April 25, 2016

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

Re: Discharge Monitoring Report – First Quarter 2016
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 January, February and March 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.

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

Discharge Overview

Drilling Muds and Cuttings (001):

Drilling activity occurred during the month of March on Platform Ellen on Well A-49. There were no drilling discharges associated with the well work during this reporting quarter.

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. There were no produced water discharges during this DMR reporting period.

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 two well treatment, completion and workover fluid type jobs performed during this quarter at Platform Ellen. There were no discharges 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. Small amounts may be discharged overboard during fire water system testing at Platform Elly. 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 c/o James Salmons
(james.salmons@bsee.gov)
Bureau of Safety and Environmental
Enforcement (BSEE)
760 Paseo Camarillo
Camarillo, CA 93010-6064

Ms. Alison Dettmer
(adettmer@coastal.ca.gov)
Energy and Ocean Resources Unit
California Coastal Commission
45 Fremont, Suite 2000
San Francisco, CA 94105-2219

Regional Supervisor c/o Susan Zaleski
(susan.zaleski@boem.gov)
Office of Environment
Bureau of Ocean Energy Management (BOEM)
760 Paseo Camarillo, 2nd Floor
Camarillo, Ca 93010
Attn: Chief, Environmental Analysis Section

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
01/01/2016	01/31/2016

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	******	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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
01/01/2016	01/31/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
01/01/2016	01/31/2016

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Produced Water Monthly
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 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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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(C): 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
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
01/01/2016	01/31/2016

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Well Treatment, Completion and Workover 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
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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
Bruce Berwager 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	(562) 628 1526		04 22 2016
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
01/01/2016	01/31/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
01/01/2016	01/31/2016

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	22	******	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
Bruce Berwager Executive Vice President, Chief Operating Officer TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Marina Robertson SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526 AREA Code	NUMBER	04 22 2016 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
01/01/2016	01/31/2016

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
01/01/2016	01/31/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
01/01/2016	01/31/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
01/01/2016	01/31/2016

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	******	******	******	******	.002	.002	mg/L	0	Quarterly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.00585 MO AVG	.0102 DAILY MX	mg/L		Quarterly	GRAB
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT Gra	******	******	******	******	******	0	d	0	Daily	Visual
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT	68,571	******	bbl/d	******	******	******	******	0	Monthly	Estima
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Bruce Berwager Executive Vice President, Chief Operating Officer TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Marina Robertson SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526 AREA Code	NUMBER	04 22 2016 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

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	010A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2016	01/31/2016

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
Bruce Berwager Executive Vice President, Chief Operating Officer TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Marina Robertson SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526 AREA Code	NUMBER	04 22 2016 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
01/01/2016	01/31/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
01/01/2016	01/31/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
01/01/2016	01/31/2016

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
Bruce Berwager Executive Vice President, Chief Operating Officer TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Marina Robertson SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526 AREA Code	NUMBER	04 22 2016 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
01/01/2016	01/31/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
01/01/2016	01/31/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
01/01/2016	01/31/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
01/01/2016	01/31/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
01/01/2016	01/31/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
01/01/2016	01/31/2016

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
Bruce Berwager Executive Vice President, Chief Operating Officer TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Marina Robertson SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526 AREA Code	NUMBER	04 22 2016 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
01/01/2016	01/31/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
01/01/2016	01/31/2016

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
Bruce Berwager Executive Vice President, Chief Operating Officer TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Marina Robertson SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526 AREA Code	NUMBER	04 22 2016 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
01/01/2016	01/31/2016

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
Bruce Berwager Executive Vice President, Chief Operating Officer TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Marina Robertson SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
			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	001A-A

MONITORING PERIOD MM/DD/YYYY	MM/DD/YYYY
02/01/2016	02/29/2016

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	******	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
Bruce Berwager Executive Vice President, Chief Operating Officer TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Marina Robertson SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
			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
02/01/2016	02/29/2016

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
02/01/2016	02/29/2016

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Produced Water Monthly
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 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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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(C): 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
02/01/2016	02/29/2016

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Well Treatment, Completion and Workover Fluic
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
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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
02/01/2016	02/29/2016

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Deck Drainage
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
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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
02/01/2016	02/29/2016

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	30	******	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
Bruce Berwager Executive Vice President, Chief Operating Officer TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Marina Robertson SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526 AREA Code	NUMBER	04 22 2016 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
02/01/2016	02/29/2016

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Bruce Berwager Executive Vice President, Chief Operating Officer TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Marina Robertson SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
			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
02/01/2016	02/29/2016

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
Bruce Berwager Executive Vice President, Chief Operating Officer TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Marina Robertson SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526 AREA Code	NUMBER	04 22 2016 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
02/01/2016	02/29/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
02/01/2016	02/29/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
02/01/2016	02/29/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
02/01/2016	02/29/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
02/01/2016	02/29/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
02/01/2016	02/29/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
02/01/2016	02/29/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
02/01/2016	02/29/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
02/01/2016	02/29/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
02/01/2016	02/29/2016

