐ | ☐ | ☑ |
| ☐ Volatile Organics ☐ Dissolved Gases (RSK-175) ☐ Dissolved Oxygen (SM 4500) | | | |
| ☐ Carbon Dioxide (SM 4500) ☐ Ferrous Iron (SM 3500) ☐ Hydrogen Sulfide (Hach) | | | |
| Tedlar™ bag(s) free of condensation | ☐ | ☐ | ☑ |

**CONTAINER TYPE:** (Trip Blank Lot Number: _____)

**Aqueous:** ☐ VOA ☐ VOAh ☐ VOAna$_2$ ☐ 100PJ ☐ 100PJna$_2$ ☐ 125AGB ☐ 125AGBh ☐ 125AGBp ☐ 125PB ☐ 125PBznna ☐ 250AGB ☐ 250CGB ☐ 250CGBs ☐ 250PB ☐ 250PBn ☐ 500AGB ☐ 500AGJ ☐ 500AGJs ☐ 500PB ☐ 1AGB ☐ 1AGBna$_2$ ☑ 1AGBs ☐ 1PB ☐ 1PBna ☐ _____ ☐ _____ ☐ _____ ☐ _____

**Solid:** ☐ 4ozCGJ ☐ 8ozCGJ ☐ 16ozCGJ ☐ Sleeve (_____) ☐ EnCores® (_____) ☐ TerraCores® (_____) ☐ _____

**Air:** ☐ Tedlar™ ☐ Canister ☐ Sorbent Tube ☐ PUF ☐ _____ **Other Matrix** (_____): ☐ _____ ☐ _____

Container: **A** = Amber, **B** = Bottle, **C** = Clear, **E** = Envelope, **G** = Glass, **J** = Jar, **P** = Plastic, and **Z** = Ziploc/Resealable Bag

Preservative: **b** = buffered, **f** = filtered, **h** = HCl, **n** = $HNO_3$, **na** = NaOH, **na$_2$** = $Na_2S_2O_3$, **p** = $H_3PO_4$, **s** = $H_2SO_4$, **u** = ultra-pure, **znna** = $Zn(CH_3CO_2)_2$ + NaOH

Labeled/Checked by: 1013

Reviewed by: SW

CAPCO
Analytical Services, Inc.

Environmental and Analytical Services-Since 1994
California State Accredited Laboratory in Accordance with ELAP Certificate # 2332

**Prepared for:** Marina Robertson
111 W. Ocean Blvd., Suite 1240
Long Beach, Ca 90802

**Report Date:** October 15, 2015
**Laboratory Number:** 151756
**Project Name:** Elly Non-NPDES Produced Water
**Sampled by:** LTS/C. Jenkins

7/20 zinc

Enclosed are the revised analysis results for samples received July 21, 2015 with the Chain of Custody document. Per Client's request sample P-2A Non NPDES (151756-02) is reported to the Method Detection Limit (MDL). The samples were received in good condition, at 4.3°C, and they were identified and assigned the laboratory ID numbers listed below.

| SAMPLE DESCRIPTION | CAS LAB NUMBER ID |
|---|---|
| P-2A Non-NPDES | 151756-01 |
| P-2A Non-NPDES | 151756-02 |
| P-2A Non-NPDES | 151756-03* |
| P-2A Non-NPDES | 151756-04* |

*Hold per Customer's request

By my signature below, I certify that the results contained in this laboratory report comply with applicable standards for certification by the California Department of Public Health's Environmental Laboratories Accreditation Program (ELAP), both technically and for completeness, and that, based on my inquiry of the person or persons directly responsible for performing the analyses, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.

FOR, KAREN RYAN
Karen Ryan-Laboratory Director

CC: Steve Lawry @-LTS

If you have any further questions or concerns, please contact me at your convenience. This report consists of 1 page excluding the cover letter and the Chain of Custody.

This report shall not be reproduced except in full without the written approval of CAS. The test results reported represent only the item being tested and may not represent the entire material from which the sample was taken.

CAPCO
Analytical Services, Inc.
Environmental and Analytical Services-Since 1994
California State Accredited Laboratory in Accordance with ELAP Certificate # 2332

# CERTIFICATE OF ANALYSIS

Client: Marina Robertson
CAS LAB NO: 151756
Analyst: ABE

Date Sampled: 07/20/15
Date Received: 07/21/15
Date Analyzed: 07/21/15
Sample Matrix: Water

## TOTAL ZINC
EPA Method 200.7

| CAS Lab # | Sample ID | RESULTS (ug/L) | Dilution Factor | PQL (ug/L) | MDL (ug/L) |
|---|---|---|---|---|---|
| 151756-02 | P-2A Non-NPDES | 11J* | 1 | 30 | 6 |

QUALITY CONTROL SECTION

| | | | | | |
|---|---|---|---|---|---|
| 151756-MB | Method Blank | ND | 1 | 30 | 6 |

mg/L: Milligrams/Litter(ppm)
PQL: Practical Quantitation Limit
BQL: Below Quantitation Limit
MDL: Method Detection Limit
J*: The reported result is an estimate. The value is less than the Practical Quantitation limit but greater than the method detection limit.

1536 Eastman Ave. Suite B, Ventura, California 93003 Ph: (805)644-1095 FAX: (805)644-9947
www.capcoenv.com

151756

| LTS Environmental Services<br>704 Adirondack Avenue<br>Ventura, CA 93003<br>805-644-4560 | **Report to:** Marina Robertson<br>111 W. Ocean Blvd. Suite 1240<br>Long Beach Ca. 90802 | **Bill to:** Marina Robertson<br>111 W. Ocean Blvd. Suite 1240<br>Long Beach Ca. 90802 |
|---|---|---|

FACILITY: ~~P~~ P1. Elly
COLLECTOR: C. Jenkins
PROJECT/CHARGE #: *Elly Non-NPDES Produced Water*
RESULTS REQUIRED: normal
RESULTS BY: PHONE: _____ FAX: _____

SUBMITTED TO: *Capco Analytical Services*
REPORT TO: *S.G. Lawry @ LTS* PHONE: *644-4560*
COPIES TO: *Marina Robertson* PHONE: *653-3497*
PHONE:

7/28
7/29

| SAMPLE NO. | SAMPLE ID/LOCATION | GRAB/ COMP. | VOLUME | DATE/TIME COLLECTED | PRESERV. | ANALYSES REQUESTED (METHOD) |
|---|---|---|---|---|---|---|
| 1 | ~~R-2A~~ Non-NPDES | ~~grab~~ | ~~1L~~ | ~~07/20/15 0845~~ | ~~HCl Ice~~ | ~~EPA 1664~~ ~~Run~~ non-reportable |
| 2 | P-2A Non-NPDES | grab | 1L | 0915 | | EPA 1664 Run ~~Hold~~ Zinc |
| 3 | P-2A Non-NPDES | grab | 1L | 0945 | | EPA 1664 Hold |
| 4 | P-2A Non-NPDES | grab | 1L | 1015 | | EPA 1664 Hold |
| 5 | Non-NPDES | grab | 1L | | | EPA 1664 |
| 6 | Non-NPDES | grab | 1L | | | EPA 1664 |
| 7 | Non-NPDES | grab | 1L | | | EPA 1664 |
| 8 | Non-NPDES | grab | 1L | | | EPA 1664 |
| | | | | | | |

Per Steve Lawry 7/21/15

Comments: Spectrometer: #1 = 09 #2 = 10 #3 = 04 #4 = 09

| | |
|---|---|
| Relinquished by: [illegible] Date: 07/21/15<br>Received by: [illegible] Time: 12:00 | Relinquished by: Date:<br>Received by: Time: |
| Relinquished by: Date:<br>Received by: Time: | Relinquished by: Date:<br>Received by: Time: |

aquatic bioassay & consulting laboratories, inc

August 20, 2015

Ms. Marina Robertson
Beta Offshore
111 W Ocean Blvd., Suite 1240
Long Beach, CA 90802

Dear Ms. Robertson:

We are pleased to present the enclosed bioassay report. The test was conducted under guidelines prescribed in *Short-Term Methods for Estimating the Chronic Toxicity of Effluents and Receiving Waters to Marine and Estuarine Organisms EPA/600/R-95-136, 1995*. Results were as follows:

| | |
|---|---|
| CLIENT: | Beta Offshore |
| SAMPLE I.D.: | Platform Elly |
| DATE RECEIVED: | 21 July - 15 |
| ABC LAB. NO.: | LTS0715.185 |

**CHRONIC TOPSMELT SURVIVAL & GROWTH BIOASSAY**

IWC CONCENTRATION = 0.0714%

**TST RESULT**

| | |
|---|---|
| SURVIVAL | PASS |
| GROWTH | PASS |

Yours very truly,

Scott Johnson
Laboratory Director

29 north olive st. ventura, ca 93001 (805) 643 5621 www.aquabio.org

# TST Summary Sheet

| | | | |
|---|---|---|---|
| **Lab Name** | Aquatic Bioassay Labs. | **Client Name** | LTS- Beta Offshore |
| **Test ID** | P-2A Platform Elly | **Test Species** | *A. affinis (topsmelt)* |
| **Test Date** | 7/21/2015 | **Test Type** | Chronic |
| **Test Duration** | 7 days | **Endpoint** | Growth |
| **Critical Conc.** | 0.0714% | | |

| Statistic | Control | Critical Concentration |
|---|---|---|
| Mean of Raw Data | 1.69 | 1.93 |
| Mean used in Calculation (non-transformed) | 1.69 | 1.93 |
| Variance used in Calculation (non-transformed) | 0.105 | 0.095 |
| Standard Deviation of Raw Data | 0.324 | 0.309 |
| CV of Raw Data | 0.192 | 0.160 |
| n | 5 | 5 |

**Mean % Effect at Critical Conc.**

-14.13

| Calculated t-value | Degrees of Freedom | Table t-value | Percent Difference |
|---|---|---|---|
| 3.7584 | 7 | 0.7111 | |

**Results**

Pass Sample is Non-toxic

**Raw Data**

| Control Data | | Critical Concentration Data | |
|---|---|---|---|
| No. of Organisms Exposed or Counted | Response (Final Count, Weight, Length, etc.) | No. of Organisms Exposed or Counted | Response (Final Count, Weight, Length, etc.) |
| 5 | 1.342 | 5 | 1.544 |
| 5 | 1.598 | 5 | 1.79 |
| 5 | 2.176 | 5 | 1.922 |
| 5 | 1.5 | 5 | 2.388 |
| 5 | 1.822 | 5 | 1.986 |

**Pacific Topsmelt 7-d Survival and Growth Test** — **Aquatic Bioassay & Consulting Labs, Inc.**

### 7d Survival Rate Detail

| C-% | Control Type | Rep 1 | Rep 2 | Rep 3 | Rep 4 | Rep 5 |
|---|---|---|---|---|---|---|
| 0 | Negative Control | 1 | 1 | 1 | 1 | 1 |
| 0.0357 | | 1 | 0.8 | 1 | 1 | 1 |
| 0.0714 | | 1 | 1 | 1 | 1 | 1 |
| 0.1071 | | 1 | 1 | 1 | 1 | 1 |

### Mean Dry Biomass-mg Detail

| C-% | Control Type | Rep 1 | Rep 2 | Rep 3 | Rep 4 | Rep 5 |
|---|---|---|---|---|---|---|
| 0 | Negative Control | 1.342 | 1.598 | 2.176 | 1.5 | 1.822 |
| 0.0357 | | 1.536 | 1.98 | 1.576 | 1.818 | 1.572 |
| 0.0714 | | 1.544 | 1.79 | 1.922 | 2.388 | 1.986 |
| 0.1071 | | 1.916 | 1.76 | 1.89 | 2.022 | 1.674 |

### 7d Survival Rate Binomials

| C-% | Control Type | Rep 1 | Rep 2 | Rep 3 | Rep 4 | Rep 5 |
|---|---|---|---|---|---|---|
| 0 | Negative Control | 5/5 | 5/5 | 5/5 | 5/5 | 5/5 |
| 0.0357 | | 5/5 | 4/5 | 5/5 | 5/5 | 5/5 |
| 0.0714 | | 5/5 | 5/5 | 5/5 | 5/5 | 5/5 |
| 0.1071 | | 5/5 | 5/5 | 5/5 | 5/5 | 5/5 |

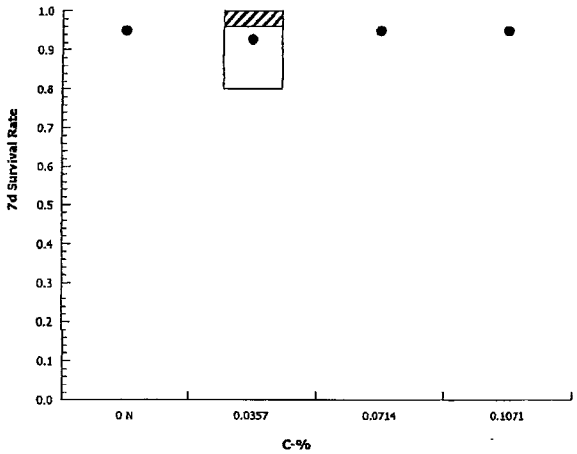
**Pacific Topsmelt 7-d Survival and Growth Test** — **Aquatic Bioassay & Consulting Labs, Inc.**

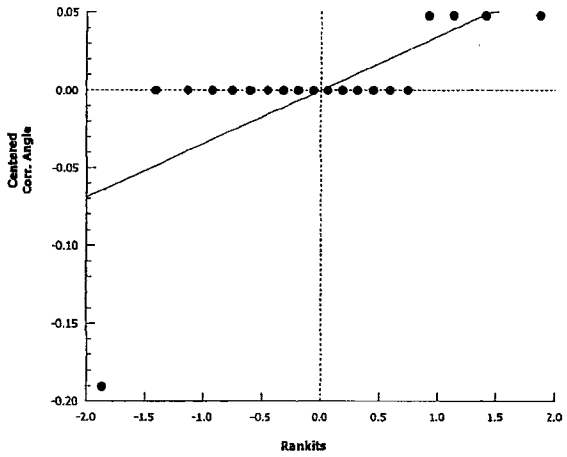
| | | | | | |
|---|---|---|---|---|---|
| **Analysis ID:** | 07-5572-4349 | **Endpoint:** | 7d Survival Rate | **CETIS Version:** | CETISv1.8.7 |
| **Analyzed:** | 18 Aug-15 9:37 | **Analysis:** | Nonparametric-Control vs Treatments | **Official Results:** | Yes |

## 7d Survival Rate Binomials

| C-% | Control Type | Rep 1 | Rep 2 | Rep 3 | Rep 4 | Rep 5 |
|---|---|---|---|---|---|---|
| 0 | Negative Control | 5/5 | 5/5 | 5/5 | 5/5 | 5/5 |
| 0.0357 | | 5/5 | 4/5 | 5/5 | 5/5 | 5/5 |
| 0.0714 | | 5/5 | 5/5 | 5/5 | 5/5 | 5/5 |
| 0.1071 | | 5/5 | 5/5 | 5/5 | 5/5 | 5/5 |

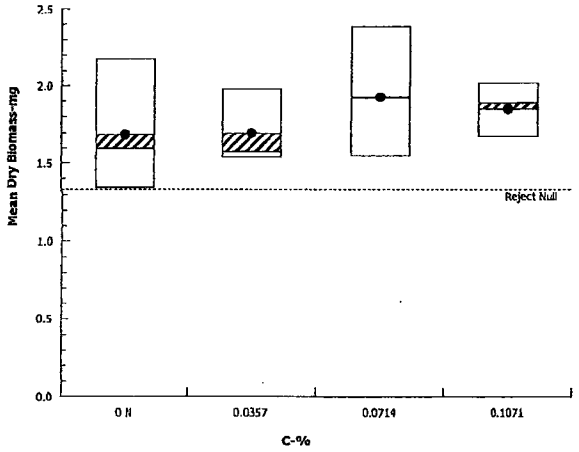
## Graphics

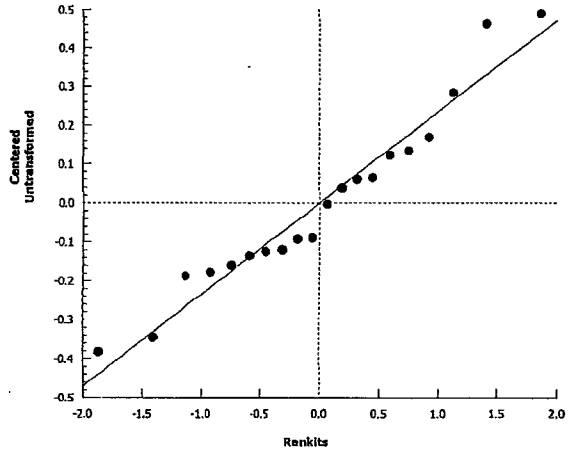


| Pacific Topsmelt 7-d Survival and Growth Test | | | | Aquatic Bioassay & Consulting Labs, Inc. | |
|---|---|---|---|---|---|
| **Analysis ID:** | 07-6600-9875 | **Endpoint:** | Mean Dry Biomass-mg | **CETIS Version:** | CETISv1.8.7 |
| **Analyzed:** | 18 Aug-15 9:37 | **Analysis:** | Parametric-Control vs Treatments | **Official Results:** | Yes |

## Graphics



# CETIS Analytical Report

Report Date: 18 Aug-15 09:38 (p 2 of 2)
Test Code: LTS0715.185tops | 13-5472-3332

**Pacific Topsmelt 7-d Survival and Growth Test** — **Aquatic Bioassay & Consulting Labs, Inc.**

| | | | | | |
|---|---|---|---|---|---|
| **Analysis ID:** | 06-3936-9033 | **Endpoint:** | Mean Dry Biomass-mg | **CETIS Version:** | CETISv1.8.7 |
| **Analyzed:** | 18 Aug-15 9:37 | **Analysis:** | Linear Interpolation (ICPIN) | **Official Results:** | Yes |

**Linear Interpolation Options**

| X Transform | Y Transform | Seed | Resamples | Exp 95% CL | Method |
|---|---|---|---|---|---|
| Linear | Linear | 594924 | 280 | Yes | Two-Point Interpolation |

**Point Estimates**

| Level | % | 95% LCL | 95% UCL | TU | 95% LCL | 95% UCL |
|---|---|---|---|---|---|---|
| IC5 | >0.1071 | N/A | N/A | <933.7 | NA | NA |
| IC10 | >0.1071 | N/A | N/A | <933.7 | NA | NA |
| IC15 | >0.1071 | N/A | N/A | <933.7 | NA | NA |
| IC20 | >0.1071 | N/A | N/A | <933.7 | NA | NA |
| IC25 | >0.1071 | N/A | N/A | <933.7 | NA | NA |
| IC40 | >0.1071 | N/A | N/A | <933.7 | NA | NA |
| IC50 | >0.1071 | N/A | N/A | <933.7 | NA | NA |

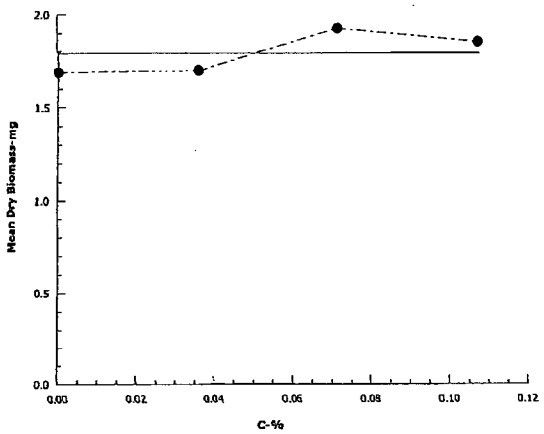
**Mean Dry Biomass-mg Summary**

| | | | Calculated Variate | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| C-% | Control Type | Count | Mean | Min | Max | Std Err | Std Dev | CV% | %Effect |
| 0 | Negative Control | 5 | 1.688 | 1.342 | 2.176 | 0.1448 | 0.3238 | 19.18% | 0.0% |
| 0.0357 | | 5 | 1.696 | 1.536 | 1.98 | 0.08687 | 0.1942 | 11.45% | -0.52% |
| 0.0714 | | 5 | 1.926 | 1.544 | 2.388 | 0.1381 | 0.3088 | 16.03% | -14.13% |
| 0.1071 | | 5 | 1.852 | 1.674 | 2.022 | 0.06107 | 0.1366 | 7.37% | -9.77% |

**Mean Dry Biomass-mg Detail**

| C-% | Control Type | Rep 1 | Rep 2 | Rep 3 | Rep 4 | Rep 5 |
|---|---|---|---|---|---|---|
| 0 | Negative Control | 1.342 | 1.598 | 2.176 | 1.5 | 1.822 |
| 0.0357 | | 1.536 | 1.98 | 1.576 | 1.818 | 1.572 |
| 0.0714 | | 1.544 | 1.79 | 1.922 | 2.388 | 1.986 |
| 0.1071 | | 1.916 | 1.76 | 1.89 | 2.022 | 1.674 |

**Graphics**



**Pacific Topsmelt 7-d Survival and Growth Test** — **Aquatic Bioassay & Consulting Labs, Inc.**

**Dissolved Oxygen-mg/L**

| C-% | Control Type | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|---|---|---|---|---|---|---|---|---|---|
| 0 | Negative Contr | 6.5 | 7.4 | 6.9 | 6.4 | 6.9 | 6.8 | 6.6 | 6.2 |
| 0.0357 | | 6.5 | 7.3 | 7 | 6.2 | 6.5 | 6.7 | 6.5 | 5.8 |
| 0.0714 | | 6.6 | 7.5 | 7 | 6.2 | 6.4 | 6.7 | 6.5 | 5.7 |
| 0.1071 | | 6.6 | 7.5 | 6.9 | 6 | 6.3 | 6.7 | 6.5 | 5.6 |

**pH-Units**

| C-% | Control Type | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|---|---|---|---|---|---|---|---|---|---|
| 0 | Negative Contr | 7.8 | 7.9 | 7.9 | 7.9 | 7.8 | 7.8 | 7.9 | 7.9 |
| 0.0357 | | 7.9 | 8 | 8 | 7.9 | 7.8 | 7.8 | 8.1 | 8 |
| 0.0714 | | 7.9 | 8 | 8 | 7.9 | 7.9 | 7.9 | 8.1 | 7.9 |
| 0.1071 | | 7.9 | 8 | 7.9 | 7.9 | 7.9 | 7.9 | 8.1 | 7.9 |