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
02/01/2016	02/29/2016

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Bruce Berwager Executive Vice President, Chief Operating Officer TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Marina Robertson SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526 AREA Code	NUMBER	04 22 2016 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
02/01/2016	02/29/2016

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

No Discharge C

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

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

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	020A-A

MONITORING PERIOD MM/DD/YYYY	MM/DD/YYYY
02/01/2016	02/29/2016

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
Bruce Berwager Executive Vice President, Chief Operating Officer TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Marina Robertson SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526 AREA Code	NUMBER	04 22 2016 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
02/01/2016	02/29/2016

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
Bruce Berwager Executive Vice President, Chief Operating Officer TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Marina Robertson SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526 AREA Code	NUMBER	04 22 2016 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
02/01/2016	02/29/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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	001A-A

MONITORING PERIOD MM/DD/YYYY	MM/DD/YYYY
03/01/2016	03/31/2016

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
Bruce Berwager Executive Vice President, Chief Operating Officer TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Marina Robertson SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526 AREA Code	NUMBER	04 22 2016 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
03/01/2016	03/31/2016

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
Bruce Berwager 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	(562) 628 1526		04 22 2016
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
03/01/2016	03/31/2016

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Produced Water Monthly
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
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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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(C): 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
03/01/2016	03/31/2016

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Well Treatment, Completion and Workover Fluic
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
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
Bruce Berwager Executive Vice President, Chief Operating Officer TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Marina Robertson SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526 AREA Code	NUMBER	04 22 2016 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
03/01/2016	03/31/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
03/01/2016	03/31/2016

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	26	******	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
Bruce Berwager Executive Vice President, Chief Operating Officer TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Marina Robertson SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526 AREA Code	NUMBER	04 22 2016 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
03/01/2016	03/31/2016

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
03/01/2016	03/31/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
03/01/2016	03/31/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
03/01/2016	03/31/2016

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
Bruce Berwager Executive Vice President, Chief Operating Officer TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Marina Robertson SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526 AREA Code	NUMBER	04 22 2016 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
03/01/2016	03/31/2016

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
Bruce Berwager Executive Vice President, Chief Operating Officer TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Marina Robertson SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526 AREA Code	NUMBER	04 22 2016 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
03/01/2016	03/31/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
03/01/2016	03/31/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
03/01/2016	03/31/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
03/01/2016	03/31/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
03/01/2016	03/31/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
03/01/2016	03/31/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
03/01/2016	03/31/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
03/01/2016	03/31/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
03/01/2016	03/31/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

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

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	020A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2016	03/31/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
03/01/2016	03/31/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
03/01/2016	03/31/2016

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
Bruce Berwager Executive Vice President, Chief Operating Officer TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Marina Robertson SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526 AREA Code	NUMBER	04 22 2016 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
January 1, 2016 through March 31, 2016

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)				
January	68,571	Chlorine	0.29	0.1
February	68,571	Chlorine	0.29	0.1
March	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
January 1, 2016 through March 31, 2016

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: 01/29/16	Once/Quarter	0.00585	0.0102	0.002	0.3	146:1

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

Attachment 4

Prohibited Discharges

ATTACHMENT 4
PLATFORM EUREKA
Prohibited Discharges
January 1, 2016 through March 31, 2016

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

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

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

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

[6] The discharge of garbage is prohibited.

Attachment 5

Laboratory reports for NPDES monitoring

Laboratory Quality Control Reports

LTS ENVIRONMENTAL, INC.

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

February 9, 2016

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
January 29, 2016 @ 1000 hrs	Platform Eureka *Non-Contact Cooling Water Outlet* West Seawater Pump	*0.3 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 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
01/01/2016	01/31/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
01/01/2016	01/31/2016

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
Bruce Berwager 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	(562) 628 1526		04 22 2016
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
01/01/2016	01/31/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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	002A-Y

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2016	12/31/2016

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

1. NODI (C): Not required this monitoring period/ no 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 - CAG28000
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
01/01/2016	12/31/2016

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

1. NODI (C): Not required this monitoring period/No discharge
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)

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
01/01/2016	01/31/2016

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Well Treatment, Completion and Workover Fluic
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
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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
01/01/2016	01/31/2016

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Deck Drainage
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
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
Bruce Berwager Executive Vice President, Chief Operating Officer TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Marina Robertson SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526 AREA Code	NUMBER	04 22 2016 MM/DD/YYYY

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

1. Free Oil Sheen - # days observed
2. NODI (C): 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
01/01/2016	01/31/2016

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Domestic and Sanitary Waste
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
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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
01/01/2016	01/31/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
01/01/2016	01/31/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
01/01/2016	01/31/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
01/01/2016	01/31/2016

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	******	******	******	******	.00216	.00216	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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
01/01/2016	01/31/2016

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
Bruce Berwager Executive Vice President, Chief Operating Officer TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Marina Robertson SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526 AREA Code	NUMBER	04 22 2016 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
01/01/2016	01/31/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
01/01/2016	01/31/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
01/01/2016	01/31/2016