**Salinity-ppt**

| C-% | Control Type | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|---|---|---|---|---|---|---|---|---|---|
| 0 | Negative Contr | 34 | 34 | 34 | 34 | 34 | 34 | 34 | 34 |
| 0.0357 | | 34 | 34 | 34 | 34 | 34 | 34 | 34 | 34 |
| 0.0714 | | 34 | 34 | 34 | 34 | 34 | 34 | 34 | 34 |
| 0.1071 | | 34 | 34 | 34 | 34 | 34 | 34 | 34 | 34 |

**Temperature-°C**

| C-% | Control Type | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|---|---|---|---|---|---|---|---|---|---|
| 0 | Negative Contr | 21 | 21 | 21 | 21 | 21 | 21 | 21 | 21 |
| 0.0357 | | 21 | 21 | 21 | 21 | 21 | 21 | 21 | 21 |
| 0.0714 | | 21 | 21 | 21 | 21 | 21 | 21 | 21 | 21 |
| 0.1071 | | 21 | 21 | 21 | 21 | 21 | 21 | 21 | 21 |

# TST Summary Sheet

| | | | |
|---|---|---|---|
| **Lab Name** | Aquatic Bioassay Labs. | **Client Name** | LTS- Beta Offshore |
| **Test ID** | P-2A Platform Elly | **Test Species** | *H. rufescens (red abalone)* |
| **Test Date** | 7/21/2015 | **Test Type** | Chronic |
| **Test Duration** | 48 hrs. | **Endpoint** | Larval Development |
| **Critical Conc.** | 0.0714% | | |

| Statistic | Control | Critical Concentration |
|---|---|---|
| Percent Mean of Raw Data | 1.00 | 1.00 |
| Mean used in Calcuation (transformed) | 1.52 | 1.52 |
| Variance used in Calcuation (transformed) | 0.000 | 0.000 |
| Standard Deviation of Transformed Data | 0.000 | 0.000 |
| CV of Transformed Data | 0.000 | 0.000 |
| n | 5 | 5 |

**Mean % Effect at Critical Conc.**

0.00

| Calculated t-value | Degrees of Freedom | Table t-value | Percent Difference |
|---|---|---|---|
| | | | 0.00000 |

**Results**

Pass Sample is Non-toxic

**Raw Data**

| Control Data | | Critical Concentration Data | |
|---|---|---|---|
| No. of Organisms Exposed or Counted | Response (Final Count, Weight, Length, etc.) | No. of Organisms Exposed or Counted | Response (Final Count, Weight, Length, etc.) |
| 100 | 100 | 100 | 100 |
| 100 | 100 | 100 | 100 |
| 100 | 100 | 100 | 100 |
| 100 | 100 | 100 | 100 |
| 100 | 100 | 100 | 100 |

# CETIS Analytical Report

Report Date: 18 Aug-15 09:41 (p 1 of 2)
Test Code: LTS0715.185abs | 20-7210-9607

**Red Abalone Larval Development Test** — **Aquatic Bioassay & Consulting Labs, Inc.**

| | | | | | |
|---|---|---|---|---|---|
| **Analysis ID:** | 17-5859-2708 | **Endpoint:** | Proportion Normal | **CETIS Version:** | CETISv1.8.7 |
| **Analyzed:** | 18 Aug-15 9:41 | **Analysis:** | Nonparametric-Control vs Treatments | **Official Results:** | Yes |

| Data Transform | Zeta | Alt Hyp | Trials | Seed | NOEL | LOEL | TOEL | TU |
|---|---|---|---|---|---|---|---|---|
| Angular (Corrected) | NA | C > T | NA | NA | 0.1071 | >0.1071 | NA | 933.7 |

**Steel Many-One Rank Sum Test**

| Control | vs | C-% | Test Stat | Critical | Ties | DF | P-Value | P-Type | Decision(α:5%) |
|---|---|---|---|---|---|---|---|---|---|
| Negative Control | | 0.0357 | 27.5 | 17 | 1 | 8 | 0.7500 | Asymp | Non-Significant Effect |
| | | 0.0714 | 27.5 | 17 | 1 | 8 | 0.7500 | Asymp | Non-Significant Effect |
| | | 0.1071 | 27.5 | 17 | 1 | 8 | 0.7500 | Asymp | Non-Significant Effect |

**ANOVA Table**

| Source | Sum Squares | Mean Square | DF | F Stat | P-Value | Decision(α:5%) |
|---|---|---|---|---|---|---|
| Between | 0 | 0 | 3 | 65540 | <0.0001 | Significant Effect |
| Error | 0 | 0 | 16 | | | |
| Total | 0 | | 19 | | | |

**Proportion Normal Summary**

| C-% | Control Type | Count | Mean | 95% LCL | 95% UCL | Median | Min | Max | Std Err | CV% | %Effect |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 0 | Negative Control | 5 | 1 | 1 | 1 | 1 | 1 | 1 | 0 | 0.0% | 0.0% |
| 0.0357 | | 5 | 1 | 1 | 1 | 1 | 1 | 1 | 0 | 0.0% | 0.0% |
| 0.0714 | | 5 | 1 | 1 | 1 | 1 | 1 | 1 | 0 | 0.0% | 0.0% |
| 0.1071 | | 5 | 1 | 1 | 1 | 1 | 1 | 1 | 0 | 0.0% | 0.0% |

**Angular (Corrected) Transformed Summary**

| C-% | Control Type | Count | Mean | 95% LCL | 95% UCL | Median | Min | Max | Std Err | CV% | %Effect |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 0 | Negative Contr | 5 | 1.521 | 1.521 | 1.521 | 1.521 | 1.521 | 1.521 | 0 | 0.0% | 0.0% |
| 0.0357 | | 5 | 1.521 | 1.521 | 1.521 | 1.521 | 1.521 | 1.521 | 0 | 0.0% | 0.0% |
| 0.0714 | | 5 | 1.521 | 1.521 | 1.521 | 1.521 | 1.521 | 1.521 | 0 | 0.0% | 0.0% |
| 0.1071 | | 5 | 1.521 | 1.521 | 1.521 | 1.521 | 1.521 | 1.521 | 0 | 0.0% | 0.0% |

**Proportion Normal Detail**

| C-% | Control Type | Rep 1 | Rep 2 | Rep 3 | Rep 4 | Rep 5 |
|---|---|---|---|---|---|---|
| 0 | Negative Control | 1 | 1 | 1 | 1 | 1 |
| 0.0357 | | 1 | 1 | 1 | 1 | 1 |
| 0.0714 | | 1 | 1 | 1 | 1 | 1 |
| 0.1071 | | 1 | 1 | 1 | 1 | 1 |

**Angular (Corrected) Transformed Detail**

| C-% | Control Type | Rep 1 | Rep 2 | Rep 3 | Rep 4 | Rep 5 |
|---|---|---|---|---|---|---|
| 0 | Negative Control | 1.521 | 1.521 | 1.521 | 1.521 | 1.521 |
| 0.0357 | | 1.521 | 1.521 | 1.521 | 1.521 | 1.521 |
| 0.0714 | | 1.521 | 1.521 | 1.521 | 1.521 | 1.521 |
| 0.1071 | | 1.521 | 1.521 | 1.521 | 1.521 | 1.521 |

**Proportion Normal Binomials**

| C-% | Control Type | Rep 1 | Rep 2 | Rep 3 | Rep 4 | Rep 5 |
|---|---|---|---|---|---|---|
| 0 | Negative Control | 100/100 | 100/100 | 100/100 | 100/100 | 100/100 |
| 0.0357 | | 100/100 | 100/100 | 100/100 | 100/100 | 100/100 |
| 0.0714 | | 100/100 | 100/100 | 100/100 | 100/100 | 100/100 |
| 0.1071 | | 100/100 | 100/100 | 100/100 | 100/100 | 100/100 |

# CETIS Analytical Report

Report Date: 18 Aug-15 09:41 (p 1 of 1)
Test Code: LTS0715.185abs | 20-7210-9607

**Red Abalone Larval Development Test** — **Aquatic Bioassay & Consulting Labs, Inc.**

| | | | | | |
|---|---|---|---|---|---|
| **Analysis ID:** | 04-8526-1831 | **Endpoint:** | Proportion Normal | **CETIS Version:** | CETISv1.8.7 |
| **Analyzed:** | 18 Aug-15 9:41 | **Analysis:** | Linear Interpolation (ICPIN) | **Official Results:** | Yes |

**Linear Interpolation Options**

| X Transform | Y Transform | Seed | Resamples | Exp 95% CL | Method |
|---|---|---|---|---|---|
| Linear | Linear | 0 | 280 | Yes | Two-Point Interpolation |

**Point Estimates**

| Level | % | 95% LCL | 95% UCL | TU | 95% LCL | 95% UCL |
|---|---|---|---|---|---|---|
| EC5 | >0.1071 | N/A | N/A | <933.7 | NA | NA |
| EC10 | >0.1071 | N/A | N/A | <933.7 | NA | NA |
| EC15 | >0.1071 | N/A | N/A | <933.7 | NA | NA |
| EC20 | >0.1071 | N/A | N/A | <933.7 | NA | NA |
| EC25 | >0.1071 | N/A | N/A | <933.7 | NA | NA |
| EC40 | >0.1071 | N/A | N/A | <933.7 | NA | NA |
| EC50 | >0.1071 | N/A | N/A | <933.7 | NA | NA |

**Proportion Normal Summary**

| | | | Calculated Variate(A/B) | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| C-% | Control Type | Count | Mean | Min | Max | Std Err | Std Dev | CV% | %Effect | A | B |
| 0 | Negative Control | 5 | 1 | 1 | 1 | 0 | 0 | 0.0% | 0.0% | 500 | 500 |
| 0.0357 | | 5 | 1 | 1 | 1 | 0 | 0 | 0.0% | 0.0% | 500 | 500 |
| 0.0714 | | 5 | 1 | 1 | 1 | 0 | 0 | 0.0% | 0.0% | 500 | 500 |
| 0.1071 | | 5 | 1 | 1 | 1 | 0 | 0 | 0.0% | 0.0% | 500 | 500 |

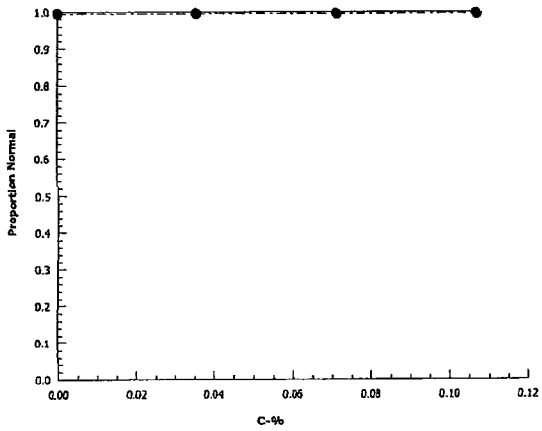
**Proportion Normal Detail**

| C-% | Control Type | Rep 1 | Rep 2 | Rep 3 | Rep 4 | Rep 5 |
|---|---|---|---|---|---|---|
| 0 | Negative Control | 1 | 1 | 1 | 1 | 1 |
| 0.0357 | | 1 | 1 | 1 | 1 | 1 |
| 0.0714 | | 1 | 1 | 1 | 1 | 1 |
| 0.1071 | | 1 | 1 | 1 | 1 | 1 |

**Proportion Normal Binomials**

| C-% | Control Type | Rep 1 | Rep 2 | Rep 3 | Rep 4 | Rep 5 |
|---|---|---|---|---|---|---|
| 0 | Negative Control | 100/100 | 100/100 | 100/100 | 100/100 | 100/100 |
| 0.0357 | | 100/100 | 100/100 | 100/100 | 100/100 | 100/100 |
| 0.0714 | | 100/100 | 100/100 | 100/100 | 100/100 | 100/100 |
| 0.1071 | | 100/100 | 100/100 | 100/100 | 100/100 | 100/100 |

**Graphics**






Analyst: _____ QA: _____

Red Abalone Larval Development Test

Aquatic Bioassay & Consulting Labs, Inc.

**Dissolved Oxygen-mg/L**

| C-% | Control Type | 1 | 2 |
|---|---|---|---|
| 0 | Negative Contr | 7.3 | 6.1 |
| 0.0357 | | 7.3 | 6 |
| 0.0714 | | 7.3 | 6 |
| 0.1071 | | 7.3 | 6.1 |

**pH-Units**

| C-% | Control Type | 1 | 2 |
|---|---|---|---|
| 0 | Negative Contr | 7.8 | 7.8 |
| 0.0357 | | 7.9 | 7.9 |
| 0.0714 | | 7.9 | 7.9 |
| 0.1071 | | 7.9 | 7.9 |

**Salinity-ppt**

| C-% | Control Type | 1 | 2 |
|---|---|---|---|
| 0 | Negative Contr | 34 | 34 |
| 0.0357 | | 34 | 34 |
| 0.0714 | | 34 | 34 |
| 0.1071 | | 34 | 34 |

**Temperature-°C**

| C-% | Control Type | 1 | 2 |
|---|---|---|---|
| 0 | Negative Contr | 14.4 | 14.5 |
| 0.0357 | | 14.4 | 14.5 |
| 0.0714 | | 14.4 | 14.5 |
| 0.1071 | | 14.4 | 14.5 |

# TST Summary Sheet

| | | | |
|---|---|---|---|
| **Lab Name** | Aquatic Bioassay Labs. | **Client Name** | LTS- Beta Offshore |
| **Test ID** | P-2A Platform Elly | **Test Species** | *M. pyrifera (giant kelp)* |
| **Test Date** | 7/21/2015 | **Test Type** | Chronic |
| **Test Duration** | 48 hrs. | **Endpoint** | Germination |
| **Critical Conc.** | 0.0714% | | |

| Statistic | Control | Critical Concentration |
|---|---|---|
| Percent Mean of Raw Data | 0.77 | 0.78 |
| Mean used in Calcuation (transformed) | 1.08 | 1.09 |
| Variance used in Calcuation (transformed) | 0.003 | 0.001 |
| Standard Deviation of Transformed Data | 0.058 | 0.035 |
| CV of Transformed Data | 0.054 | 0.032 |
| n | 5 | 5 |

**Mean % Effect at Critical Conc.**

-1.29

| Calculated t-value | Degrees of Freedom | Table t-value | Percent Difference |
|---|---|---|---|
| 11.2048 | 7 | 1.8946 | |

**Results**

Pass Sample is Non-toxic

**Raw Data**

| Control Data | | Critical Concentration Data | |
|---|---|---|---|
| No. of Organisms Exposed or Counted | Response (Final Count, Weight, Length, etc.) | No. of Organisms Exposed or Counted | Response (Final Count, Weight, Length, etc.) |
| 100 | 70 | 100 | 76 |
| 100 | 75 | 100 | 80 |
| 100 | 82 | 100 | 82 |
| 100 | 81 | 100 | 75 |
| 100 | 79 | 100 | 79 |

# CETIS Summary Report



**Macrocystis Germination and Germ Tube Growth Test** — **Aquatic Bioassay & Consulting Labs, Inc.**

| | | | | | |
|---|---|---|---|---|---|
| **Batch ID:** | 17-8790-0694 | **Test Type:** | Growth-Germination | **Analyst:** | |
| **Start Date:** | 21 Jul-15 15:03 | **Protocol:** | EPA/600/R-95/136 (1995) | **Diluent:** | Laboratory Seawater |
| **Ending Date:** | 23 Jul-15 15:03 | **Species:** | Macrocystis pyrifera | **Brine:** | Not Applicable |
| **Duration:** | 48h | **Source:** | Aquatic Bioassay Labs Collection | **Age:** | |

| | | | | | |
|---|---|---|---|---|---|
| **Sample ID:** | 07-6389-7598 | **Code:** | LTS0715.185klp | **Client:** | LTS Environmental, Inc. |
| **Sample Date:** | 20 Jul-15 09:00 | **Material:** | Sample Water | **Project:** | Pl. Elly 3-species Toxicity |
| **Receive Date:** | 21 Jul-15 11:05 | **Source:** | Bioassay Report | | |
| **Sample Age:** | 30h (14.4 °C) | **Station:** | P-2A Platform Elly | | |

**Comparison Summary**

| Analysis ID | Endpoint | NOEL | LOEL | TOEL | PMSD | TU | Method |
|---|---|---|---|---|---|---|---|
| 03-1553-8299 | Germination Rate | 0.1071 | >0.1071 | NA | 6.35% | 933.7 | Dunnett Multiple Comparison Test |
| 05-1119-8013 | Mean Length | 0.1071 | >0.1071 | NA | 3.64% | 933.7 | Dunnett Multiple Comparison Test |

**Point Estimate Summary**

| Analysis ID | Endpoint | Level | % | 95% LCL | 95% UCL | TU | Method |
|---|---|---|---|---|---|---|---|
| 06-6684-8213 | Germination Rate | EC5 | >0.1071 | N/A | N/A | <933.7 | Linear Interpolation (ICPIN) |
| | | EC10 | >0.1071 | N/A | N/A | <933.7 | |
| | | EC15 | >0.1071 | N/A | N/A | <933.7 | |
| | | EC20 | >0.1071 | N/A | N/A | <933.7 | |
| | | EC25 | >0.1071 | N/A | N/A | <933.7 | |
| | | EC40 | >0.1071 | N/A | N/A | <933.7 | |
| | | EC50 | >0.1071 | N/A | N/A | <933.7 | |
| 04-5933-1120 | Mean Length | IC5 | >0.1071 | N/A | N/A | <933.7 | Linear Interpolation (ICPIN) |
| | | IC10 | >0.1071 | N/A | N/A | <933.7 | |
| | | IC15 | >0.1071 | N/A | N/A | <933.7 | |
| | | IC20 | >0.1071 | N/A | N/A | <933.7 | |
| | | IC25 | >0.1071 | N/A | N/A | <933.7 | |
| | | IC40 | >0.1071 | N/A | N/A | <933.7 | |
| | | IC50 | >0.1071 | N/A | N/A | <933.7 | |

**Test Acceptability**

| Analysis ID | Endpoint | Attribute | Test Stat | TAC Limits | Overlap | Decision |
|---|---|---|---|---|---|---|
| 03-1553-8299 | Germination Rate | Control Resp | 0.774 | 0.7 - NL | Yes | Passes Acceptability Criteria |
| 06-6684-8213 | Germination Rate | Control Resp | 0.774 | 0.7 - NL | Yes | Passes Acceptability Criteria |
| 04-5933-1120 | Mean Length | Control Resp | 15.28 | 10 - NL | Yes | Passes Acceptability Criteria |
| 05-1119-8013 | Mean Length | Control Resp | 15.28 | 10 - NL | Yes | Passes Acceptability Criteria |
| 03-1553-8299 | Germination Rate | PMSD | 0.0635 | NL - 0.2 | No | Passes Acceptability Criteria |
| 05-1119-8013 | Mean Length | PMSD | 0.03644 | NL - 0.2 | No | Passes Acceptability Criteria |

**Germination Rate Summary**

| C-% | Control Type | Count | Mean | 95% LCL | 95% UCL | Min | Max | Std Err | Std Dev | CV% | %Effect |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 0 | Negative Control | 5 | 0.774 | 0.7128 | 0.8352 | 0.7 | 0.82 | 0.02205 | 0.0493 | 6.37% | 0.0% |
| 0.0357 | | 5 | 0.8 | 0.7607 | 0.8393 | 0.75 | 0.83 | 0.01414 | 0.03162 | 3.95% | -3.36% |
| 0.0714 | | 5 | 0.784 | 0.7482 | 0.8198 | 0.75 | 0.82 | 0.01288 | 0.02881 | 3.68% | -1.29% |
| 0.1071 | | 5 | 0.798 | 0.7697 | 0.8263 | 0.76 | 0.82 | 0.0102 | 0.0228 | 2.86% | -3.1% |

**Mean Length Summary**

| C-% | Control Type | Count | Mean | 95% LCL | 95% UCL | Min | Max | Std Err | Std Dev | CV% | %Effect |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 0 | Negative Control | 5 | 15.28 | 15.04 | 15.52 | 15 | 15.5 | 0.08602 | 0.1924 | 1.26% | 0.0% |
| 0.0357 | | 5 | 16.24 | 15.75 | 16.73 | 15.9 | 16.8 | 0.1778 | 0.3975 | 2.45% | -6.28% |
| 0.0714 | | 5 | 16.04 | 15.64 | 16.44 | 15.6 | 16.4 | 0.1435 | 0.3209 | 2.0% | -4.97% |
| 0.1071 | | 5 | 15.78 | 15.07 | 16.49 | 14.9 | 16.4 | 0.2557 | 0.5718 | 3.62% | -3.27% |

# CETIS Analytical Report

Report Date: 18 Aug-15 09:55 (p 1 of 4)
Test Code: LTS0715.185klp | 00-1754-1835

**Macrocystis Germination and Germ Tube Growth Test** — Aquatic Bioassay & Consulting Labs, Inc.

| | | | | | |
|---|---|---|---|---|---|
| Analysis ID: | 03-1553-8299 | Endpoint: | Germination Rate | CETIS Version: | CETISv1.8.7 |
| Analyzed: | 18 Aug-15 9:55 | Analysis: | Parametric-Control vs Treatments | Official Results: | Yes |

| Data Transform | Zeta | Alt Hyp | Trials | Seed | PMSD | NOEL | LOEL | TOEL | TU |
|---|---|---|---|---|---|---|---|---|---|
| Angular (Corrected) | NA | C > T | NA | NA | 6.35% | 0.1071 | >0.1071 | NA | 933.7 |

**Dunnett Multiple Comparison Test**

| Control | vs | C-% | Test Stat | Critical | MSD | DF | P-Value | P-Type | Decision(α:5%) |
|---|---|---|---|---|---|---|---|---|---|
| Negative Control | | 0.0357 | -1.178 | 2.227 | 0.058 | 8 | 0.9749 | CDF | Non-Significant Effect |
| | | 0.0714 | -0.4192 | 2.227 | 0.058 | 8 | 0.8738 | CDF | Non-Significant Effect |
| | | 0.1071 | -1.066 | 2.227 | 0.058 | 8 | 0.9674 | CDF | Non-Significant Effect |

**ANOVA Table**

| Source | Sum Squares | Mean Square | DF | F Stat | P-Value | Decision(α:5%) |
|---|---|---|---|---|---|---|
| Between | 0.003195088 | 0.001065029 | 3 | 0.6176 | 0.6136 | Non-Significant Effect |
| Error | 0.02759193 | 0.001724495 | 16 | | | |
| Total | 0.03078702 | | 19 | | | |

**Distributional Tests**

| Attribute | Test | Test Stat | Critical | P-Value | Decision(α:1%) |
|---|---|---|---|---|---|
| Variances | Bartlett Equality of Variance | 2.137 | 11.34 | 0.5445 | Equal Variances |
| Variances | Mod Levene Equality of Variance | 1.098 | 5.953 | 0.3876 | Equal Variances |
| Variances | Levene Equality of Variance | 1.573 | 5.292 | 0.2349 | Equal Variances |
| Distribution | Shapiro-Wilk W Normality | 0.9499 | 0.866 | 0.3661 | Normal Distribution |
| Distribution | Kolmogorov-Smirnov D | 0.1714 | 0.2235 | 0.1274 | Normal Distribution |
| Distribution | D'Agostino Skewness | 1.349 | 2.576 | 0.1773 | Normal Distribution |
| Distribution | D'Agostino Kurtosis | 0.006909 | 2.576 | 0.9945 | Normal Distribution |
| Distribution | D'Agostino-Pearson K2 Omnibus | 1.82 | 9.21 | 0.4026 | Normal Distribution |
| Distribution | Anderson-Darling A2 Normality | 0.4562 | 3.878 | 0.2710 | Normal Distribution |

**Germination Rate Summary**

| C-% | Control Type | Count | Mean | 95% LCL | 95% UCL | Median | Min | Max | Std Err | CV% | %Effect |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 0 | Negative Control | 5 | 0.774 | 0.7128 | 0.8352 | 0.79 | 0.7 | 0.82 | 0.02205 | 6.37% | 0.0% |
| 0.0357 | | 5 | 0.8 | 0.7607 | 0.8393 | 0.81 | 0.75 | 0.83 | 0.01414 | 3.95% | -3.36% |
| 0.0714 | | 5 | 0.784 | 0.7482 | 0.8198 | 0.79 | 0.75 | 0.82 | 0.01288 | 3.68% | -1.29% |
| 0.1071 | | 5 | 0.798 | 0.7697 | 0.8263 | 0.8 | 0.76 | 0.82 | 0.0102 | 2.86% | -3.1% |

**Angular (Corrected) Transformed Summary**

| C-% | Control Type | Count | Mean | 95% LCL | 95% UCL | Median | Min | Max | Std Err | CV% | %Effect |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 0 | Negative Contr | 5 | 1.077 | 1.005 | 1.149 | 1.095 | 0.9912 | 1.133 | 0.02598 | 5.39% | 0.0% |
| 0.0357 | | 5 | 1.108 | 1.06 | 1.156 | 1.12 | 1.047 | 1.146 | 0.01739 | 3.51% | -2.87% |
| 0.0714 | | 5 | 1.088 | 1.045 | 1.132 | 1.095 | 1.047 | 1.133 | 0.01569 | 3.22% | -1.02% |
| 0.1071 | | 5 | 1.105 | 1.07 | 1.14 | 1.107 | 1.059 | 1.133 | 0.0125 | 2.53% | -2.6% |

**Germination Rate Detail**

| C-% | Control Type | Rep 1 | Rep 2 | Rep 3 | Rep 4 | Rep 5 |
|---|---|---|---|---|---|---|
| 0 | Negative Control | 0.7 | 0.75 | 0.82 | 0.81 | 0.79 |
| 0.0357 | | 0.75 | 0.82 | 0.83 | 0.81 | 0.79 |
| 0.0714 | | 0.76 | 0.8 | 0.82 | 0.75 | 0.79 |
| 0.1071 | | 0.8 | 0.76 | 0.81 | 0.82 | 0.8 |

**Angular (Corrected) Transformed Detail**

| C-% | Control Type | Rep 1 | Rep 2 | Rep 3 | Rep 4 | Rep 5 |
|---|---|---|---|---|---|---|
| 0 | Negative Control | 0.9912 | 1.047 | 1.133 | 1.12 | 1.095 |
| 0.0357 | | 1.047 | 1.133 | 1.146 | 1.12 | 1.095 |
| 0.0714 | | 1.059 | 1.107 | 1.133 | 1.047 | 1.095 |
| 0.1071 | | 1.107 | 1.059 | 1.12 | 1.133 | 1.107 |

**Macrocystis Germination and Germ Tube Growth Test** — Aquatic Bioassay & Consulting Labs, Inc.

| | | | | | |
|---|---|---|---|---|---|
| **Analysis ID:** | 05-1119-8013 | **Endpoint:** | Mean Length | **CETIS Version:** | CETISv1.8.7 |
| **Analyzed:** | 18 Aug-15 9:55 | **Analysis:** | Parametric-Control vs Treatments | **Official Results:** | Yes |

| Data Transform | Zeta | Alt Hyp | Trials | Seed | PMSD | NOEL | LOEL | TOEL | TU |
|---|---|---|---|---|---|---|---|---|---|
| Untransformed | NA | C > T | NA | NA | 3.64% | 0.1071 | >0.1071 | NA | 933.7 |

**Dunnett Multiple Comparison Test**

| Control | vs | C-% | Test Stat | Critical | MSD | DF | P-Value | P-Type | Decision(α:5%) |
|---|---|---|---|---|---|---|---|---|---|
| Negative Control | | 0.0357 | -3.84 | 2.227 | 0.557 | 8 | 1.0000 | CDF | Non-Significant Effect |
| | | 0.0714 | -3.04 | 2.227 | 0.557 | 8 | 0.9998 | CDF | Non-Significant Effect |
| | | 0.1071 | -2 | 2.227 | 0.557 | 8 | 0.9970 | CDF | Non-Significant Effect |

**ANOVA Table**

| Source | Sum Squares | Mean Square | DF | F Stat | P-Value | Decision(α:5%) |
|---|---|---|---|---|---|---|
| Between | 2.585499 | 0.861833 | 3 | 5.516 | 0.0085 | Significant Effect |
| Error | 2.499999 | 0.1562499 | 16 | | | |
| Total | 5.085498 | | 19 | | | |

**Distributional Tests**

| Attribute | Test | Test Stat | Critical | P-Value | Decision(α:1%) |
|---|---|---|---|---|---|
| Variances | Bartlett Equality of Variance | 4.013 | 11.34 | 0.2601 | Equal Variances |
| Variances | Mod Levene Equality of Variance | 1.402 | 5.953 | 0.2902 | Equal Variances |
| Variances | Levene Equality of Variance | 1.735 | 5.292 | 0.2001 | Equal Variances |
| Distribution | Shapiro-Wilk W Normality | 0.9765 | 0.866 | 0.8815 | Normal Distribution |
| Distribution | Kolmogorov-Smirnov D | 0.07961 | 0.2235 | 1.0000 | Normal Distribution |
| Distribution | D'Agostino Skewness | 0.8437 | 2.576 | 0.3988 | Normal Distribution |
| Distribution | D'Agostino Kurtosis | 0.6815 | 2.576 | 0.4956 | Normal Distribution |
| Distribution | D'Agostino-Pearson K2 Omnibus | 1.176 | 9.21 | 0.5554 | Normal Distribution |
| Distribution | Anderson-Darling A2 Normality | 0.1998 | 3.878 | 0.9282 | Normal Distribution |

**Mean Length Summary**

| C-% | Control Type | Count | Mean | 95% LCL | 95% UCL | Median | Min | Max | Std Err | CV% | %Effect |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 0 | Negative Control | 5 | 15.28 | 15.04 | 15.52 | 15.3 | 15 | 15.5 | 0.08602 | 1.26% | 0.0% |
| 0.0357 | | 5 | 16.24 | 15.75 | 16.73 | 16.1 | 15.9 | 16.8 | 0.1778 | 2.45% | -6.28% |
| 0.0714 | | 5 | 16.04 | 15.64 | 16.44 | 16 | 15.6 | 16.4 | 0.1435 | 2.0% | -4.97% |
| 0.1071 | | 5 | 15.78 | 15.07 | 16.49 | 15.9 | 14.9 | 16.4 | 0.2557 | 3.62% | -3.27% |

**Mean Length Detail**

| C-% | Control Type | Rep 1 | Rep 2 | Rep 3 | Rep 4 | Rep 5 |
|---|---|---|---|---|---|---|
| 0 | Negative Control | 15 | 15.4 | 15.5 | 15.2 | 15.3 |
| 0.0357 | | 16.1 | 16.5 | 15.9 | 16.8 | 15.9 |
| 0.0714 | | 15.6 | 16 | 16.4 | 15.9 | 16.3 |
| 0.1071 | | 15.9 | 16.4 | 14.9 | 16.1 | 15.6 |

# CETIS Analytical Report

Report Date: 18 Aug-15 09:55 (p 1 of 2)
Test Code: LTS0715.185klp | 00-1754-1835

**Macrocystis Germination and Germ Tube Growth Test** — **Aquatic Bioassay & Consulting Labs, Inc.**

| | | | | | |
|---|---|---|---|---|---|
| **Analysis ID:** | 06-6684-8213 | **Endpoint:** | Germination Rate | **CETIS Version:** | CETISv1.8.7 |
| **Analyzed:** | 18 Aug-15 9:55 | **Analysis:** | Linear Interpolation (ICPIN) | **Official Results:** | Yes |

**Linear Interpolation Options**

| X Transform | Y Transform | Seed | Resamples | Exp 95% CL | Method |
|---|---|---|---|---|---|
| Linear | Linear | 0 | 280 | Yes | Two-Point Interpolation |

**Point Estimates**

| Level | % | 95% LCL | 95% UCL | TU | 95% LCL | 95% UCL |
|---|---|---|---|---|---|---|
| EC5 | >0.1071 | N/A | N/A | <933.7 | NA | NA |
| EC10 | >0.1071 | N/A | N/A | <933.7 | NA | NA |
| EC15 | >0.1071 | N/A | N/A | <933.7 | NA | NA |
| EC20 | >0.1071 | N/A | N/A | <933.7 | NA | NA |
| EC25 | >0.1071 | N/A | N/A | <933.7 | NA | NA |
| EC40 | >0.1071 | N/A | N/A | <933.7 | NA | NA |
| EC50 | >0.1071 | N/A | N/A | <933.7 | NA | NA |

**Germination Rate Summary**

| | | | | | | | | | | Calculated Variate(A/B) | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| C-% | Control Type | Count | Mean | Min | Max | Std Err | Std Dev | CV% | %Effect | A | B |
| 0 | Negative Control | 5 | 0.774 | 0.7 | 0.82 | 0.02205 | 0.04929 | 6.37% | 0.0% | 387 | 500 |
| 0.0357 | | 5 | 0.8 | 0.75 | 0.83 | 0.01414 | 0.03162 | 3.95% | -3.36% | 400 | 500 |
| 0.0714 | | 5 | 0.784 | 0.75 | 0.82 | 0.01288 | 0.02881 | 3.68% | -1.29% | 392 | 500 |
| 0.1071 | | 5 | 0.798 | 0.76 | 0.82 | 0.0102 | 0.0228 | 2.86% | -3.1% | 399 | 500 |

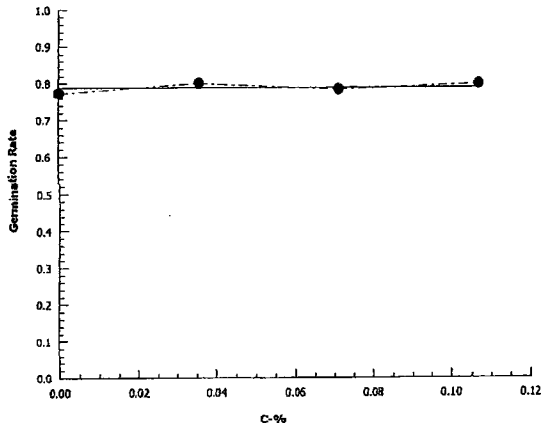
**Germination Rate Detail**

| C-% | Control Type | Rep 1 | Rep 2 | Rep 3 | Rep 4 | Rep 5 |
|---|---|---|---|---|---|---|
| 0 | Negative Control | 0.7 | 0.75 | 0.82 | 0.81 | 0.79 |
| 0.0357 | | 0.75 | 0.82 | 0.83 | 0.81 | 0.79 |
| 0.0714 | | 0.76 | 0.8 | 0.82 | 0.75 | 0.79 |
| 0.1071 | | 0.8 | 0.76 | 0.81 | 0.82 | 0.8 |

**Germination Rate Binomials**

| C-% | Control Type | Rep 1 | Rep 2 | Rep 3 | Rep 4 | Rep 5 |
|---|---|---|---|---|---|---|
| 0 | Negative Control | 70/100 | 75/100 | 82/100 | 81/100 | 79/100 |
| 0.0357 | | 75/100 | 82/100 | 83/100 | 81/100 | 79/100 |
| 0.0714 | | 76/100 | 80/100 | 82/100 | 75/100 | 79/100 |
| 0.1071 | | 80/100 | 76/100 | 81/100 | 82/100 | 80/100 |

**Graphics**



# CETIS Measurement Report



**Macrocystis Germination and Germ Tube Growth Test** — **Aquatic Bioassay & Consulting Labs, Inc.**

| | | | | | |
|---|---|---|---|---|---|
| **Batch ID:** | 17-8790-0694 | **Test Type:** | Growth-Germination | **Analyst:** | |
| **Start Date:** | 21 Jul-15 15:03 | **Protocol:** | EPA/600/R-95/136 (1995) | **Diluent:** | Laboratory Seawater |
| **Ending Date:** | 23 Jul-15 15:03 | **Species:** | Macrocystis pyrifera | **Brine:** | Not Applicable |
| **Duration:** | 48h | **Source:** | Aquatic Bioassay Labs Collection | **Age:** | |

| | | | | | |
|---|---|---|---|---|---|
| **Sample ID:** | 07-6389-7598 | **Code:** | LTS0715.185klp | **Client:** | LTS Environmental, Inc. |
| **Sample Date:** | 20 Jul-15 09:00 | **Material:** | Sample Water | **Project:** | Pl. Elly 3-species Toxicity |
| **Receive Date:** | 21 Jul-15 11:05 | **Source:** | Bioassay Report | | |
| **Sample Age:** | 30h (14.4 °C) | **Station:** | P-2A Platform Elly | | |

**Dissolved Oxygen-mg/L**

| C-% | Control Type | Count | Mean | 95% LCL | 95% UCL | Min | Max | Std Err | Std Dev | CV% | QA Count |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 0 | Negative Contr | 2 | 6.4 | 1.318 | 11.48 | 6 | 6.8 | 0.4 | 0.5657 | 8.84% | 0 |
| 0.0357 | | 2 | 6.45 | 4.544 | 8.356 | 6.3 | 6.6 | 0.15 | 0.2121 | 3.29% | 0 |
| 0.0714 | | 2 | 6.35 | 4.444 | 8.256 | 6.2 | 6.5 | 0.15 | 0.2121 | 3.34% | 0 |
| 0.1071 | | 2 | 6.4 | 2.588 | 10.21 | 6.1 | 6.7 | 0.3 | 0.4243 | 6.63% | 0 |
| Overall | | 8 | 6.4 | | | 6 | 6.8 | | | | 0 (0%) |

**pH-Units**

| C-% | Control Type | Count | Mean | 95% LCL | 95% UCL | Min | Max | Std Err | Std Dev | CV% | QA Count |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 0 | Negative Contr | 2 | 7.9 | 7.884 | 7.916 | 7.9 | 7.9 | 0 | 0 | 0.0% | 0 |
| 0.0357 | | 2 | 8 | 8 | 8 | 8 | 8 | 0 | 0 | 0.0% | 0 |
| 0.0714 | | 2 | 8 | 8 | 8 | 8 | 8 | 0 | 0 | 0.0% | 0 |
| 0.1071 | | 2 | 8 | 8 | 8 | 8 | 8 | 0 | 0 | 0.0% | 0 |
| Overall | | 8 | 7.975 | | | 7.9 | 8 | | | | 0 (0%) |

**Salinity-ppt**

| C-% | Control Type | Count | Mean | 95% LCL | 95% UCL | Min | Max | Std Err | Std Dev | CV% | QA Count |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 0 | Negative Contr | 2 | 34 | 34 | 34 | 34 | 34 | 0 | 0 | 0.0% | 0 |
| 0.0357 | | 2 | 34 | 34 | 34 | 34 | 34 | 0 | 0 | 0.0% | 0 |
| 0.0714 | | 2 | 34 | 34 | 34 | 34 | 34 | 0 | 0 | 0.0% | 0 |
| 0.1071 | | 2 | 34 | 34 | 34 | 34 | 34 | 0 | 0 | 0.0% | 0 |
| Overall | | 8 | 34 | | | 34 | 34 | | | | 0 (0%) |

**Temperature-°C**

| C-% | Control Type | Count | Mean | 95% LCL | 95% UCL | Min | Max | Std Err | Std Dev | CV% | QA Count |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 0 | Negative Contr | 2 | 14.85 | 14.21 | 15.49 | 14.8 | 14.9 | 0.05004 | 0.07077 | 0.48% | 0 |
| 0.0357 | | 2 | 14.85 | 14.21 | 15.49 | 14.8 | 14.9 | 0.05004 | 0.07077 | 0.48% | 0 |
| 0.0714 | | 2 | 14.85 | 14.21 | 15.49 | 14.8 | 14.9 | 0.05004 | 0.07077 | 0.48% | 0 |
| 0.1071 | | 2 | 14.85 | 14.21 | 15.49 | 14.8 | 14.9 | 0.05004 | 0.07077 | 0.48% | 0 |
| Overall | | 8 | 14.85 | | | 14.8 | 14.9 | | | | 0 (0%) |

# CHAIN OF CUSTODY RECORD

| | |
|---|---|
| **Client:** Beta Offshore | **Project Name/Number:** Pl. Elly 3 sp. Toxicity |
| **Address** c/o Marina Robertson 1240 111 W. Ocean Blvd, Suite Long Beach Ca. 90802 | **Project Mgr.** |
| | **P.O. #** |
| **Phone Number:** (562)-653-3497 S. Lawry: (805)-644-4560 | **Sampled By** *(signature)* Cole [signature] |

| Date | Time | Comp. | Grab | Matrix | Sample ID | Volume/ Number | Analysis | Comments |
|---|---|---|---|---|---|---|---|---|
| 07/20/15 | 0900 | | V | | P-2A | | | conc: 0.0714, ~~0.0~~ |
| | | | | | | | | 0.0357, |
| | | | | | | | | 0.1071 |
| | | | | | | | | |
| | | | | | | | | Copies to |
| | | | | | | | Temp. deg. C = 14.0°C | S. Lawry |
| | | | | | | | Chlorine (mg/L) = <0.1 | |
| | | | | | | | NH3 (mg/L) = >10 | |

| | |
|---|---|
| Relinquised By: *(signature)* Cole [signature] Date: Time: 07/21/15 / 1105 | Relinquised By: *(signature)* Date: Time: |
| Received By: *(signature)* [signature] Date: Time: 7-21-15 / 1105 | Received By: *(signature)* Date: Time: |

Upon sample reciept record the following results:

Temp (°C) _____ $NH_3$ (mg/L) _____ Cl (mg/L): _____

Aquatic Bioassay and Consulting Laboratories
29 N. Olive Street Ventura, CA 93001 Phone: (805) 643-5621 Fax: (805) 643-2930

# CETIS Summary Report

Report Date: 14 Aug-15 12:21 (p 1 of 2)
Test Code: TOPS072115-34 | 12-8588-7617

**Pacific Topsmelt 7-d Survival and Growth Test** — **Aquatic Bioassay & Consulting Labs, Inc.**

| | | | | | |
|---|---|---|---|---|---|
| **Batch ID:** | 03-7867-7336 | **Test Type:** | Growth-Survival (7d) | **Analyst:** | |
| **Start Date:** | 21 Jul-15 15:55 | **Protocol:** | EPA/600/R-95/136 (1995) | **Diluent:** | Laboratory Seawater |
| **Ending Date:** | 28 Jul-15 14:00 | **Species:** | Atherinops affinis | **Brine:** | Not Applicable |
| **Duration:** | 6d 22h | **Source:** | Aquatic Biosystems, CO | **Age:** | |

| | | | | | |
|---|---|---|---|---|---|
| **Sample ID:** | 11-9026-7524 | **Code:** | TOPS072115t34 | **Client:** | ABC Labs |
| **Sample Date:** | 21 Jul-15 14:00 | **Material:** | Copper chloride | **Project:** | REF TOX |
| **Receive Date:** | | **Source:** | Reference Toxicant | | |
| **Sample Age:** | 115m | **Station:** | REF TOX | | |

## Comparison Summary

| Analysis ID | Endpoint | NOEL | LOEL | TOEL | PMSD | TU | Method |
|---|---|---|---|---|---|---|---|
| 12-9575-2009 | 7d Survival Rate | 56 | 100 | 74.83 | 13.2% | | Steel Many-One Rank Sum Test |
| 18-5008-9361 | Mean Dry Biomass-mg | 100 | 180 | 134.2 | 23.2% | | Dunnett Multiple Comparison Test |

## Point Estimate Summary

| Analysis ID | Endpoint | Level | µg/L | 95% LCL | 95% UCL | TU | Method |
|---|---|---|---|---|---|---|---|
| 08-5139-1835 | 7d Survival Rate | EC5 | 67 | 60.81 | 91.75 | | Linear Interpolation (ICPIN) |
| | | EC10 | 78 | 65.63 | 114.2 | | |
| | | EC15 | 89 | 70.44 | 116.6 | | |
| | | EC20 | 100 | 75.25 | 118.9 | | |
| | | EC25 | 105.9 | 82.62 | 123.9 | | |
| | | EC40 | 123.5 | 105.4 | 138.8 | | |
| | | EC50 | 135.3 | 120.9 | 148.7 | | |
| 00-3197-1287 | Mean Dry Biomass-mg | IC5 | 104.9 | N/A | 106.5 | | Linear Interpolation (ICPIN) |
| | | IC10 | 109.9 | 14.46 | 113 | | |
| | | IC15 | 114.8 | 94.17 | 119.5 | | |
| | | IC20 | 119.7 | 99.93 | 126 | | |
| | | IC25 | 124.6 | 105.9 | 132.5 | | |
| | | IC40 | 139.4 | 124.4 | 152 | | |
| | | IC50 | 149.3 | 135.7 | 165 | | |

## Test Acceptability

| Analysis ID | Endpoint | Attribute | Test Stat | TAC Limits | Overlap | Decision |
|---|---|---|---|---|---|---|
| 08-5139-1835 | 7d Survival Rate | Control Resp | 1 | 0.8 - NL | Yes | Passes Acceptability Criteria |
| 12-9575-2009 | 7d Survival Rate | Control Resp | 1 | 0.8 - NL | Yes | Passes Acceptability Criteria |
| 00-3197-1287 | Mean Dry Biomass-mg | Control Resp | 1.629 | 0.85 - NL | Yes | Passes Acceptability Criteria |
| 18-5008-9361 | Mean Dry Biomass-mg | Control Resp | 1.629 | 0.85 - NL | Yes | Passes Acceptability Criteria |
| 12-9575-2009 | 7d Survival Rate | PMSD | 0.1323 | NL - 0.25 | No | Passes Acceptability Criteria |
| 18-5008-9361 | Mean Dry Biomass-mg | PMSD | 0.2324 | NL - 0.5 | No | Passes Acceptability Criteria |

## 7d Survival Rate Summary

| C-µg/L | Control Type | Count | Mean | 95% LCL | 95% UCL | Min | Max | Std Err | Std Dev | CV% | %Effect |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 0 | Negative Control | 5 | 1 | 1 | 1 | 1 | 1 | 0 | 0 | 0.0% | 0.0% |
| 56 | | 5 | 1 | 1 | 1 | 1 | 1 | 0 | 0 | 0.0% | 0.0% |
| 100 | | 5 | 0.8 | 0.6244 | 0.9756 | 0.6 | 1 | 0.06325 | 0.1414 | 17.68% | 20.0% |
| 180 | | 5 | 0.12 | 0 | 0.256 | 0 | 0.2 | 0.04899 | 0.1095 | 91.29% | 88.0% |
| 320 | | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 100.0% |
| 560 | | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 100.0% |

## Mean Dry Biomass-mg Summary

| C-µg/L | Control Type | Count | Mean | 95% LCL | 95% UCL | Min | Max | Std Err | Std Dev | CV% | %Effect |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 0 | Negative Control | 5 | 1.629 | 1.145 | 2.113 | 1.338 | 2.31 | 0.1743 | 0.3898 | 23.93% | 0.0% |
| 56 | | 5 | 1.681 | 1.475 | 1.887 | 1.42 | 1.856 | 0.07421 | 0.1659 | 9.87% | -3.19% |
| 100 | | 5 | 1.703 | 1.524 | 1.882 | 1.534 | 1.844 | 0.06443 | 0.1441 | 8.46% | -4.54% |
| 180 | | 5 | 0.314 | -0.05589 | 0.6839 | 0 | 0.604 | 0.1332 | 0.2979 | 94.87% | 80.72% |
| 320 | | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 100.0% |
| 560 | | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 100.0% |



Analyst: ____ QA: PASS

# CETIS Analytical Report

Report Date: 14 Aug-15 12:20 (p 1 of 4)
Test Code: TOPS072115-34 | 12-8588-7617

**Pacific Topsmelt 7-d Survival and Growth Test** — **Aquatic Bioassay & Consulting Labs, Inc.**

| | | | | | |
|---|---|---|---|---|---|
| **Analysis ID:** | 12-9575-2009 | **Endpoint:** | 7d Survival Rate | **CETIS Version:** | CETISv1.8.7 |
| **Analyzed:** | 14 Aug-15 12:20 | **Analysis:** | Nonparametric-Control vs Treatments | **Official Results:** | Yes |

| Data Transform | Zeta | Alt Hyp | Trials | Seed | PMSD | NOEL | LOEL | TOEL | TU |
|---|---|---|---|---|---|---|---|---|---|
| Angular (Corrected) | NA | C > T | NA | NA | 13.2% | 56 | 100 | 74.83 | |

**Steel Many-One Rank Sum Test**

| Control vs | C-µg/L | Test Stat | Critical | Ties | DF | P-Value | P-Type | Decision(α:5%) |
|---|---|---|---|---|---|---|---|---|
| Negative Control | 56 | 27.5 | 17 | 1 | 8 | 0.7500 | Asymp | Non-Significant Effect |
| | 100* | 17.5 | 17 | 1 | 8 | 0.0470 | Asymp | Significant Effect |
| | 180* | 15 | 17 | 0 | 8 | 0.0123 | Asymp | Significant Effect |

**ANOVA Table**

| Source | Sum Squares | Mean Square | DF | F Stat | P-Value | Decision(α:5%) |
|---|---|---|---|---|---|---|
| Between | 3.212031 | 1.070677 | 3 | 98.7 | <0.0001 | Significant Effect |
| Error | 0.1735718 | 0.01084824 | 16 | | | |
| Total | 3.385603 | | 19 | | | |

**Distributional Tests**

| Attribute | Test | Test Stat | Critical | P-Value | Decision(α:1%) |
|---|---|---|---|---|---|
| Variances | Mod Levene Equality of Variance | 1.998 | 5.953 | 0.1681 | Equal Variances |
| Variances | Levene Equality of Variance | 4.59 | 5.292 | 0.0168 | Equal Variances |
| Distribution | Shapiro-Wilk W Normality | 0.8165 | 0.866 | 0.0015 | Non-normal Distribution |
| Distribution | Kolmogorov-Smirnov D | 0.3358 | 0.2235 | <0.0001 | Non-normal Distribution |
| Distribution | D'Agostino Skewness | 0.2252 | 2.576 | 0.8218 | Normal Distribution |
| Distribution | D'Agostino Kurtosis | 1.836 | 2.576 | 0.0664 | Normal Distribution |
| Distribution | D'Agostino-Pearson K2 Omnibus | 3.42 | 9.21 | 0.1808 | Normal Distribution |
| Distribution | Anderson-Darling A2 Normality | 2.346 | 3.878 | <0.0001 | Non-normal Distribution |

**7d Survival Rate Summary**

| C-µg/L | Control Type | Count | Mean | 95% LCL | 95% UCL | Median | Min | Max | Std Err | CV% | %Effect |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 0 | Negative Control | 5 | 1 | 1 | 1 | 1 | 1 | 1 | 0 | 0.0% | 0.0% |
| 56 | | 5 | 1 | 1 | 1 | 1 | 1 | 1 | 0 | 0.0% | 0.0% |
| 100 | | 5 | 0.8 | 0.6244 | 0.9756 | 0.8 | 0.6 | 1 | 0.06325 | 17.68% | 20.0% |
| 180 | | 5 | 0.12 | 0 | 0.256 | 0.2 | 0 | 0.2 | 0.04899 | 91.29% | 88.0% |
| 320 | | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 100.0% |
| 560 | | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 100.0% |

**Angular (Corrected) Transformed Summary**

| C-µg/L | Control Type | Count | Mean | 95% LCL | 95% UCL | Median | Min | Max | Std Err | CV% | %Effect |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 0 | Negative Contr | 5 | 1.345 | 1.345 | 1.346 | 1.345 | 1.345 | 1.345 | 0 | 0.0% | 0.0% |
| 56 | | 5 | 1.345 | 1.345 | 1.346 | 1.345 | 1.345 | 1.345 | 0 | 0.0% | 0.0% |
| 100 | | 5 | 1.111 | 0.9089 | 1.312 | 1.107 | 0.8861 | 1.345 | 0.07264 | 14.63% | 17.45% |
| 180 | | 5 | 0.3684 | 0.2064 | 0.5303 | 0.4636 | 0.2255 | 0.4636 | 0.05833 | 35.41% | 72.62% |
| 320 | | 5 | 0.2255 | 0.2255 | 0.2256 | 0.2255 | 0.2255 | 0.2255 | 0 | 0.0% | 83.24% |
| 560 | | 5 | 0.2255 | 0.2255 | 0.2256 | 0.2255 | 0.2255 | 0.2255 | 0 | 0.0% | 83.24% |

**7d Survival Rate Detail**

| C-µg/L | Control Type | Rep 1 | Rep 2 | Rep 3 | Rep 4 | Rep 5 |
|---|---|---|---|---|---|---|
| 0 | Negative Control | 1 | 1 | 1 | 1 | 1 |
| 56 | | 1 | 1 | 1 | 1 | 1 |
| 100 | | 0.8 | 1 | 0.6 | 0.8 | 0.8 |
| 180 | | 0 | 0.2 | 0 | 0.2 | 0.2 |
| 320 | | 0 | 0 | 0 | 0 | 0 |
| 560 | | 0 | 0 | 0 | 0 | 0 |

**Pacific Topsmelt 7-d Survival and Growth Test** — **Aquatic Bioassay & Consulting Labs, Inc.**

| | | | | | |
|---|---|---|---|---|---|
| **Analysis ID:** | 18-5008-9361 | **Endpoint:** | Mean Dry Biomass-mg | **CETIS Version:** | CETISv1.8.7 |
| **Analyzed:** | 14 Aug-15 12:20 | **Analysis:** | Parametric-Control vs Treatments | **Official Results:** | Yes |

| Data Transform | Zeta | Alt Hyp | Trials | Seed | PMSD | NOEL | LOEL | TOEL | TU |
|---|---|---|---|---|---|---|---|---|---|
| Untransformed | NA | C > T | NA | NA | 23.2% | 100 | 180 | 134.2 | |

**Dunnett Multiple Comparison Test**

| Control vs | C-µg/L | Test Stat | Critical | MSD | DF | P-Value | P-Type | Decision(α:5%) |
|---|---|---|---|---|---|---|---|---|
| Negative Control | 56 | -0.3059 | 2.227 | 0.379 | 8 | 0.8457 | CDF | Non-Significant Effect |
| | 100 | -0.4353 | 2.227 | 0.379 | 8 | 0.8775 | CDF | Non-Significant Effect |
| | 180* | 7.734 | 2.227 | 0.379 | 8 | <0.0001 | CDF | Significant Effect |

**ANOVA Table**

| Source | Sum Squares | Mean Square | DF | F Stat | P-Value | Decision(α:5%) |
|---|---|---|---|---|---|---|
| Between | 6.917839 | 2.305946 | 3 | 31.92 | <0.0001 | Significant Effect |
| Error | 1.155974 | 0.07224839 | 16 | | | |
| Total | 8.073812 | | 19 | | | |

**Distributional Tests**

| Attribute | Test | Test Stat | Critical | P-Value | Decision(α:1%) |
|---|---|---|---|---|---|
| Variances | Bartlett Equality of Variance | 4.575 | 11.34 | 0.2057 | Equal Variances |
| Variances | Mod Levene Equality of Variance | 0.7198 | 5.953 | 0.5591 | Equal Variances |
| Variances | Levene Equality of Variance | 1.732 | 5.292 | 0.2007 | Equal Variances |
| Distribution | Shapiro-Wilk W Normality | 0.9296 | 0.866 | 0.1515 | Normal Distribution |
| Distribution | Kolmogorov-Smirnov D | 0.1015 | 0.2235 | 0.9854 | Normal Distribution |
| Distribution | D'Agostino Skewness | 1.884 | 2.576 | 0.0596 | Normal Distribution |
| Distribution | D'Agostino Kurtosis | 1.498 | 2.576 | 0.1340 | Normal Distribution |
| Distribution | D'Agostino-Pearson K2 Omnibus | 5.795 | 9.21 | 0.0552 | Normal Distribution |
| Distribution | Anderson-Darling A2 Normality | 0.3734 | 3.878 | 0.4223 | Normal Distribution |

**Mean Dry Biomass-mg Summary**

| C-µg/L | Control Type | Count | Mean | 95% LCL | 95% UCL | Median | Min | Max | Std Err | CV% | %Effect |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 0 | Negative Control | 5 | 1.629 | 1.145 | 2.113 | 1.498 | 1.338 | 2.31 | 0.1743 | 23.93% | 0.0% |
| 56 | | 5 | 1.681 | 1.475 | 1.887 | 1.68 | 1.42 | 1.856 | 0.07421 | 9.87% | -3.19% |
| 100 | | 5 | 1.703 | 1.524 | 1.882 | 1.714 | 1.534 | 1.844 | 0.06443 | 8.46% | -4.54% |
| 180 | | 5 | 0.314 | -0.05589 | 0.6839 | 0.392 | 0 | 0.604 | 0.1332 | 94.87% | 80.72% |
| 320 | | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 100.0% |
| 560 | | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 100.0% |

**Mean Dry Biomass-mg Detail**

| C-µg/L | Control Type | Rep 1 | Rep 2 | Rep 3 | Rep 4 | Rep 5 |
|---|---|---|---|---|---|---|
| 0 | Negative Control | 1.434 | 1.338 | 1.564 | 2.31 | 1.498 |
| 56 | | 1.42 | 1.786 | 1.68 | 1.662 | 1.856 |
| 100 | | 1.58 | 1.714 | 1.844 | 1.842 | 1.534 |
| 180 | | 0 | 0.604 | 0 | 0.574 | 0.392 |
| 320 | | 0 | 0 | 0 | 0 | 0 |
| 560 | | 0 | 0 | 0 | 0 | 0 |

# CETIS Analytical Report

Report Date: 14 Aug-15 12:20 (p 1 of 3)
Test Code: TOPS072115-34 | 12-8588-7617

**Pacific Topsmelt 7-d Survival and Growth Test** — **Aquatic Bioassay & Consulting Labs, Inc.**

| | | | | | |
|---|---|---|---|---|---|
| **Analysis ID:** | 08-5139-1835 | **Endpoint:** | 7d Survival Rate | **CETIS Version:** | CETISv1.8.7 |
| **Analyzed:** | 14 Aug-15 12:20 | **Analysis:** | Linear Interpolation (ICPIN) | **Official Results:** | Yes |

**Linear Interpolation Options**

| X Transform | Y Transform | Seed | Resamples | Exp 95% CL | Method |
|---|---|---|---|---|---|
| Linear | Linear | 0 | 280 | Yes | Two-Point Interpolation |

**Point Estimates**

| Level | µg/L | 95% LCL | 95% UCL |
|---|---|---|---|
| EC5 | 67 | 60.81 | 91.75 |
| EC10 | 78 | 65.63 | 114.2 |
| EC15 | 89 | 70.44 | 116.6 |
| EC20 | 100 | 75.25 | 118.9 |
| EC25 | 105.9 | 82.62 | 123.9 |
| EC40 | 123.5 | 105.4 | 138.8 |
| EC50 | 135.3 | 120.9 | 148.7 |

**7d Survival Rate Summary**

| | | | Calculated Variate(A/B) | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| C-µg/L | Control Type | Count | Mean | Min | Max | Std Err | Std Dev | CV% | %Effect | A | B |
| 0 | Negative Control | 5 | 1 | 1 | 1 | 0 | 0 | 0.0% | 0.0% | 25 | 25 |
| 56 | | 5 | 1 | 1 | 1 | 0 | 0 | 0.0% | 0.0% | 25 | 25 |
| 100 | | 5 | 0.8 | 0.6 | 1 | 0.06325 | 0.1414 | 17.68% | 20.0% | 20 | 25 |
| 180 | | 5 | 0.12 | 0 | 0.2 | 0.04899 | 0.1095 | 91.29% | 88.0% | 3 | 25 |
| 320 | | 5 | 0 | 0 | 0 | 0 | 0 | | 100.0% | 0 | 25 |
| 560 | | 5 | 0 | 0 | 0 | 0 | 0 | | 100.0% | 0 | 25 |

**7d Survival Rate Detail**

| C-µg/L | Control Type | Rep 1 | Rep 2 | Rep 3 | Rep 4 | Rep 5 |
|---|---|---|---|---|---|---|
| 0 | Negative Control | 1 | 1 | 1 | 1 | 1 |
| 56 | | 1 | 1 | 1 | 1 | 1 |
| 100 | | 0.8 | 1 | 0.6 | 0.8 | 0.8 |
| 180 | | 0 | 0.2 | 0 | 0.2 | 0.2 |
| 320 | | 0 | 0 | 0 | 0 | 0 |
| 560 | | 0 | 0 | 0 | 0 | 0 |

**7d Survival Rate Binomials**

| C-µg/L | Control Type | Rep 1 | Rep 2 | Rep 3 | Rep 4 | Rep 5 |
|---|---|---|---|---|---|---|
| 0 | Negative Control | 5/5 | 5/5 | 5/5 | 5/5 | 5/5 |
| 56 | | 5/5 | 5/5 | 5/5 | 5/5 | 5/5 |
| 100 | | 4/5 | 5/5 | 3/5 | 4/5 | 4/5 |
| 180 | | 0/5 | 1/5 | 0/5 | 1/5 | 1/5 |
| 320 | | 0/5 | 0/5 | 0/5 | 0/5 | 0/5 |
| 560 | | 0/5 | 0/5 | 0/5 | 0/5 | 0/5 |

# CETIS Analytical Report

Report Date: 14 Aug-15 12:20 (p 3 of 3)
Test Code: TOPS072115-34 | 12-8588-7617

**Pacific Topsmelt 7-d Survival and Growth Test** — **Aquatic Bioassay & Consulting Labs, Inc.**

| | | | | | |
|---|---|---|---|---|---|
| **Analysis ID:** | 00-3197-1287 | **Endpoint:** | Mean Dry Biomass-mg | **CETIS Version:** | CETISv1.8.7 |
| **Analyzed:** | 14 Aug-15 12:20 | **Analysis:** | Linear Interpolation (ICPIN) | **Official Results:** | Yes |

**Linear Interpolation Options**

| X Transform | Y Transform | Seed | Resamples | Exp 95% CL | Method |
|---|---|---|---|---|---|
| Linear | Linear | 995543 | 280 | Yes | Two-Point Interpolation |

**Point Estimates**

| Level | µg/L | 95% LCL | 95% UCL |
|---|---|---|---|
| IC5 | 104.9 | N/A | 106.5 |
| IC10 | 109.9 | 14.46 | 113 |
| IC15 | 114.8 | 94.17 | 119.5 |
| IC20 | 119.7 | 99.93 | 126 |
| IC25 | 124.6 | 105.9 | 132.5 |
| IC40 | 139.4 | 124.4 | 152 |
| IC50 | 149.3 | 135.7 | 165 |

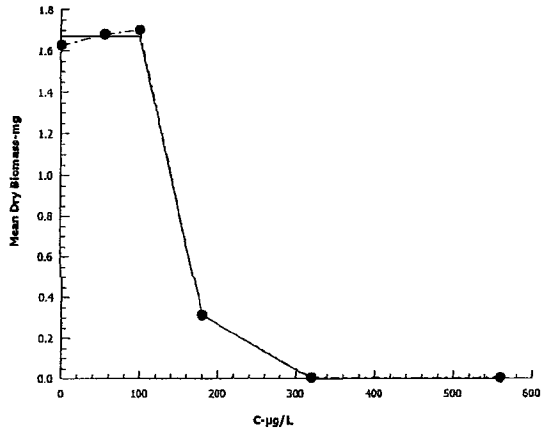
**Mean Dry Biomass-mg Summary**

| | | | Calculated Variate | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| C-µg/L | Control Type | Count | Mean | Min | Max | Std Err | Std Dev | CV% | %Effect |
| 0 | Negative Control | 5 | 1.629 | 1.338 | 2.31 | 0.1743 | 0.3898 | 23.93% | 0.0% |
| 56 | | 5 | 1.681 | 1.42 | 1.856 | 0.07421 | 0.1659 | 9.87% | -3.19% |
| 100 | | 5 | 1.703 | 1.534 | 1.844 | 0.06443 | 0.1441 | 8.46% | -4.54% |
| 180 | | 5 | 0.314 | 0 | 0.604 | 0.1332 | 0.2979 | 94.87% | 80.72% |
| 320 | | 5 | 0 | 0 | 0 | 0 | 0 | | 100.0% |
| 560 | | 5 | 0 | 0 | 0 | 0 | 0 | | 100.0% |

**Mean Dry Biomass-mg Detail**

| C-µg/L | Control Type | Rep 1 | Rep 2 | Rep 3 | Rep 4 | Rep 5 |
|---|---|---|---|---|---|---|
| 0 | Negative Control | 1.434 | 1.338 | 1.564 | 2.31 | 1.498 |
| 56 | | 1.42 | 1.786 | 1.68 | 1.662 | 1.856 |
| 100 | | 1.58 | 1.714 | 1.844 | 1.842 | 1.534 |
| 180 | | 0 | 0.604 | 0 | 0.574 | 0.392 |
| 320 | | 0 | 0 | 0 | 0 | 0 |
| 560 | | 0 | 0 | 0 | 0 | 0 |

**Graphics**



**Pacific Topsmelt 7-d Survival and Growth Test** — **Aquatic Bioassay & Consulting Labs, Inc.**

**Dissolved Oxygen-mg/L**

| C-µg/L | Control Type | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|---|---|---|---|---|---|---|---|---|---|
| 0 | Negative Contr | 6.5 | 7.4 | 6.9 | 6.4 | 6.9 | 6.8 | 6.6 | 6.2 |
| 56 | | 6.5 | 6.9 | 6.9 | 5.6 | 6.9 | 6.7 | 6.2 | 6.1 |
| 100 | | 6.6 | 7.2 | 7 | 6.2 | 6.7 | 6.7 | 6.5 | 6.4 |
| 180 | | 6.6 | 7.4 | 6.9 | 6.1 | 6.7 | 6.7 | 6.4 | 6.3 |
| 320 | | 6.4 | 7.4 | 6.9 | 6.4 | 6.7 | 6.7 | 6.5 | 6.6 |
| 560 | | 6.4 | | | | | | | |

**pH-Units**

| C-µg/L | Control Type | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|---|---|---|---|---|---|---|---|---|---|
| 0 | Negative Contr | 7.8 | 7.9 | 7.9 | 7.9 | 7.8 | 7.8 | 7.9 | 7.9 |
| 56 | | 7.9 | 8 | 7.9 | 7.7 | 7.8 | 7.8 | 8 | 7.9 |
| 100 | | 7.9 | 8 | 7.9 | 7.9 | 7.8 | 7.8 | 8 | 8 |
| 180 | | 7.9 | 8 | 7.9 | 7.9 | 7.8 | 7.8 | 7.9 | 7.9 |
| 320 | | 7.9 | 8 | 7.9 | 7.9 | 7.9 | 7.8 | 7.9 | 7.9 |
| 560 | | 7.9 | | | | | | | |

**Salinity-ppt**

| C-µg/L | Control Type | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|---|---|---|---|---|---|---|---|---|---|
| 0 | Negative Contr | 34 | 34 | 34 | 34 | 34 | 34 | 34 | 34 |
| 56 | | 34 | 34 | 34 | 34 | 34 | 34 | 34 | 34 |
| 100 | | 34 | 34 | 34 | 34 | 34 | 34 | 34 | 34 |
| 180 | | 34 | 34 | 34 | 34 | 34 | 34 | 34 | 34 |
| 320 | | 34 | 34 | 34 | 34 | 34 | 34 | 34 | 34 |
| 560 | | 34 | | | | | | | |

**Temperature-°C**

| C-µg/L | Control Type | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|---|---|---|---|---|---|---|---|---|---|
| 0 | Negative Contr | 21 | 21 | 21 | 21 | 21 | 21 | 21 | 21 |
| 56 | | 21 | 21 | 21 | 21 | 21 | 21 | 21 | 21 |
| 100 | | 21 | 21 | 21 | 21 | 21 | 21 | 21 | 21 |
| 180 | | 21 | 21 | 21 | 21 | 21 | 21 | 21 | 21 |
| 320 | | 21 | 21 | 21 | 21 | 21 | 21 | 21 | 21 |
| 560 | | 21 | | | | | | | |

# CETIS Summary Report

Report Date: 18 Aug-15 09:45 (p 1 of 1)
Test Code: ABS072115 | 00-8128-3353

**Red Abalone Larval Development Test** — **Aquatic Bioassay & Consulting Labs, Inc.**

| | | | | | |
|---|---|---|---|---|---|
| **Batch ID:** | 17-2442-3127 | **Test Type:** | Development | **Analyst:** | |
| **Start Date:** | 21 Jul-15 12:30 | **Protocol:** | EPA/600/R-95/136 (1995) | **Diluent:** | Laboratory Seawater |
| **Ending Date:** | 23 Jul-15 12:30 | **Species:** | Haliotis rufescens | **Brine:** | Not Applicable |
| **Duration:** | 48h | **Source:** | Cultured Abalone | **Age:** | |

| | | | | | |
|---|---|---|---|---|---|
| **Sample ID:** | 16-1954-2862 | **Code:** | ABS072115a | **Client:** | Internal Lab |
| **Sample Date:** | 21 Jul-15 12:30 | **Material:** | Zinc | **Project:** | REF TOX |
| **Receive Date:** | | **Source:** | Reference Toxicant | | |
| **Sample Age:** | NA | **Station:** | REF TOX | | |

## Comparison Summary

| Analysis ID | Endpoint | NOEL | LOEL | TOEL | PMSD | TU | Method |
|---|---|---|---|---|---|---|---|
| 15-8682-9316 | Proportion Normal | 56 | 100 | 74.83 | NA | | Steel Many-One Rank Sum Test |

## Point Estimate Summary

| Analysis ID | Endpoint | Level | µg/L | 95% LCL | 95% UCL | TU | Method |
|---|---|---|---|---|---|---|---|
| 12-5518-3010 | Proportion Normal | EC5 | 58.2 | 58.2 | 58.2 | | Linear Interpolation (ICPIN) |
| | | EC10 | 60.4 | 60.4 | 60.4 | | |
| | | EC15 | 62.6 | 62.6 | 62.6 | | |
| | | EC20 | 64.8 | 64.8 | 64.8 | | |
| | | EC25 | 67 | 67 | 67 | | |
| | | EC40 | 73.6 | 73.6 | 73.6 | | |
| | | EC50 | 78 | 78 | 78 | | |

## Test Acceptability

| Analysis ID | Endpoint | Attribute | Test Stat | TAC Limits | Overlap | Decision |
|---|---|---|---|---|---|---|
| 12-5518-3010 | Proportion Normal | Control Resp | 1 | 0.8 - NL | Yes | Passes Acceptability Criteria |
| 15-8682-9316 | Proportion Normal | Control Resp | 1 | 0.8 - NL | Yes | Passes Acceptability Criteria |
| 15-8682-9316 | Proportion Normal | NOEL | 56 | NL - 56 | No | Above Acceptability Criteria |

## Proportion Normal Summary

| C-µg/L | Control Type | Count | Mean | 95% LCL | 95% UCL | Min | Max | Std Err | Std Dev | CV% | %Effect |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 0 | Negative Control | 5 | 1 | 1 | 1 | 1 | 1 | 0 | 0 | 0.0% | 0.0% |
| 18 | | 5 | 1 | 1 | 1 | 1 | 1 | 0 | 0 | 0.0% | 0.0% |
| 32 | | 5 | 1 | 1 | 1 | 1 | 1 | 0 | 0 | 0.0% | 0.0% |
| 56 | | 5 | 1 | 1 | 1 | 1 | 1 | 0 | 0 | 0.0% | 0.0% |
| 100 | | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 100.0% |
| 180 | | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 100.0% |

## Proportion Normal Detail

| C-µg/L | Control Type | Rep 1 | Rep 2 | Rep 3 | Rep 4 | Rep 5 |
|---|---|---|---|---|---|---|
| 0 | Negative Control | 1 | 1 | 1 | 1 | 1 |
| 18 | | 1 | 1 | 1 | 1 | 1 |
| 32 | | 1 | 1 | 1 | 1 | 1 |
| 56 | | 1 | 1 | 1 | 1 | 1 |
| 100 | | 0 | 0 | 0 | 0 | 0 |
| 180 | | 0 | 0 | 0 | 0 | 0 |

## Proportion Normal Binomials

| C-µg/L | Control Type | Rep 1 | Rep 2 | Rep 3 | Rep 4 | Rep 5 |
|---|---|---|---|---|---|---|
| 0 | Negative Control | 100/100 | 100/100 | 100/100 | 100/100 | 100/100 |
| 18 | | 100/100 | 100/100 | 100/100 | 100/100 | 100/100 |
| 32 | | 100/100 | 100/100 | 100/100 | 100/100 | 100/100 |
| 56 | | 100/100 | 100/100 | 100/100 | 100/100 | 100/100 |
| 100 | | 0/100 | 0/100 | 0/100 | 0/100 | 0/100 |
| 180 | | 0/100 | 0/100 | 0/100 | 0/100 | 0/100 |



Analyst: ~ QA: PASS

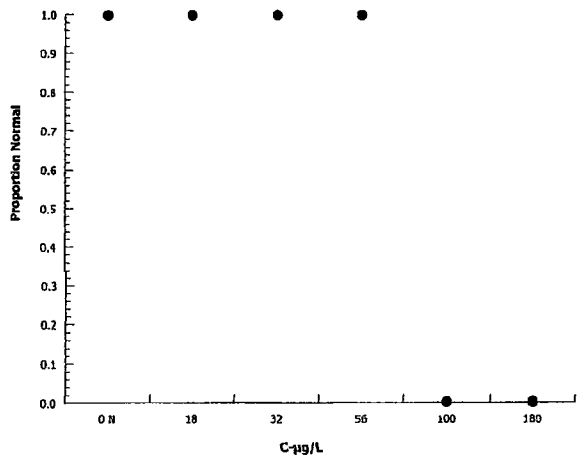
**Red Abalone Larval Development Test** — **Aquatic Bioassay & Consulting Labs, Inc.**

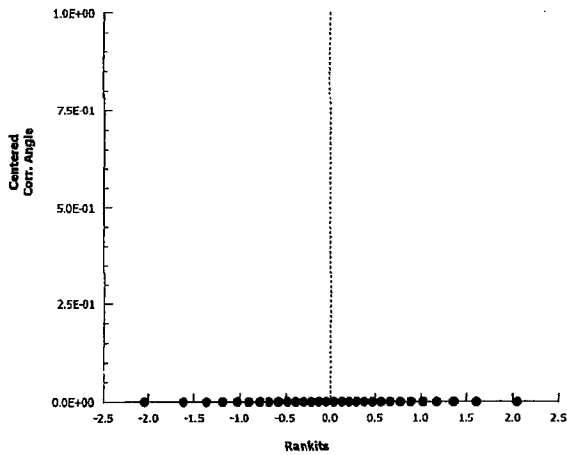
| | | | | | |
|---|---|---|---|---|---|
| **Analysis ID:** | 15-8682-9316 | **Endpoint:** | Proportion Normal | **CETIS Version:** | CETISv1.8.7 |
| **Analyzed:** | 18 Aug-15 9:44 | **Analysis:** | Nonparametric-Control vs Treatments | **Official Results:** | Yes |

## Proportion Normal Binomials

| C-µg/L | Control Type | Rep 1 | Rep 2 | Rep 3 | Rep 4 | Rep 5 |
|---|---|---|---|---|---|---|
| 0 | Negative Control | 100/100 | 100/100 | 100/100 | 100/100 | 100/100 |
| 18 | | 100/100 | 100/100 | 100/100 | 100/100 | 100/100 |
| 32 | | 100/100 | 100/100 | 100/100 | 100/100 | 100/100 |
| 56 | | 100/100 | 100/100 | 100/100 | 100/100 | 100/100 |
| 100 | | 0/100 | 0/100 | 0/100 | 0/100 | 0/100 |
| 180 | | 0/100 | 0/100 | 0/100 | 0/100 | 0/100 |

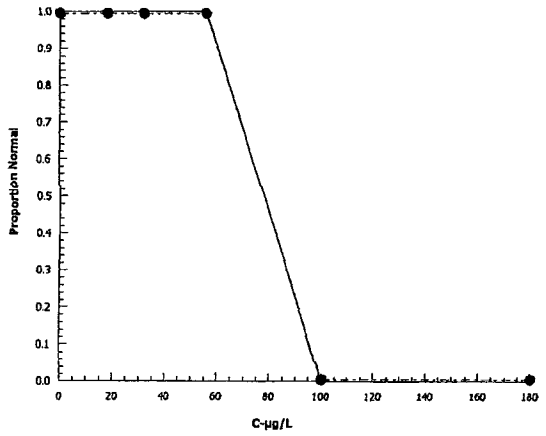
## Graphics



| Red Abalone Larval Development Test | | | | | Aquatic Bioassay & Consulting Labs, Inc. |
|---|---|---|---|---|---|
| **Analysis ID:** | 12-5518-3010 | **Endpoint:** | Proportion Normal | **CETIS Version:** | CETISv1.8.7 |
| **Analyzed:** | 18 Aug-15 9:44 | **Analysis:** | Linear Interpolation (ICPIN) | **Official Results:** | Yes |

## Graphics



**Dissolved Oxygen-mg/L**

| C-µg/L | Control Type | 1 | 2 |
|---|---|---|---|
| 0 | Negative Contr | 7.3 | 6.1 |
| 18 | | 7.3 | 6.2 |
| 32 | | 7.3 | 6.2 |
| 56 | | 7.3 | 6.2 |
| 100 | | 7.3 | 6.2 |
| 180 | | 7.3 | 6.2 |

**pH-Units**

| C-µg/L | Control Type | 1 | 2 |
|---|---|---|---|
| 0 | Negative Contr | 7.8 | 7.8 |
| 18 | | 7.8 | 7.9 |
| 32 | | 7.8 | 7.9 |
| 56 | | 7.8 | 7.9 |
| 100 | | 7.8 | 7.9 |
| 180 | | 7.8 | 7.9 |

**Salinity-ppt**

| C-µg/L | Control Type | 1 | 2 |
|---|---|---|---|
| 0 | Negative Contr | 34 | 34 |
| 18 | | 34 | 34 |
| 32 | | 34 | 34 |
| 56 | | 34 | 34 |
| 100 | | 34 | 34 |
| 180 | | 34 | 34 |

**Temperature-°C**

| C-µg/L | Control Type | 1 | 2 |
|---|---|---|---|
| 0 | Negative Contr | 14.4 | 14.5 |
| 18 | | 14.4 | 14.5 |
| 32 | | 14.4 | 14.5 |
| 56 | | 14.4 | 14.5 |
| 100 | | 14.4 | 14.5 |
| 180 | | 14.4 | 14.5 |

# CETIS Summary Report

Report Date: 13 Aug-15 15:34 (p 1 of 2)
Test Code: KLP072115 | 05-1699-5535

**Macrocystis Germination and Germ Tube Growth Test** — **Aquatic Bioassay & Consulting Labs, Inc.**

| | | | | | |
|---|---|---|---|---|---|
| **Batch ID:** | 19-1761-6818 | **Test Type:** | Growth-Germination | **Analyst:** | |
| **Start Date:** | 21 Jul-15 15:00 | **Protocol:** | EPA/600/R-95/136 (1995) | **Diluent:** | Laboratory Seawater |
| **Ending Date:** | 23 Jul-15 15:00 | **Species:** | Macrocystis pyrifera | **Brine:** | Not Applicable |
| **Duration:** | 48h | **Source:** | David Gutoff | **Age:** | |

| | | | | | |
|---|---|---|---|---|---|
| **Sample ID:** | 11-3403-2505 | **Code:** | KLP072115 | **Client:** | Internal Lab |
| **Sample Date:** | 21 Jul-15 15:00 | **Material:** | Copper chloride | **Project:** | |
| **Receive Date:** | | **Source:** | Reference Toxicant | | |
| **Sample Age:** | NA | **Station:** | REF TOX | | |

**Comparison Summary**

| Analysis ID | Endpoint | NOEL | LOEL | TOEL | PMSD | TU | Method |
|---|---|---|---|---|---|---|---|
| 01-1632-0321 | Germination Rate | 100 | 180 | 134.2 | 44.3% | | Steel Many-One Rank Sum Test |
| 03-6750-8263 | Mean Length | 100 | 180 | 134.2 | 38.0% | | Steel Many-One Rank Sum Test |

**Point Estimate Summary**

| Analysis ID | Endpoint | Level | µg/L | 95% LCL | 95% UCL | TU | Method |
|---|---|---|---|---|---|---|---|
| 10-9111-9597 | Germination Rate | EC5 | 4.01 | 0.4455 | 150.3 | | Linear Interpolation (ICPIN) |
| | | EC10 | 46.02 | N/A | 135.5 | | |
| | | EC15 | 69.24 | N/A | 130.1 | | |
| | | EC20 | 92.47 | 17.71 | 124.6 | | |
| | | EC25 | 103.4 | 23.23 | 125.4 | | |
| | | EC40 | 118.8 | 47 | 136.3 | | |
| | | EC50 | 129 | 62.1 | 143.6 | | |
| 18-4064-1610 | Mean Length | IC5 | 3.986 | 0.4973 | 151.5 | | Linear Interpolation (ICPIN) |
| | | IC10 | 46.2 | N/A | 136.5 | | |
| | | IC15 | 70.08 | N/A | 130.7 | | |
| | | IC20 | 93.96 | 24.71 | 124.9 | | |
| | | IC25 | 103.8 | 29.87 | 126.1 | | |
| | | IC40 | 119 | 52.32 | 136.9 | | |
| | | IC50 | 129.2 | 65.8 | 144.1 | | |

**Test Acceptability**

| Analysis ID | Endpoint | Attribute | Test Stat | TAC Limits | Overlap | Decision |
|---|---|---|---|---|---|---|
| 01-1632-0321 | Germination Rate | Control Resp | 0.888 | 0.7 - NL | Yes | Passes Acceptability Criteria |
| 10-9111-9597 | Germination Rate | Control Resp | 0.888 | 0.7 - NL | Yes | Passes Acceptability Criteria |
| 03-6750-8263 | Mean Length | Control Resp | 15.8 | 10 - NL | Yes | Passes Acceptability Criteria |
| 18-4064-1610 | Mean Length | Control Resp | 15.8 | 10 - NL | Yes | Passes Acceptability Criteria |
| 03-6750-8263 | Mean Length | NOEL | 100 | NL - 35 | No | Above Acceptability Criteria |
| 01-1632-0321 | Germination Rate | PMSD | 0.4432 | NL - 0.2 | No | Above Acceptability Criteria |
| 03-6750-8263 | Mean Length | PMSD | 0.3802 | NL - 0.2 | No | Above Acceptability Criteria |

# CETIS Analytical Report

Report Date: 13 Aug-15 15:34 (p 1 of 4)
Test Code: KLP072115 | 05-1699-5535

**Macrocystis Germination and Germ Tube Growth Test** — Aquatic Bioassay & Consulting Labs, Inc.

| | | | | | |
|---|---|---|---|---|---|
| **Analysis ID:** | 01-1632-0321 | **Endpoint:** | Germination Rate | **CETIS Version:** | CETISv1.8.7 |
| **Analyzed:** | 13 Aug-15 15:33 | **Analysis:** | Nonparametric-Control vs Treatments | **Official Results:** | Yes |

| Data Transform | Zeta | Alt Hyp | Trials | Seed | PMSD | NOEL | LOEL | TOEL | TU |
|---|---|---|---|---|---|---|---|---|---|
| Angular (Corrected) | NA | C > T | NA | NA | 44.3% | 100 | 180 | 134.2 | |

**Steel Many-One Rank Sum Test**

| Control | vs | C-µg/L | Test Stat | Critical | Ties | DF | P-Value | P-Type | Decision(α:5%) |
|---|---|---|---|---|---|---|---|---|---|
| Negative Control | | 5.6 | 21 | 16 | 2 | 8 | 0.2625 | Asymp | Non-Significant Effect |
| | | 10 | 29 | 16 | 1 | 8 | 0.9104 | Asymp | Non-Significant Effect |
| | | 18 | 23 | 16 | 4 | 8 | 0.4416 | Asymp | Non-Significant Effect |
| | | 32 | 21.5 | 16 | 1 | 8 | 0.3036 | Asymp | Non-Significant Effect |
| | | 100 | 23 | 16 | 2 | 8 | 0.4416 | Asymp | Non-Significant Effect |

**ANOVA Table**

| Source | Sum Squares | Mean Square | DF | F Stat | P-Value | Decision(α:5%) |
|---|---|---|---|---|---|---|
| Between | 0.4327054 | 0.08654108 | 5 | 0.9464 | 0.4694 | Non-Significant Effect |
| Error | 2.194586 | 0.09144109 | 24 | | | |
| Total | 2.627292 | | 29 | | | |

**Distributional Tests**

| Attribute | Test | Test Stat | Critical | P-Value | Decision(α:1%) |
|---|---|---|---|---|---|
| Variances | Bartlett Equality of Variance | 38.84 | 15.09 | <0.0001 | Unequal Variances |
| Variances | Mod Levene Equality of Variance | 0.8262 | 4.248 | 0.5474 | Equal Variances |
| Variances | Levene Equality of Variance | 4.054 | 3.895 | 0.0083 | Unequal Variances |
| Distribution | Shapiro-Wilk W Normality | 0.6848 | 0.9031 | <0.0001 | Non-normal Distribution |
| Distribution | Kolmogorov-Smirnov D | 0.2778 | 0.1853 | <0.0001 | Non-normal Distribution |
| Distribution | D'Agostino Skewness | 4.424 | 2.576 | <0.0001 | Non-normal Distribution |
| Distribution | D'Agostino Kurtosis | 3.605 | 2.576 | 0.0003 | Non-normal Distribution |
| Distribution | D'Agostino-Pearson K2 Omnibus | 32.57 | 9.21 | <0.0001 | Non-normal Distribution |
| Distribution | Anderson-Darling A2 Normality | 3.358 | 3.878 | <0.0001 | Non-normal Distribution |

**Germination Rate Summary**

| C-µg/L | Control Type | Count | Mean | 95% LCL | 95% UCL | Median | Min | Max | Std Err | CV% | %Effect |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 0 | Negative Control | 5 | 0.888 | 0.8514 | 0.9246 | 0.9 | 0.84 | 0.91 | 0.01319 | 3.32% | 0.0% |
| 5.6 | | 5 | 0.686 | 0.2081 | 1 | 0.85 | 0 | 0.91 | 0.1721 | 56.1% | 22.75% |
| 10 | | 5 | 0.902 | 0.8578 | 0.9462 | 0.88 | 0.87 | 0.95 | 0.01594 | 3.95% | -1.58% |
| 18 | | 5 | 0.854 | 0.7757 | 0.9323 | 0.88 | 0.76 | 0.91 | 0.02821 | 7.39% | 3.83% |
| 32 | | 5 | 0.862 | 0.8128 | 0.9112 | 0.87 | 0.8 | 0.9 | 0.01772 | 4.6% | 2.93% |
| 100 | | 5 | 0.696 | 0.2102 | 1 | 0.84 | 0 | 0.92 | 0.175 | 56.21% | 21.62% |
| 180 | | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 100.0% |
| 320 | | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 100.0% |

**Angular (Corrected) Transformed Summary**

| C-µg/L | Control Type | Count | Mean | 95% LCL | 95% UCL | Median | Min | Max | Std Err | CV% | %Effect |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 0 | Negative Contr | 5 | 1.232 | 1.176 | 1.287 | 1.249 | 1.159 | 1.266 | 0.02016 | 3.66% | 0.0% |
| 5.6 | | 5 | 0.959 | 0.3251 | 1.593 | 1.173 | 0.05002 | 1.266 | 0.2283 | 53.23% | 22.13% |
| 10 | | 5 | 1.257 | 1.178 | 1.336 | 1.217 | 1.202 | 1.345 | 0.0284 | 5.05% | -2.06% |
| 18 | | 5 | 1.185 | 1.077 | 1.293 | 1.217 | 1.059 | 1.266 | 0.03897 | 7.36% | 3.8% |
| 32 | | 5 | 1.193 | 1.123 | 1.262 | 1.202 | 1.107 | 1.249 | 0.02507 | 4.7% | 3.15% |
| 100 | | 5 | 0.975 | 0.3283 | 1.622 | 1.159 | 0.05002 | 1.284 | 0.2329 | 53.42% | 20.83% |
| 180 | | 5 | 0.05002 | 0.05001 | 0.05003 | 0.05002 | 0.05002 | 0.05002 | 0 | 0.0% | 95.94% |
| 320 | | 5 | 0.05002 | 0.05001 | 0.05003 | 0.05002 | 0.05002 | 0.05002 | 0 | 0.0% | 95.94% |

**Macrocystis Germination and Germ Tube Growth Test** — **Aquatic Bioassay & Consulting Labs, Inc.**

**Analysis ID:** 03-6750-8263 **Endpoint:** Mean Length **CETIS Version:** CETISv1.8.7
**Analyzed:** 13 Aug-15 15:33 **Analysis:** Nonparametric-Control vs Treatments **Official Results:** Yes

| Data Transform | Zeta | Alt Hyp | Trials | Seed | PMSD | NOEL | LOEL | TOEL | TU |
|---|---|---|---|---|---|---|---|---|---|
| Untransformed | NA | C > T | NA | NA | 38.0% | 100 | 180 | 134.2 | |

**Steel Many-One Rank Sum Test**

| Control vs | C-µg/L | Test Stat | Critical | Ties | DF | P-Value | P-Type | Decision(α:5%) |
|---|---|---|---|---|---|---|---|---|
| Negative Control | 5.6 | 22.5 | 16 | 1 | 8 | 0.3937 | Asymp | Non-Significant Effect |
| | 10 | 24.5 | 16 | 3 | 8 | 0.5880 | Asymp | Non-Significant Effect |
| | 18 | 17.5 | 16 | 1 | 8 | 0.0695 | Asymp | Non-Significant Effect |
| | 32 | 19 | 16 | 2 | 8 | 0.1314 | Asymp | Non-Significant Effect |
| | 100 | 20.5 | 16 | 3 | 8 | 0.2245 | Asymp | Non-Significant Effect |

**ANOVA Table**

| Source | Sum Squares | Mean Square | DF | F Stat | P-Value | Decision(α:5%) |
|---|---|---|---|---|---|---|
| Between | 66.768 | 13.3536 | 5 | 0.8257 | 0.5438 | Non-Significant Effect |
| Error | 388.152 | 16.173 | 24 | | | |
| Total | 454.92 | | 29 | | | |

**Distributional Tests**

| Attribute | Test | Test Stat | Critical | P-Value | Decision(α:1%) |
|---|---|---|---|---|---|
| Variances | Bartlett Equality of Variance | 67.53 | 15.09 | <0.0001 | Unequal Variances |
| Variances | Mod Levene Equality of Variance | 0.8922 | 4.248 | 0.5069 | Equal Variances |
| Variances | Levene Equality of Variance | 5.048 | 3.895 | 0.0027 | Unequal Variances |
| Distribution | Shapiro-Wilk W Normality | 0.6086 | 0.9031 | <0.0001 | Non-normal Distribution |
| Distribution | Kolmogorov-Smirnov D | 0.3725 | 0.1853 | <0.0001 | Non-normal Distribution |
| Distribution | D'Agostino Skewness | 4.574 | 2.576 | <0.0001 | Non-normal Distribution |
| Distribution | D'Agostino Kurtosis | 3.729 | 2.576 | 0.0002 | Non-normal Distribution |
| Distribution | D'Agostino-Pearson K2 Omnibus | 34.82 | 9.21 | <0.0001 | Non-normal Distribution |
| Distribution | Anderson-Darling A2 Normality | 4.68 | 3.878 | <0.0001 | Non-normal Distribution |

**Mean Length Summary**

| C-µg/L | Control Type | Count | Mean | 95% LCL | 95% UCL | Median | Min | Max | Std Err | CV% | %Effect |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 0 | Negative Control | 5 | 15.8 | 15.54 | 16.06 | 15.8 | 15.5 | 16 | 0.09487 | 1.34% | 0.0% |
| 5.6 | | 5 | 12.36 | 3.745 | 20.98 | 15.6 | 0 | 16.1 | 3.103 | 56.14% | 21.77% |
| 10 | | 5 | 15.62 | 15.14 | 16.1 | 15.8 | 15.2 | 16 | 0.1744 | 2.5% | 1.14% |
| 18 | | 5 | 15.42 | 15.11 | 15.73 | 15.5 | 15 | 15.6 | 0.1114 | 1.62% | 2.41% |
| 32 | | 5 | 15.36 | 14.86 | 15.86 | 15.5 | 14.8 | 15.8 | 0.1806 | 2.63% | 2.79% |
| 100 | | 5 | 12.44 | 3.795 | 21.08 | 15.4 | 0 | 16 | 3.114 | 55.97% | 21.27% |
| 180 | | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 100.0% |
| 320 | | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 100.0% |

**Mean Length Detail**

| C-µg/L | Control Type | Rep 1 | Rep 2 | Rep 3 | Rep 4 | Rep 5 |
|---|---|---|---|---|---|---|
| 0 | Negative Control | 15.7 | 15.8 | 16 | 16 | 15.5 |
| 5.6 | | 15.7 | 16.1 | 15.6 | 0 | 14.4 |
| 10 | | 15.8 | 15.2 | 15.2 | 15.9 | 16 |
| 18 | | 15 | 15.5 | 15.4 | 15.6 | 15.6 |
| 32 | | 14.8 | 15.5 | 15.1 | 15.8 | 15.6 |
| 100 | | 16 | 15.7 | 15.4 | 15.1 | 0 |
| 180 | | 0 | 0 | 0 | 0 | 0 |
| 320 | | 0 | 0 | 0 | 0 | 0 |

# CETIS Analytical Report

Report Date: 13 Aug-15 15:34 (p 1 of 3)
Test Code: KLP072115 | 05-1699-5535

**Macrocystis Germination and Germ Tube Growth Test** — Aquatic Bioassay & Consulting Labs, Inc.

| | | | | | |
|---|---|---|---|---|---|
| **Analysis ID:** | 10-9111-9597 | **Endpoint:** | Germination Rate | **CETIS Version:** | CETISv1.8.7 |
| **Analyzed:** | 13 Aug-15 15:34 | **Analysis:** | Linear Interpolation (ICPIN) | **Official Results:** | Yes |

**Linear Interpolation Options**

| X Transform | Y Transform | Seed | Resamples | Exp 95% CL | Method |
|---|---|---|---|---|---|
| Linear | Linear | 0 | 280 | Yes | Two-Point Interpolation |

**Point Estimates**

| Level | µg/L | 95% LCL | 95% UCL |
|---|---|---|---|
| EC5 | 4.01 | 0.4455 | 150.3 |
| EC10 | 46.02 | N/A | 135.5 |
| EC15 | 69.24 | N/A | 130.1 |
| EC20 | 92.47 | 17.71 | 124.6 |
| EC25 | 103.4 | 23.23 | 125.4 |
| EC40 | 118.8 | 47 | 136.3 |
| EC50 | 129 | 62.1 | 143.6 |

**Germination Rate Summary**

| | | | Calculated Variate(A/B) | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| C-µg/L | Control Type | Count | Mean | Min | Max | Std Err | Std Dev | CV% | %Effect | A | B |
| 0 | Negative Control | 5 | 0.888 | 0.84 | 0.91 | 0.01319 | 0.0295 | 3.32% | 0.0% | 444 | 500 |
| 5.6 | | 5 | 0.686 | 0 | 0.91 | 0.1721 | 0.3849 | 56.1% | 22.75% | 343 | 500 |
| 10 | | 5 | 0.902 | 0.87 | 0.95 | 0.01594 | 0.03564 | 3.95% | -1.58% | 451 | 500 |
| 18 | | 5 | 0.854 | 0.76 | 0.91 | 0.02821 | 0.06309 | 7.39% | 3.83% | 427 | 500 |
| 32 | | 5 | 0.862 | 0.8 | 0.9 | 0.01772 | 0.03962 | 4.6% | 2.93% | 431 | 500 |
| 100 | | 5 | 0.696 | 0 | 0.92 | 0.175 | 0.3913 | 56.21% | 21.62% | 348 | 500 |
| 180 | | 5 | 0 | 0 | 0 | 0 | 0 | | 100.0% | 0 | 500 |
| 320 | | 5 | 0 | 0 | 0 | 0 | 0 | | 100.0% | 0 | 500 |

**Germination Rate Detail**

| C-µg/L | Control Type | Rep 1 | Rep 2 | Rep 3 | Rep 4 | Rep 5 |
|---|---|---|---|---|---|---|
| 0 | Negative Control | 0.91 | 0.91 | 0.9 | 0.88 | 0.84 |
| 5.6 | | 0.91 | 0.85 | 0.85 | 0 | 0.82 |
| 10 | | 0.88 | 0.95 | 0.87 | 0.88 | 0.93 |
| 18 | | 0.82 | 0.9 | 0.91 | 0.88 | 0.76 |
| 32 | | 0.9 | 0.87 | 0.85 | 0.89 | 0.8 |
| 100 | | 0.92 | 0.84 | 0.9 | 0.82 | 0 |
| 180 | | 0 | 0 | 0 | 0 | 0 |
| 320 | | 0 | 0 | 0 | 0 | 0 |

**Germination Rate Binomials**

| C-µg/L | Control Type | Rep 1 | Rep 2 | Rep 3 | Rep 4 | Rep 5 |
|---|---|---|---|---|---|---|
| 0 | Negative Control | 91/100 | 91/100 | 90/100 | 88/100 | 84/100 |
| 5.6 | | 91/100 | 85/100 | 85/100 | 0/100 | 82/100 |
| 10 | | 88/100 | 95/100 | 87/100 | 88/100 | 93/100 |
| 18 | | 82/100 | 90/100 | 91/100 | 88/100 | 76/100 |
| 32 | | 90/100 | 87/100 | 85/100 | 89/100 | 80/100 |
| 100 | | 92/100 | 84/100 | 90/100 | 82/100 | 0/100 |
| 180 | | 0/100 | 0/100 | 0/100 | 0/100 | 0/100 |
| 320 | | 0/100 | 0/100 | 0/100 | 0/100 | 0/100 |

# CETIS Analytical Report

Report Date: 13 Aug-15 15:34 (p 3 of 3)
Test Code: KLP072115 | 05-1699-5535

**Macrocystis Germination and Germ Tube Growth Test** — Aquatic Bioassay & Consulting Labs, Inc.

| | | | | | |
|---|---|---|---|---|---|
| **Analysis ID:** | 18-4064-1610 | **Endpoint:** | Mean Length | **CETIS Version:** | CETISv1.8.7 |
| **Analyzed:** | 13 Aug-15 15:33 | **Analysis:** | Linear Interpolation (ICPIN) | **Official Results:** | Yes |

**Linear Interpolation Options**

| X Transform | Y Transform | Seed | Resamples | Exp 95% CL | Method |
|---|---|---|---|---|---|
| Linear | Linear | 970262 | 280 | Yes | Two-Point Interpolation |

**Point Estimates**

| Level | µg/L | 95% LCL | 95% UCL |
|---|---|---|---|
| IC5 | 3.986 | 0.4973 | 151.5 |
| IC10 | 46.2 | N/A | 136.5 |
| IC15 | 70.08 | N/A | 130.7 |
| IC20 | 93.96 | 24.71 | 124.9 |
| IC25 | 103.8 | 29.87 | 126.1 |
| IC40 | 119 | 52.32 | 136.9 |
| IC50 | 129.2 | 65.8 | 144.1 |

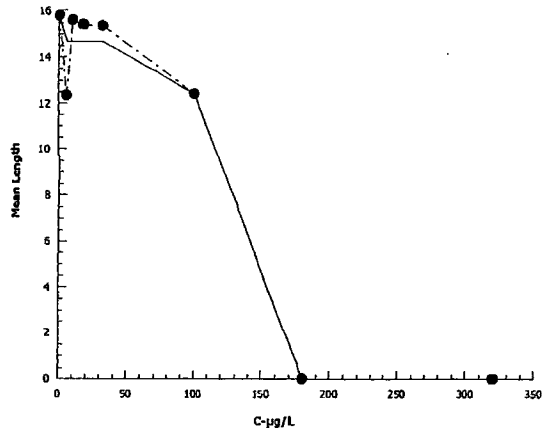
**Mean Length Summary**

| | | | Calculated Variate | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| C-µg/L | Control Type | Count | Mean | Min | Max | Std Err | Std Dev | CV% | %Effect |
| 0 | Negative Control | 5 | 15.8 | 15.5 | 16 | 0.09487 | 0.2121 | 1.34% | 0.0% |
| 5.6 | | 5 | 12.36 | 0 | 16.1 | 3.103 | 6.939 | 56.14% | 21.77% |
| 10 | | 5 | 15.62 | 15.2 | 16 | 0.1744 | 0.3899 | 2.5% | 1.14% |
| 18 | | 5 | 15.42 | 15 | 15.6 | 0.1114 | 0.249 | 1.62% | 2.41% |
| 32 | | 5 | 15.36 | 14.8 | 15.8 | 0.1806 | 0.4037 | 2.63% | 2.79% |
| 100 | | 5 | 12.44 | 0 | 16 | 3.114 | 6.962 | 55.97% | 21.27% |
| 180 | | 5 | 0 | 0 | 0 | 0 | 0 | | 100.0% |
| 320 | | 5 | 0 | 0 | 0 | 0 | 0 | | 100.0% |

**Mean Length Detail**

| C-µg/L | Control Type | Rep 1 | Rep 2 | Rep 3 | Rep 4 | Rep 5 |
|---|---|---|---|---|---|---|
| 0 | Negative Control | 15.7 | 15.8 | 16 | 16 | 15.5 |
| 5.6 | | 15.7 | 16.1 | 15.6 | 0 | 14.4 |
| 10 | | 15.8 | 15.2 | 15.2 | 15.9 | 16 |
| 18 | | 15 | 15.5 | 15.4 | 15.6 | 15.6 |
| 32 | | 14.8 | 15.5 | 15.1 | 15.8 | 15.6 |
| 100 | | 16 | 15.7 | 15.4 | 15.1 | 0 |
| 180 | | 0 | 0 | 0 | 0 | 0 |
| 320 | | 0 | 0 | 0 | 0 | 0 |

**Graphics**



Macrocystis Germination and Germ Tube Growth Test — Aquatic Bioassay & Consulting Labs, Inc.

**Dissolved Oxygen-mg/L**

| C-µg/L | Control Type | 1 | 2 |
|---|---|---|---|
| 0 | Negative Contr | 6.8 | 6 |
| 5.6 | | 6.6 | 6.1 |
| 10 | | 6.7 | 5.9 |
| 18 | | 6.8 | 5.8 |
| 32 | | 6.6 | 6.1 |
| 100 | | 7 | 5.9 |
| 180 | | 6.9 | 5.9 |
| 320 | | 6.8 | 6 |

**pH-Units**

| C-µg/L | Control Type | 1 | 2 |
|---|---|---|---|
| 0 | Negative Contr | 7.9 | 7.9 |
| 5.6 | | 7.9 | 7.9 |
| 10 | | 7.9 | 7.9 |
| 18 | | 7.9 | 7.9 |
| 32 | | 7.9 | 7.9 |
| 100 | | 7.9 | 7.9 |
| 180 | | 7.9 | 7.9 |
| 320 | | 7.9 | 7.9 |

**Salinity-ppt**

| C-µg/L | Control Type | 1 | 2 |
|---|---|---|---|
| 0 | Negative Contr | 34 | 34 |
| 5.6 | | 34 | 34 |
| 10 | | 34 | 34 |
| 18 | | 34 | 34 |
| 32 | | 34 | 34 |
| 100 | | 34 | 34 |
| 180 | | 34 | 34 |
| 320 | | 34 | 34 |

**Temperature-°C**

| C-µg/L | Control Type | 1 | 2 |
|---|---|---|---|
| 0 | Negative Contr | 14.8 | 14.9 |
| 5.6 | | 14.8 | 14.9 |
| 10 | | 14.8 | 14.9 |
| 18 | | 14.8 | 14.9 |
| 32 | | 14.8 | 14.9 |
| 100 | | 14.8 | 14.9 |
| 180 | | 14.8 | 14.9 |
| 320 | | 14.8 | 14.9 |

# Platform Ellen

# Attachment 1

# EPA DMR
# PERMIT NO. CAG280000

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 ELLEN - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLEN
**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001147 | 001A-A |

| MONITORING PERIOD MM/DD/YYYY | MM/DD/YYYY |
|---|---|
| 07/01/2015 | 07/31/2015 |

**DMR Mailing ZIP CODE:** 90802
MINOR
(SUBR FW)
Drilling Fluids and Cuttings
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 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 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 | ****** | ****** | ****** | ****** | 0 | Annual | Calctd |
| 82594 EG 0 Effluent Gross | PERMIT REQUIREMENT | ****** | 49950 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<br>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. Robert<br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 22 2015 |
| TYPED OR PRINTED | | | AREA Code | NUMBER | MM/DD/YYYY |

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

1. Drilling fluid and cutting, free oil refers to free oil static sheen test.
2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
3. Drill fluid inventory refer to Attachment 3.
4. The total annual cumulative volume limit is a combined limit of drilling fluid volumes from both Platforms Ellen and Elly, as listed in the permit.

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 ELLEN - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLEN
**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001147 | 001A-A |

| MONITORING PERIOD MM/DD/YYYY | MM/DD/YYYY |
|---|---|
| 07/01/2015 | 07/31/2015 |

**DMR Mailing ZIP CODE:** 90802
MINOR
(SUBR FW)
Drilling Fluids and Cuttings
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 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 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 | ****** | 18150 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 |
|---|---|---|---|---|---|
| Jim Guion<br>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. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 22 2015 |
| TYPED OR PRINTED | | | AREA Code | NUMBER | MM/DD/YYYY |

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

1. Drilling fluid and cutting, free oil refers to free oil static sheen test.
2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
3. Drill fluid inventory refer to Attachment 3.
4. The total annual cumulative volume limit is a combined limit of drilling fluid volumes from both Platforms Ellen and Elly, as listed in the permit.

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 ELLEN - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLEN
**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001147 | 002A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2015 | 07/31/2015 |

**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 |
|---|---|---|---|---|---|
| Jim Guion<br>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. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 22 2015 |
| TYPED OR PRINTED | | | AREA Code | NUMBER | MM/DD/YYYY |

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

1. NODI(A): Elly-only platform capable of discharging PW. All produced water is sent to Elly for processing (refer to Plt Elly DMR).
2. PW annual cumulative flow from Mar 1st thru Feb 28th each year
3. If PW is discharged, 12 mo of monitoring is required for RP analysis,

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 ELLEN - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLEN
**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001147 | 003A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2015 | 07/31/2015 |

**DMR Mailing ZIP CODE:** 90802
MINOR
(SUBR FW)
Well Treatment, Completion and Workover Fluic
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 | | | |
| Well fluids, oil & grease | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | NODI (A) | NODI (A) | | | | |
| 04379 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 29 MO AVG | 42 DAILY MX | mg/L | | Once per Occurance | GRAB |
| Number of Events Type of Job: Workover | SAMPLE MEASUREMENT | ****** | 5 | # | ****** | ****** | ****** | ****** | 0 | Once per Occurance | CALCTD |
| 51484 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | Req. Mon. TOTAL | # | ****** | ****** | ****** | ****** | | Once per Occurance | CALCTD |
| Well fluids, free oil | SAMPLE MEASUREMENT | ****** | NODI (A) | | ****** | ****** | ****** | ****** | | | |
| 82603 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | Req. Mon. MO TOTAL | occur/mo | ****** | ****** | ****** | ****** | | Once per Discharge | GRAB |
| Well fluids, volume | SAMPLE MEASUREMENT | NODI (A) | NODI (A) | | ****** | ****** | ****** | ****** | | | |
| 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<br>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. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 22 2015 |
| 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 available on request.
4. NODI (A): When present, all WTCWF are commingled with production and sent to Platform Elly (refer to Plt Elly DMR).
5. There were five Well Workover jobs during the month. There were no associated 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 ELLEN - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLEN
**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001147 | 004A-A |

| MONITORING PERIOD MM/DD/YYYY | MM/DD/YYYY |
|---|---|
| 07/01/2015 | 07/31/2015 |

**DMR Mailing ZIP CODE:** 90802
MINOR
(SUBR FW)
Deck Drainage
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 | | | |
| 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<br>Executive Vice President, Chief Operating Officer<br>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. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526<br>AREA Code | NUMBER | 10 22 2015<br>MM/DD/YYYY |

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

1. Free Oil Sheen - # days observed
2. NODI (A): Deck Drainage is commingled with Produced Water and treated at Platform Elly (refer to Plt Elly DMR).

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 ELLEN - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLEN
**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001147 | 005A-A |

| MONITORING PERIOD MM/DD/YYYY | MM/DD/YYYY |
|---|---|
| 07/01/2015 | 07/31/2015 |

**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 (A) | NODI (A) | | | | |
| 82605 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 1 MINIMUM | 10 MAXIMUM | mg/L | | Monthly | GRAB |
| Sanitary waste, flow | SAMPLE MEASUREMENT | 63 | ****** | 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 | # dis/d | ****** | ****** | ****** | ****** | 0 | Daily | Visual |
| 82607 RW 0 Receiving Water | PERMIT REQUIREMENT | ****** | Req. Mon. MO AVG | # dis/d | ****** | ****** | ****** | ****** | | 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<br>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. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 22 2015 |
| TYPED OR PRINTED | | | AREA Code | NUMBER | MM/DD/YYYY |

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

1. NODI (A): Domestic Waste is commingled with produced water at Platform Elly.
2. NODI (A): 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 ELLEN - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLEN
**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001147 | 006A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2015 | 07/31/2015 |

**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 ELLEN - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLEN
**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001147 | 007A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2015 | 07/31/2015 |

**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<br>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. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 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 ELLEN - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLEN
**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001147 | 008A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2015 | 07/31/2015 |

**DMR Mailing ZIP CODE:** 90802
MINOR
(SUBR FW)
Fire Control System 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<br>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. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 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. NODI (A): Fire Control System Water is commingled with Produced Water at Platform Elly.
3. Fire Control System Water is not chlorinated or chemically treated

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 ELLEN - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLEN
**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001147 | 009A-A |

| MONITORING PERIOD MM/DD/YYYY | MM/DD/YYYY |
|---|---|
| 07/01/2015 | 07/31/2015 |

**DMR Mailing ZIP CODE:** 90802
MINOR
(SUBR FW)
Non-Contact Cooling Water
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 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Chlorine, total residual | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | .0005 | .0005 | mg/L | 0 | Quarterly | Grab |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | .00583 MO AVG | .0104 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 | 36,000 | ****** | 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<br>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<br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 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
3. When present, Chlorine values are reported post-dilution per EPA Plumes UM.

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 ELLEN - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLEN
**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001147 | 010A-A |

| MONITORING PERIOD MM/DD/YYYY | MM/DD/YYYY |
|---|---|
| 07/01/2015 | 07/31/2015 |

**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<br>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. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 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 ELLEN - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLEN
**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001147 | 011A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2015 | 07/31/2015 |

**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<br>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. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 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 ELLEN - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLEN
**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001147 | 012A-A |

| MONITORING PERIOD MM/DD/YYYY | MM/DD/YYYY |
|---|---|
| 07/01/2015 | 07/31/2015 |

**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<br>Executive Vice President, Chief Operating Officer<br>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. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 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 ELLEN - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLEN
**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| CAF001147 | 013A-A |
|---|---|
| **PERMIT NUMBER** | **DISCHARGE NUMBER** |

| MONITORING PERIOD | |
|---|---|
| **MM/DD/YYYY** | **MM/DD/YYYY** |
| 07/01/2015 | 07/31/2015 |

**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<br>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. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 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 ELLEN - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLEN
**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001147 | 014A-A |

| MONITORING PERIOD MM/DD/YYYY | MM/DD/YYYY |
|---|---|
| 07/01/2015 | 07/31/2015 |

**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 |
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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 ELLEN - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLEN
**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001147 | 015A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2015 | 07/31/2015 |

**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 |
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| Jim Guion<br>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<br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 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 ELLEN - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLEN
**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001147 | 016A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2015 | 07/31/2015 |

**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. NODI (A): 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 ELLEN - CAG280000

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

**FACILITY:** PLATFORM ELLEN

**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001147 | 017A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2015 | 07/31/2015 |

**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 |
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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.

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 ELLEN - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLEN
**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001147 | 018A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2015 | 07/31/2015 |

**DMR Mailing ZIP CODE:** 90802
MINOR
(SUBR FW)
Laboratory Waste
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 | | | |
| 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)**

1. NODI (A): Laboratory Waste commingled with Produced 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 ELLEN - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLEN
**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001147 | 019A-A |

| MONITORING PERIOD MM/DD/YYYY | MM/DD/YYYY |
|---|---|
| 07/01/2015 | 07/31/2015 |

**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. 1 through Feb. 28th each year.
2. The total annual cumulative volume limit is a combined limit of excess cement slurry volumes from both Platforms Ellen and Elly

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 ELLEN - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLEN
**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| CAF001147 | 020A-A |
|---|---|
| **PERMIT NUMBER** | **DISCHARGE NUMBER** |

| MONITORING PERIOD | |
|---|---|
| **MM/DD/YYYY** | **MM/DD/YYYY** |
| 07/01/2015 | 07/31/2015 |

**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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| 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 ELLEN - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLEN
**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001147 | 021A-A |

| MONITORING PERIOD MM/DD/YYYY | MM/DD/YYYY |
|---|---|
| 07/01/2015 | 07/31/2015 |

**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<br>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. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 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 No. 2040-0004

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

**NAME:** BETA OFFSHORE PLATFORM ELLEN - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLEN
**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001147 | 022A-A |

| MONITORING PERIOD MM/DD/YYYY | MM/DD/YYYY |
|---|---|
| 07/01/2015 | 07/31/2015 |

**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 ELLEN - CAG280000
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LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLEN
**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001147 | 001A-A |

| MONITORING PERIOD MM/DD/YYYY | MM/DD/YYYY |
|---|---|
| 08/01/2015 | 08/31/2015 |

**DMR Mailing ZIP CODE:** 90802
MINOR
(SUBR FW)
Drilling Fluids and Cuttings
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 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 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 | ****** | ****** | ****** | ****** | 0 | Annual | Calctd |
| 82594 EG 0 Effluent Gross | PERMIT REQUIREMENT | ****** | 49950 YTD TOT | bbl | ****** | ****** | ****** | ****** | | Annual | CALCTD |
| Drill cuttings, free oil | SAMPLE MEASUREMENT | ****** | | occur/mo | ****** | ****** | | | | | |
| 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<br>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<br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 22 2015 |
| TYPED OR PRINTED | | | AREA Code | NUMBER | MM/DD/YYYY |

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

1. Drilling fluid and cutting, free oil refers to free oil static sheen test.
2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
3. Drill fluid inventory refer to Attachment referenced when applicable.
4. The total annual cumulative volume limit is a combined limit of drilling fluid volumes from both Platforms Ellen and Elly, as listed in the permit.

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 ELLEN - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLEN
**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001147 | 001A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 08/01/2015 | 08/31/2015 |

**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 | ****** | ****** | ****** | ****** | 0 | Annual | Calctd |
| 82596 EG 0 Effluent Gross | PERMIT REQUIREMENT | ****** | 18150 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 fluid and cutting, free oil refers to free oil static sheen test.
2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
3. Drill fluid inventory refer to Attachment referenced when applicable.
4. The total annual cumulative volume limit is a combined limit of drilling fluid volumes from both Platforms Ellen and Elly, as listed in the permit.

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 ELLEN - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLEN
**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001147 | 002A-A |

| MONITORING PERIOD MM/DD/YYYY | MM/DD/YYYY |
|---|---|
| 08/01/2015 | 08/31/2015 |

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

**No Discharge** A

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 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 |
|---|---|---|---|---|---|
| Jim Guion<br>Executive Vice President, Chief Operating Officer<br>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<br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526<br>AREA Code / NUMBER | | 10 22 2015<br>MM/DD/YYYY |

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

1. NODI(A): Elly-only platform capable of discharging PW. All produced water is sent to Elly for processing (refer to Plt Elly DMR). There were no produced water discharges this month.
2. PW annual cumulative flow from Mar 1st thru Feb 28th each year
3. If PW is discharged, 12 mo of monitoring is required for RP analysis,

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 ELLEN - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLEN
**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001147 | 003A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 08/01/2015 | 08/31/2015 |

**DMR Mailing ZIP CODE:** 90802
MINOR
(SUBR FW)
Well Treatment, Completion and Workover Fluic
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 | | | |
| Well fluids, oil & grease | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | NODI (A) | NODI (A) | | | | |
| 04379 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 29 MO AVG | 42 DAILY MX | mg/L | | Once per Occurance | GRAB |
| Number of Events Type of Job: Workover | SAMPLE MEASUREMENT | ****** | 2 | # | ****** | ****** | ****** | ****** | 0 | Once per Occurance | CALCTD |
| 51484 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | Req. Mon. TOTAL | # | ****** | ****** | ****** | ****** | | Once per Occurance | CALCTD |
| Well fluids, free oil | SAMPLE MEASUREMENT | ****** | NODI (A) | | ****** | ****** | ****** | ****** | | | |
| 82603 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | Req. Mon. MO TOTAL | occur/mo | ****** | ****** | ****** | ****** | | Once per Discharge | GRAB |
| Well fluids, volume | SAMPLE MEASUREMENT | NODI (A) | NODI (A) | | ****** | ****** | ****** | ****** | | | |
| 82604 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. MO TOTAL | bbl | ****** | ****** | ****** | ****** | | Once per Occurance | 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. Type and # of Job: Completion, workover, treatment or combination.
2. Free Oil Static Sheen Test.
3. Chemical Inventory available on request.
4. NODI (A): When present, all WTCWF are commingled with production and sent to Platform Elly (refer to Plt Elly DMR).
5. There were two Well Workover jobs during the month. There were no associated 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 ELLEN - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
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**FACILITY:** PLATFORM ELLEN
**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001147 | 004A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 08/01/2015 | 08/31/2015 |

**DMR Mailing ZIP CODE:** 90802
MINOR
(SUBR FW)
Deck Drainage
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 | | | |
| 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. NODI (A): Deck Drainage is commingled with Produced Water and treated at Platform Elly (refer to Plt Elly DMR). There were no produced water discharges this mnth.

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 ELLEN - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLEN
**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001147 | 005A-A |

| MONITORING PERIOD MM/DD/YYYY | MM/DD/YYYY |
|---|---|
| 08/01/2015 | 08/31/2015 |

**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 (A) | NODI (A) | | | | |
| 82605 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 1 MINIMUM | 10 MAXIMUM | mg/L | | Monthly | GRAB |
| Sanitary waste, flow | SAMPLE MEASUREMENT | 52 | ****** | 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 | # dis/d | ****** | ****** | ****** | ****** | 0 | Daily | Visual |
| 82607 RW 0 Receiving Water | PERMIT REQUIREMENT | ****** | Req. Mon. MO AVG | # dis/d | ****** | ****** | ****** | ****** | | 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<br>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<br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 22 2015 |
| TYPED OR PRINTED | | | AREA Code | NUMBER | MM/DD/YYYY |

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

1. NODI (A): Domestic Waste is commingled with produced water at Platform Elly.
2. NODI (A): 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 ELLEN - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLEN
**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001147 | 006A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 08/01/2015 | 08/31/2015 |

**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<br>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<br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 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 ELLEN - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLEN
**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| CAF001147 | 007A-A |
|---|---|
| **PERMIT NUMBER** | **DISCHARGE NUMBER** |

| MONITORING PERIOD | |
|---|---|
| **MM/DD/YYYY** | **MM/DD/YYYY** |
| 08/01/2015 | 08/31/2015 |

**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<br>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 | (562) 628 1526 | | 10 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
OMB No. 2040-0004

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

**NAME:** BETA OFFSHORE PLATFORM ELLEN - CAG280000

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

**FACILITY:** PLATFORM ELLEN

**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001147 | 008A-A |

| MONITORING PERIOD MM/DD/YYYY | MM/DD/YYYY |
|---|---|
| 08/01/2015 | 08/31/2015 |

**DMR Mailing ZIP CODE:** 90802

MINOR
(SUBR FW)
Fire Control System 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<br>Executive Vice President, Chief Operating Officer<br>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<br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526<br>AREA Code | NUMBER | 10 22 2015<br>MM/DD/YYYY |

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

1. Chemical Inventory, refer to Attachment 2
2. NODI (A): Fire Control System Water is commingled with Produced Water at Platform Elly. There were no produced water discharges during the month.
3. Fire Control System Water is not chlorinated or chemically treated

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 ELLEN - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLEN
**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001147 | 009A-A |

| MONITORING PERIOD MM/DD/YYYY | MM/DD/YYYY |
|---|---|
| 08/01/2015 | 08/31/2015 |

**DMR Mailing ZIP CODE:** 90802
MINOR
(SUBR FW)
Non-Contact Cooling Water
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 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Chlorine, total residual | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | NODI (9) | NODI (9) | | | | |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | .00583 MO AVG | .0104 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 | 36,000 | ****** | 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<br>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<br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 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
3. When present, Chlorine values are reported post-dilution per EPA Plumes UM.
4. NODI (9): Quarterly/No required monitoring this month

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 ELLEN - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLEN
**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001147 | 010A-A |

| MONITORING PERIOD MM/DD/YYYY | MM/DD/YYYY |
|---|---|
| 08/01/2015 | 08/31/2015 |

**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<br>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. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 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 ELLEN - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLEN
**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001147 | 011A-A |

| MONITORING PERIOD MM/DD/YYYY | MM/DD/YYYY |
|---|---|
| 08/01/2015 | 08/31/2015 |

**DMR Mailing ZIP CODE:** 90802
MINOR
(SUBR FW)
Bilge 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)**

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 ELLEN - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLEN
**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001147 | 012A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 08/01/2015 | 08/31/2015 |

**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<br>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<br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 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 ELLEN - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLEN
**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001147 | 013A-A |

| MONITORING PERIOD MM/DD/YYYY | MM/DD/YYYY |
|---|---|
| 08/01/2015 | 08/31/2015 |

**DMR Mailing ZIP CODE:** 90802
MINOR
(SUBR FW)
Test Fluids
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<br>Executive Vice President, Chief Operating Officer<br>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. Robert<br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526<br>AREA Code | NUMBER | 10 22 2015<br>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 ELLEN - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLEN
**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001147 | 014A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 08/01/2015 | 08/31/2015 |

**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<br>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<br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 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 ELLEN - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLEN
**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001147 | 015A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 08/01/2015 | 08/31/2015 |

**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<br>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<br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 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 ELLEN - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLEN
**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001147 | 016A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 08/01/2015 | 08/31/2015 |

**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<br>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<br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 22 2015 |
| TYPED OR PRINTED | | | AREA Code | NUMBER | MM/DD/YYYY |

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

1. NODI (A): 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 ELLEN - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLEN
**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001147 | 017A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 08/01/2015 | 08/31/2015 |

**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<br>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<br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 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 ELLEN - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLEN
**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001147 | 018A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 08/01/2015 | 08/31/2015 |

**DMR Mailing ZIP CODE:** 90802
MINOR
(SUBR FW)
Laboratory Waste
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 | | | |
| 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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| Jim Guion<br>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<br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 22 2015 |
| TYPED OR PRINTED | | | AREA Code | NUMBER | MM/DD/YYYY |

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

1. NODI (A): Laboratory Waste commingled with Produced Water. There were no produced water discharges during the month.

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 ELLEN - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLEN
**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001147 | 019A-A |

| MONITORING PERIOD MM/DD/YYYY | MM/DD/YYYY |
|---|---|
| 08/01/2015 | 08/31/2015 |

**DMR Mailing ZIP CODE:** 90802
MINOR
(SUBR FW)
Excess Cement Slurry
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 |
| 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<br>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<br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 22 2015 |
| 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. 1 through Feb. 28th each year.
2. The total annual cumulative volume limit is a combined limit of excess cement slurry volumes from both Platforms Ellen and Elly

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 ELLEN - CAG280000

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

**FACILITY:** PLATFORM ELLEN

**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001147 | 020A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 08/01/2015 | 08/31/2015 |

**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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| Jim Guion<br>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<br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 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 ELLEN - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLEN
**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001147 | 021A-A |

| MONITORING PERIOD MM/DD/YYYY | MM/DD/YYYY |
|---|---|
| 08/01/2015 | 08/31/2015 |

**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<br>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. Robert | (562) 628 1526 | | 10 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)**

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 No. 2040-0004

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

**NAME:** BETA OFFSHORE PLATFORM ELLEN - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLEN
**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001147 | 022A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 08/01/2015 | 08/31/2015 |

**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<br>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<br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 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 ELLEN - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLEN
**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001147 | 001A-A |

| MONITORING PERIOD MM/DD/YYYY | MM/DD/YYYY |
|---|---|
| 09/01/2015 | 09/30/2015 |

**DMR Mailing ZIP CODE:** 90802
MINOR
(SUBR FW)
Drilling Fluids and Cuttings
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 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 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 | ****** | ****** | ****** | ****** | 0 | Annual | Calctd |
| 82594 EG 0 Effluent Gross | PERMIT REQUIREMENT | ****** | 49950 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<br>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. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 22 2015 |
| TYPED OR PRINTED | | | AREA Code | NUMBER | MM/DD/YYYY |

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

1. Drilling fluid and cutting, free oil refers to free oil static sheen test.
2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
3. Drill fluid inventory refer to Attachment referenced when applicable. .
4. The total annual cumulative volume limit is a combined limit of drilling fluid volumes from both Platforms Ellen and Elly, as listed in the permit.

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 ELLEN - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLEN
**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001147 | 001A-A |

| MONITORING PERIOD MM/DD/YYYY | MM/DD/YYYY |
|---|---|
| 09/01/2015 | 09/30/2015 |

**DMR Mailing ZIP CODE:** 90802
MINOR
(SUBR FW)
Drilling Fluids and Cuttings
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 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 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 | ****** | ****** | ****** | ****** | 0 | Annual | Calctd |
| 82596 EG 0 Effluent Gross | PERMIT REQUIREMENT | ****** | 18150 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 |
|---|---|---|---|---|---|
| Jim Guion<br>Executive Vice President, Chief Operating Officer<br>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<br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526<br>AREA Code / NUMBER | | 10 22 2015<br>MM/DD/YYYY |

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

1. Drilling fluid and cutting, free oil refers to free oil static sheen test.
2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
3. Drill fluid inventory refer to Attachment referenced when applicable. .
4. The total annual cumulative volume limit is a combined limit of drilling fluid volumes from both Platforms Ellen and Elly, as listed in the permit.

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 ELLEN - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLEN
**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| CAF001147 | 002A-A |
|---|---|
| **PERMIT NUMBER** | **DISCHARGE NUMBER** |

| MONITORING PERIOD | |
|---|---|
| **MM/DD/YYYY** | **MM/DD/YYYY** |
| 09/01/2015 | 09/30/2015 |

**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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| Jim Guion<br>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. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 22 2015 |
| TYPED OR PRINTED | | | AREA Code | NUMBER | MM/DD/YYYY |

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

1. NODI(A(: Elly-only platform capable of discharging PW. All produced water is sent to Elly for processing (refer to Plt Elly DMR). There were no produced water discharges during the month.
2. PW annual cumulative flow from Mar 1st thru Feb 28th each year
3. If PW is discharged, 12 mo of monitoring is required for RP analysis,

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

**DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

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**NAME:** BETA OFFSHORE PLATFORM ELLEN - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLEN
**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| CAF001147 | 003A-A |
|---|---|
| **PERMIT NUMBER** | **DISCHARGE NUMBER** |

| MONITORING PERIOD | |
|---|---|
| **MM/DD/YYYY** | **MM/DD/YYYY** |
| 09/01/2015 | 09/30/2015 |

**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 Occurrence | GRAB |
| Number of Events | SAMPLE MEASUREMENT | ****** | | | ****** | ****** | ****** | ****** | | | |
| 51484 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | Req. Mon. TOTAL | # | ****** | ****** | ****** | ****** | | Once per Occurrence | 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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| 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. NODI (A): When present, all WTCWF are commingled with production and sent to Platform Elly (refer to Plt Elly DMR).
5. There were no WTCWF jobs during the month.

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 ELLEN - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLEN
**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001147 | 004A-A |

| MONITORING PERIOD MM/DD/YYYY | MM/DD/YYYY |
|---|---|
| 09/01/2015 | 09/30/2015 |

**DMR Mailing ZIP CODE:** 90802
MINOR
(SUBR FW)
Deck Drainage
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 | | | |
| 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. NODI (A): Deck Drainage is commingled with Produced Water and treated at Platform Elly (refer to Plt Elly DMR). There were no produced water discharges during the month.

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 ELLEN - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLEN
**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001147 | 005A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 09/01/2015 | 09/30/2015 |

**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 (A) | NODI (A) | | | | |
| 82605 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 1 MINIMUM | 10 MAXIMUM | mg/L | | Monthly | GRAB |
| Sanitary waste, flow | SAMPLE MEASUREMENT | 43 | ****** | 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 | # dis/d | ****** | ****** | ****** | ****** | 0 | Daily | Visual |
| 82607 RW 0 Receiving Water | PERMIT REQUIREMENT | ****** | Req. Mon. MO AVG | # dis/d | ****** | ****** | ****** | ****** | | 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. NODI (A): Domestic Waste is commingled with produced water at Platform Elly.
2. NODI (A): 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 ELLEN - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLEN
**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| CAF001147 | 006A-A |
|---|---|
| **PERMIT NUMBER** | **DISCHARGE NUMBER** |

| MONITORING PERIOD | |
|---|---|
| **MM/DD/YYYY** | **MM/DD/YYYY** |
| 09/01/2015 | 09/30/2015 |

**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 ELLEN - CAG280000
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**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001147 | 007A-A |

| MONITORING PERIOD MM/DD/YYYY | MM/DD/YYYY |
|---|---|
| 09/01/2015 | 09/30/2015 |

**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 ELLEN - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
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**FACILITY:** PLATFORM ELLEN
**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| CAF001147 | 008A-A |
|---|---|
| **PERMIT NUMBER** | **DISCHARGE NUMBER** |

| MONITORING PERIOD | |
|---|---|
| **MM/DD/YYYY** | **MM/DD/YYYY** |
| 09/01/2015 | 09/30/2015 |

**DMR Mailing ZIP CODE:** 90802
MINOR
(SUBR FW)
Fire Control System 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<br>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. Robert | (562) 628 1526 | | 10 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)**

1. Chemical Inventory, refer to Attachment 2
2. NODI (A): Fire Control System Water is commingled with Produced Water at Platform Elly. There were no produced water discharges during the month.
3. Fire Control System water is not chlorinated or chemically treated.

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 ELLEN - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLEN
**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001147 | 009A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 09/01/2015 | 09/30/2015 |

**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 | ****** | ****** | ****** | ****** | .00583 MO AVG | .0104 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 | 36,000 | ****** | 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 | | 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. Uncontaminated Water, such as excess seawater, is commingled with non-contact cooling water
3. When present, Chlorine values are reported post-dilution per EPA Plumes UM.
4. NODI (9): Quarterly/No required monitoring this month

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 ELLEN - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLEN
**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001147 | 010A-A |

| MONITORING PERIOD MM/DD/YYYY | MM/DD/YYYY |
|---|---|
| 09/01/2015 | 09/30/2015 |

**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<br>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<br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 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 ELLEN - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLEN
**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001147 | 011A-A |

| MONITORING PERIOD MM/DD/YYYY | MM/DD/YYYY |
|---|---|
| 09/01/2015 | 09/30/2015 |

**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 |
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| Jim Guion<br>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<br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 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 ELLEN - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLEN
**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001147 | 012A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 09/01/2015 | 09/30/2015 |

**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 |
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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 ELLEN - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLEN
**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001147 | 013A-A |

| MONITORING PERIOD MM/DD/YYYY | MM/DD/YYYY |
|---|---|
| 09/01/2015 | 09/30/2015 |

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

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 ELLEN - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLEN
**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| CAF001147 | 014A-A |
|---|---|
| **PERMIT NUMBER** | **DISCHARGE NUMBER** |

| MONITORING PERIOD | |
|---|---|
| **MM/DD/YYYY** | **MM/DD/YYYY** |
| 09/01/2015 | 09/30/2015 |

**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 |
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| Jim Guion<br>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<br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 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 ELLEN - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLEN
**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001147 | 015A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 09/01/2015 | 09/30/2015 |

**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 |
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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)**

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 ELLEN - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLEN
**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001147 | 016A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 09/01/2015 | 09/30/2015 |

**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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| Jim Guion<br>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. Robert<br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 22 2015 |
| TYPED OR PRINTED | | | AREA Code | NUMBER | MM/DD/YYYY |

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

1. NODI (A): 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 ELLEN - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLEN
**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| CAF001147 | 017A-A |
|---|---|
| **PERMIT NUMBER** | **DISCHARGE NUMBER** |

| MONITORING PERIOD | |
|---|---|
| **MM/DD/YYYY** | **MM/DD/YYYY** |
| 09/01/2015 | 09/30/2015 |

**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 |
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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.

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 ELLEN - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLEN
**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001147 | 018A-A |

| MONITORING PERIOD MM/DD/YYYY | MM/DD/YYYY |
|---|---|
| 09/01/2015 | 09/30/2015 |

**DMR Mailing ZIP CODE:** 90802
MINOR
(SUBR FW)
Laboratory Waste
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 | | | |
| 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<br>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<br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 22 2015 |
| TYPED OR PRINTED | | | AREA Code | NUMBER | MM/DD/YYYY |

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

1. NODI (A): Laboratory Waste commingled with Produced Water. There were no produced water discharges during the month.

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 ELLEN - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLEN
**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001147 | 019A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 09/01/2015 | 09/30/2015 |

**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<br>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<br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 22 2015 |
| 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. 1 through Feb. 28th each year.
2. The total annual cumulative volume limit is a combined limit of excess cement slurry volumes from both Platforms Ellen and Elly

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 ELLEN - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLEN
**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001147 | 020A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 09/01/2015 | 09/30/2015 |

**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<br>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<br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 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 ELLEN - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLEN
**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| CAF001147 | 021A-A |

| MONITORING PERIOD MM/DD/YYYY | MM/DD/YYYY |
|---|---|
| 09/01/2015 | 09/30/2015 |

**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<br>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<br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 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 No. 2040-0004

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

**NAME:** BETA OFFSHORE PLATFORM ELLEN - CAG280000
**ADDRESS:** 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
**FACILITY:** PLATFORM ELLEN
**LOCATION:** LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| CAF001147 | 022A-A |
|---|---|
| **PERMIT NUMBER** | **DISCHARGE NUMBER** |

| MONITORING PERIOD | |
|---|---|
| **MM/DD/YYYY** | **MM/DD/YYYY** |
| 09/01/2015 | 09/30/2015 |

**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<br>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<br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 22 2015 |
| 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 ELLEN
# MISCELLANEOUS DISCHARGES
# CHEMICAL INVENTORY
# July 1, 2015 through September 30, 2015

| 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) | | | | |
| July | 36,000 | Chlorine | 1.21 | 0.8 |
| August | 36,000 | Chlorine | 0.91 | 0.6 |
| September | 36,000 | Chlorine | 0.91 | 0.6 |
| 008 Fire Control System Water | N / A | None | None | None |
| 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 daily monitoring results using a non-EPA chlorine test method (Hach DPD Color Wheel). The chlorine concentrations are the same for Ellly and Ellen since Ellen's seawater pump supplies the non-contact cooling water to Elly.

N /A: Not chlorinated

# Attachment 3

# Non-Contact Cooling Water Chlorine Residual Results

# ATTACHMENT 3
# PLATFORM ELLEN
# NON-CONTACT COOLING WATER
# CHLORINE RESULTS
# July 1, 2015 through September 30, 2015

| 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: 07/20/15 | Once/Quarter | 0.00583 | 0.0104 | 0.0005 | 0.08 | 149:1 |

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

# Attachment 4

# Prohibited Discharges

**ATTACHMENT 4**
**PLATFORM ELLEN**
**Prohibited Discharges**
**July 1, 2015 through September 30, 2015**

| 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 detergernts 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

August 7, 2015

**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)* |
|---|---|---|
| | Platform Elly / Ellen | End of Pipe |
| July 20, 2015 @ 0730 hrs | Non-Contact Cooling Water Outlet East Seawater Pump | 0.08 mg/l |
| LTS 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.

October 15, 2015

**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 Sigma-Aldrich Corporation. Results of this test are as follows:

| **Test Date** | **Total Residual Chlorine** |
|---|---|
| October 12, 2015 | *(EPA Method 330.5)* |
| LTS meter (SN 041200088375) | **3.62 mg/l** |
| LTS meter (SN 12040E195572) | **3.58 mg/l** |

Sigma-Aldrich Corporation test sample (Lot #QC1065-2ml):

| | |
|---|---|
| **Acceptance Limits** | **2.14 – 3.64 mg/l** |
| Certified Value | 2.89 mg/l ± 0.441 |

LTS Lead Technician: Mike Apple

Method Blank < 0.05 mg/l

**S.G. Lawry**
***Environmental Specialist***
***President, LTS***

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

# Platform Eureka

# Attachment 1

# EPA DMR
# PERMIT NO. CAG280000

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 | 001A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2015 | 07/31/2015 |

**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<br>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. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 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 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 | 001A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2015 | 07/31/2015 |

**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 |
|---|---|---|---|---|---|
| Jim Guion<br>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. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 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 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 | 002A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2015 | 07/31/2015 |

**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 |
|---|---|---|---|---|---|
| Jim Guion<br>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<br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 22 2015 |
| TYPED OR PRINTED | | | AREA Code | NUMBER | MM/DD/YYYY |

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

1. Produced Water annual cumulative flow from Mar 1st thru Feb 28th each year.
2. If Produced Water is discharged, 12 mo of monitoring is required for RP analysis
3. NODI(A): Produced water is commingled and 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
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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 | 003A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2015 | 07/31/2015 |

**DMR Mailing ZIP CODE:** 90802
MINOR
(SUBR FW)
Well Treatment, Completion and Workover 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 | | | |
| 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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| 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. When present, WTCWFs are commingled with production and injected back into the formation.
5. There were no WTCF related jobs.

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 |
| 07/01/2015 | 07/31/2015 |

**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 |

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|---|---|---|---|---|---|
| Jim Guion<br>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. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 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 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 |
| 07/01/2015 | 07/31/2015 |

**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 ( A ) | NODI ( A ) | | | | |
| 82605 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 1 MINIMUM | 10 MAXIMUM | mg/L | | Monthly | GRAB |
| Sanitary waste, flow | SAMPLE MEASUREMENT | 27 | ****** | 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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| Jim Guion<br>Executive Vice President, Chief Operating Officer<br>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. Robert<br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526<br>AREA Code | NUMBER | 10 22 2015<br>MM/DD/YYYY |

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

1. NODI (A): Domestic laundry wastewater is separate and sent to a disposal well. Domestic water from showers and sinks is commingled with sanitary.
2. NODI (A): 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 |
| 07/01/2015 | 07/31/2015 |

**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)*

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**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 |
|---|---|
| 07/01/2015 | 07/31/2015 |

**DMR Mailing ZIP CODE:** 90802
MINOR
(SUBR FW)
Desalination Unit Discharge
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 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 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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**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 |
| 07/01/2015 | 07/31/2015 |

**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 | | | 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)*

**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 |
| 07/01/2015 | 07/31/2015 |

**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 | ****** | ****** | ****** | ****** | .0007 | .0007 | 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 |

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|---|---|---|---|---|---|
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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. Uncontaminated Water, such as excess seawater, is commingled with non-contact cooling water
3. Chlorine values reported above are post-dilution per EPA Plumes UM. Chlorine limits are post-dilution as listed in the permit, Appendix C.

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 | 010A-A |
|---|---|
| **PERMIT NUMBER** | **DISCHARGE NUMBER** |

| MONITORING PERIOD | |
|---|---|
| **MM/DD/YYYY** | **MM/DD/YYYY** |
| 07/01/2015 | 07/31/2015 |

**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<br>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. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 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 | 011A-A |

| MONITORING PERIOD MM/DD/YYYY | MM/DD/YYYY |
|---|---|
| 07/01/2015 | 07/31/2015 |

**DMR Mailing ZIP CODE:** 90802
MINOR
(SUBR FW)
Bilge Water
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 |

| 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 | 012A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2015 | 07/31/2015 |

**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<br>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. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 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

| CAF001149 | 013A-A |
|---|---|
| **PERMIT NUMBER** | **DISCHARGE NUMBER** |

| MONITORING PERIOD | |
|---|---|
| **MM/DD/YYYY** | **MM/DD/YYYY** |
| 07/01/2015 | 07/31/2015 |

**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<br>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. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 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

| CAF001149 | 014A-A |
|---|---|
| **PERMIT NUMBER** | **DISCHARGE NUMBER** |

| MONITORING PERIOD | |
|---|---|
| **MM/DD/YYYY** | **MM/DD/YYYY** |
| 07/01/2015 | 07/31/2015 |

**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<br>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<br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 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 | 015A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2015 | 07/31/2015 |

**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 |
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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 | 016A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2015 | 07/31/2015 |

**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. NODI (A): 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 |
| 07/01/2015 | 07/31/2015 |

**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<br>Executive Vice President, Chief Operating Officer<br>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. Robert<br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 22 2015 |
| | | | 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 |
| 07/01/2015 | 07/31/2015 |

**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<br>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. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 22 2015 |
| TYPED OR PRINTED | | | AREA Code | NUMBER | 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 |
|---|---|
| 07/01/2015 | 07/31/2015 |

**DMR Mailing ZIP CODE:** 90802
MINOR
(SUBR FW)
Excess Cement Slurry
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 |
| 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<br>Executive Vice President, Chief Operating Officer<br>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. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526<br>AREA Code / NUMBER | | 10 22 2015<br>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 |
| 07/01/2015 | 07/31/2015 |

**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<br>Executive Vice President, Chief Operating Officer<br>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. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 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 | 021A-A |

| MONITORING PERIOD MM/DD/YYYY | MM/DD/YYYY |
|---|---|
| 07/01/2015 | 07/31/2015 |

**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<br>Executive Vice President, Chief Operating Officer<br>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. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526<br>AREA Code / NUMBER | | 10 22 2015<br>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 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 | 022A-A |
|---|---|
| **PERMIT NUMBER** | **DISCHARGE NUMBER** |

| MONITORING PERIOD | |
|---|---|
| **MM/DD/YYYY** | **MM/DD/YYYY** |
| 07/01/2015 | 07/31/2015 |

**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<br>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. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 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

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

| MONITORING PERIOD | |
|---|---|
| **MM/DD/YYYY** | **MM/DD/YYYY** |
| 08/01/2015 | 08/31/2015 |

**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<br>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<br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 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 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** |
| 08/01/2015 | 08/31/2015 |

**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 |
|---|---|---|---|---|---|
| Jim Guion<br>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. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 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 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 | 002A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 08/01/2015 | 08/31/2015 |

**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 | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE | | DATE |
|---|---|---|---|---|---|
| Jim Guion<br>Executive Vice President, Chief Operating Officer<br>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. Robert | (562) 628 1526 | | 10 22 2015 |
| | | | AREA Code | NUMBER | MM/DD/YYYY |

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

1. Produced Water annual cumulative flow from Mar 1st thru Feb 28th each year.
2. If Produced Water is discharged, 12 mo of monitoring is required for RP analysis
3. NODI(A): Produced water is commingled and processed at Platform Elly before being injected or discharged. There were no produced water discharges during the month.

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 |
| 08/01/2015 | 08/31/2015 |

**DMR Mailing ZIP CODE:** 90802
MINOR
(SUBR FW)
Well Treatment, Completion and Workover Fluic
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 | | | |
| 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<br>Executive Vice President, Chief Operating Officer<br>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<br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526<br>AREA Code | NUMBER | 10 22 2015<br>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. When present, WTCWFs are commingled with production and injected back into the formation.
5. There were no WTCF related jobs.

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 | 004A-A |
|---|---|
| **PERMIT NUMBER** | **DISCHARGE NUMBER** |

| MONITORING PERIOD | |
|---|---|
| **MM/DD/YYYY** | **MM/DD/YYYY** |
| 08/01/2015 | 08/31/2015 |

**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<br>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. Robert<br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 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 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 |
|---|---|
| 08/01/2015 | 08/31/2015 |

**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 (A) | NODI (A) | | | | |
| 82605 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 1 MINIMUM | 10 MAXIMUM | mg/L | | Monthly | GRAB |
| Sanitary waste, flow | SAMPLE MEASUREMENT | 25 | ****** | 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 | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE | | DATE |
|---|---|---|---|---|---|
| Jim Guion<br>Executive Vice President, Chief Operating Officer<br>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. Robert | (562) 628 1526 | | 10 22 2015 |
| | | | AREA Code | NUMBER | MM/DD/YYYY |

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

1. NODI (A): Domestic laundry wastewater is separate and sent to a disposal well. Domestic water from showers and sinks is commingled with sanitary.
2. NODI (A): 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 |
| 08/01/2015 | 08/31/2015 |

**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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| Jim Guion<br>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. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 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 |
| 08/01/2015 | 08/31/2015 |

**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
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 |
| 08/01/2015 | 08/31/2015 |

**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<br>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. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 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
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 | 009A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 08/01/2015 | 08/31/2015 |

**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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| Jim Guion<br>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. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 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
3. NODI (9): Quarterly/Not required this month

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 |
|---|---|
| 08/01/2015 | 08/31/2015 |

**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<br>Executive Vice President, Chief Operating Officer<br>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. Robert<br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526<br>AREA Code | NUMBER | 10 22 2015<br>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 |
|---|---|
| 08/01/2015 | 08/31/2015 |

**DMR Mailing ZIP CODE:** 90802
MINOR
(SUBR FW)
Bilge 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<br>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. Robert<br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 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 |
| 08/01/2015 | 08/31/2015 |

**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 |
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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)**

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 |
| 08/01/2015 | 08/31/2015 |

**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<br>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. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 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 |
| 08/01/2015 | 08/31/2015 |

**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<br>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<br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 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 | 015A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 08/01/2015 | 08/31/2015 |

**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 |
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| Jim Guion<br>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. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 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 |
| 08/01/2015 | 08/31/2015 |

**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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| Jim Guion<br>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. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 22 2015 |
| TYPED OR PRINTED | | | AREA Code | NUMBER | MM/DD/YYYY |

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

1. NODI (A): 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 |
| 08/01/2015 | 08/31/2015 |

**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 |
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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.

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 |
| 08/01/2015 | 08/31/2015 |

**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<br>Executive Vice President, Chief Operating Officer<br>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. Robert<br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526<br>AREA Code | NUMBER | 10 22 2015<br>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 |
|---|---|
| 08/01/2015 | 08/31/2015 |

**DMR Mailing ZIP CODE:** 90802
MINOR
(SUBR FW)
Excess Cement Slurry
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 |
| 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<br>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. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 22 2015 |
| 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

| CAF001149 | 020A-A |
|---|---|
| **PERMIT NUMBER** | **DISCHARGE NUMBER** |

| MONITORING PERIOD | |
|---|---|
| **MM/DD/YYYY** | **MM/DD/YYYY** |
| 08/01/2015 | 08/31/2015 |

**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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| 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 | 021A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 08/01/2015 | 08/31/2015 |

**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 |
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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. Submit RP analysis per permit requirement after sampling is completed.

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 | 022A-A |

| MONITORING PERIOD MM/DD/YYYY | MM/DD/YYYY |
|---|---|
| 08/01/2015 | 08/31/2015 |

**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 |
|---|---|---|---|---|---|
| Jim Guion<br>Executive Vice President, Chief Operating Officer<br>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. Robert<br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526<br>AREA Code | NUMBER | 10 22 2015<br>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 | 001A-A |

| MONITORING PERIOD MM/DD/YYYY | MM/DD/YYYY |
|---|---|
| 09/01/2015 | 09/30/2015 |

**DMR Mailing ZIP CODE:** 90802
MINOR
(SUBR FW)
Drilling Fluids and Cuttings
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 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 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 | Cacltd |
| 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<br>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<br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 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 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 | 001A-A |

| MONITORING PERIOD MM/DD/YYYY | MM/DD/YYYY |
|---|---|
| 09/01/2015 | 09/30/2015 |

**DMR Mailing ZIP CODE:** 90802
MINOR
(SUBR FW)
Drilling Fluids and Cuttings
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 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 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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| 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
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**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 |
| 09/01/2015 | 09/30/2015 |

**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 |

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| TYPED OR PRINTED | | | AREA Code | NUMBER | MM/DD/YYYY |

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

1. Produced Water annual cumulative flow from Mar 1st thru Feb 28th each year.
2. If Produced Water is discharged, 12 mo of monitoring is required for RP analysis
3. NODI(A): Produced water is commingled and processed at Platform Elly before being injected or discharged. There were no produced water discharges during the month.

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 | 003A-A |
|---|---|
| **PERMIT NUMBER** | **DISCHARGE NUMBER** |

| MONITORING PERIOD | |
|---|---|
| **MM/DD/YYYY** | **MM/DD/YYYY** |
| 09/01/2015 | 09/30/2015 |

**DMR Mailing ZIP CODE:** 90802
MINOR
(SUBR FW)
Well Treatment, Completion and Workover Fluic
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 | | | |
| 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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| 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. 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. When present, WTCWFs are commingled with production and injected back into the formation.
5. There were no WTCF related jobs.

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 |
| 09/01/2015 | 09/30/2015 |

**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 |
|---|---|
| 09/01/2015 | 09/30/2015 |

**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 ( A ) | NODI ( A ) | | | | |
| 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 |

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| TYPED OR PRINTED | | | AREA Code | NUMBER | MM/DD/YYYY |

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

1. NODI (A): Domestic laundry wastewater is separate and sent to a disposal well. Domestic water from showers and sinks is commingled with sanitary.
2. NODI (A): 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 |
| 09/01/2015 | 09/30/2015 |

**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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| | | | 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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**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 |
| 09/01/2015 | 09/30/2015 |

**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 |

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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
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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 |
| 09/01/2015 | 09/30/2015 |

**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<br>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<br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 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
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 | 009A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 09/01/2015 | 09/30/2015 |

**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
3. NODI (9): Quartlerly/No required monitoring this month.

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 |
|---|---|
| 09/01/2015 | 09/30/2015 |

**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<br>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<br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 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 | 011A-A |

| MONITORING PERIOD MM/DD/YYYY | MM/DD/YYYY |
|---|---|
| 09/01/2015 | 09/30/2015 |

**DMR Mailing ZIP CODE:** 90802
MINOR
(SUBR FW)
Bilge Water
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 |

| 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 | 012A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 09/01/2015 | 09/30/2015 |

**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<br>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<br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 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 | 013A-A |

| MONITORING PERIOD MM/DD/YYYY | MM/DD/YYYY |
|---|---|
| 09/01/2015 | 09/30/2015 |

**DMR Mailing ZIP CODE:** 90802
MINOR
(SUBR FW)
Test Fluids
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<br>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 | (562) 628 1526 | | 10 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)**

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

| CAF001149 | 014A-A |
|---|---|
| **PERMIT NUMBER** | **DISCHARGE NUMBER** |

| MONITORING PERIOD | |
|---|---|
| **MM/DD/YYYY** | **MM/DD/YYYY** |
| 09/01/2015 | 09/30/2015 |

**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<br>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. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 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 | 015A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 09/01/2015 | 09/30/2015 |

**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 |
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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)**

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 |
| 09/01/2015 | 09/30/2015 |

**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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| Jim Guion<br>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. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 22 2015 |
| TYPED OR PRINTED | | | AREA Code | NUMBER | MM/DD/YYYY |

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

1. NODI (A): 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 |
| 09/01/2015 | 09/30/2015 |

**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<br>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<br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 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 |
| 09/01/2015 | 09/30/2015 |

**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<br>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<br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 22 2015 |
| TYPED OR PRINTED | | | AREA Code | NUMBER | 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 |
|---|---|
| 09/01/2015 | 09/30/2015 |

**DMR Mailing ZIP CODE:** 90802
MINOR
(SUBR FW)
Excess Cement Slurry
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 |
| 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<br>Executive Vice President, Chief Operating Officer<br>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. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526<br>AREA Code | NUMBER | 10 22 2015<br>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 |
| 09/01/2015 | 09/30/2015 |

**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<br>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<br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 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 | 021A-A |

| MONITORING PERIOD MM/DD/YYYY | MM/DD/YYYY |
|---|---|
| 09/01/2015 | 09/30/2015 |

**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 |
|---|---|---|---|---|---|
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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. Submit RP analysis per permit requirement after sampling is completed.

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 | 022A-A |

| MONITORING PERIOD | |
|---|---|
| MM/DD/YYYY | MM/DD/YYYY |
| 09/01/2015 | 09/30/2015 |

**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<br>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<br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | (562) 628 1526 | | 10 22 2015 |
| 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
# July 1, 2015 through September 30, 2015

| 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) | | | | |
| July | 68,571 | Chlorine | 0.29 | 0.1 |
| August | 68,571 | Chlorine | 0.29 | 0.1 |
| September | 68,571 | Chlorine | 0.29 | 0.1 |
| 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
# July 1, 2015 through September 30, 2015

| 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: 07/20/15 | Once/Quarter | 0.00585 | 0.0102 | 0.0007 | 0.11 | 146:1 |

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

# Attachment 4

# Prohibited Discharges

**ATTACHMENT 4**
**PLATFORM EUREKA**
**Prohibited Discharges**
**July 1, 2015 through September 30, 2015**

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

August 7, 2015

**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 |
|---|---|---|
| *July 20, 2015 @ 1100 hrs* | Platform Eureka *Non-Contact Cooling Water Outlet* West Seawater Pump | *0.11 mg/l* |
| LTS 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.

October 15, 2015

**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 Sigma-Aldrich Corporation. Results of this test are as follows:

| **Test Date** | **Total Residual Chlorine** |
|---|---|
| October 12, 2015 | *(EPA Method 330.5)* |
| LTS meter (SN 041200088375) | **3.62 mg/l** |
| LTS meter (SN 12040E195572) | **3.58 mg/l** |

Sigma-Aldrich Corporation test sample (Lot #QC1065-2ml):

| | |
|---|---|
| **Acceptance Limits** | **2.14 – 3.64 mg/l** |
| Certified Value | 2.89 mg/l ± 0.441 |

LTS Lead Technician: Mike Apple

Method Blank < 0.05 mg/l

**S.G. Lawry**
***Environmental Specialist***
***President, LTS***

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