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
Bruce Berwager Executive Vice President, Chief Operating Officer TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Marina Robertson SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526 AREA Code	NUMBER	04 22 2016 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
01/01/2016	01/31/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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	015A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2016	01/31/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
01/01/2016	01/31/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
01/01/2016	01/31/2016

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
Bruce Berwager Executive Vice President, Chief Operating Officer TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Marina Robertson SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526 AREA Code	NUMBER	04 22 2016 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
01/01/2016	01/31/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

1. NODI (C): 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
01/01/2016	01/31/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
01/01/2016	01/31/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
01/01/2016	01/31/2016

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
Bruce Berwager Executive Vice President, Chief Operating Officer TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Marina Robertson SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526 AREA Code	NUMBER	04 22 2016 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
01/01/2016	01/31/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
02/01/2016	02/29/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
02/01/2016	02/29/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
02/01/2016	02/29/2016

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Produced Water Monthly
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
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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
02/01/2016	02/29/2016

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Well Treatment, Completion and Workover Fluic
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
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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
02/01/2016	02/29/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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 (C): 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
02/01/2016	02/29/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
02/01/2016	02/29/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
02/01/2016	02/29/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
02/01/2016	02/29/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
02/01/2016	02/29/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
02/01/2016	02/29/2016

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
Bruce Berwager Executive Vice President, Chief Operating Officer TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Marina Robertson SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526 AREA Code	NUMBER	04 22 2016 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
02/01/2016	02/29/2016

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
Bruce Berwager Executive Vice President, Chief Operating Officer TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Marina Robertson SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526 AREA Code	NUMBER	04 22 2016 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
02/01/2016	02/29/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
02/01/2016	02/29/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
02/01/2016	02/29/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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	015A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2016	02/29/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
02/01/2016	02/29/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
02/01/2016	02/29/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
02/01/2016	02/29/2016

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

1. NODI (C): 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	MONITORING PERIOD MM/DD/YYYY	MONITORING PERIOD MM/DD/YYYY
CAF001148	019A-A	02/01/2016	02/29/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
02/01/2016	02/29/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
02/01/2016	02/29/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
02/01/2016	02/29/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
03/01/2016	03/31/2016

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
Bruce Berwager Executive Vice President, Chief Operating Officer TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Marina Robertson SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526 AREA Code	NUMBER	04 22 2016 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
03/01/2016	03/31/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
03/01/2016	03/31/2016

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Produced Water Monthly
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 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
Produced water, flow	SAMPLE MEASUREMENT	******	0	bbl/yr	******	******	******	******		Annual	Calctd
82600 O 0 See Comments	PERMIT REQUIREMENT	******	10950000 YTD TOT	bbl/yr	******	******	******	******		Annual	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Bruce Berwager Executive Vice President, Chief Operating Officer TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Marina Robertson SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526 AREA Code	NUMBER	04 22 2016 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
03/01/2016	03/31/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
03/01/2016	03/31/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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 (C): 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
03/01/2016	03/31/2016

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Domestic and Sanitary Waste
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
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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
03/01/2016	03/31/2016

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
Bruce Berwager Executive Vice President, Chief Operating Officer TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Marina Robertson SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526 AREA Code	NUMBER	04 22 2016 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
03/01/2016	03/31/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
03/01/2016	03/31/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
03/01/2016	03/31/2016

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	******	******	******	******	.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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
Bruce Berwager 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	(562) 628 1526		04 22 2016
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
03/01/2016	03/31/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
03/01/2016	03/31/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
03/01/2016	03/31/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
03/01/2016	03/31/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
03/01/2016	03/31/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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	015A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2016	03/31/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
03/01/2016	03/31/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
03/01/2016	03/31/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
03/01/2016	03/31/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

1. NODI (C): 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
03/01/2016	03/31/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
03/01/2016	03/31/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
03/01/2016	03/31/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
03/01/2016	03/31/2016

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
Bruce Berwager Executive Vice President, Chief Operating Officer TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Marina Robertson SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526 AREA Code	NUMBER	04 22 2016 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
January 1, 2016 through March 31, 2016

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				
January	5,143	Chlorine	0.13	0.6
February	5,143	Chlorine	0.13	0.6
March	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
January 1, 2016 through March 31, 2016

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: 01/29/16	Once/Quarter	0.00585	0.0102	0.00216	0.6	277:1

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

Attachment 4

Prohibited Discharges

ATTACHMENT 4
PLATFORM ELLY
Prohibited Discharges
January 1, 2016 through March 31, 2016

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

February 9, 2016

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
January 29, 2016 @ 0700 hrs	Non-Contact Cooling Water Outlet West Seawater Pump	0.6 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 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
01/01/2016	01/31/2016

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
Bruce Berwager Executive Vice President, Chief Operating Officer TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Marina Robertson SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526 AREA Code	NUMBER	04 22 2016 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
01/01/2016	01/31/2016

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Drilling Fluids and Cuttings
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
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
Bruce Berwager Executive Vice President, Chief Operating Officer TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Marina Robertson SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526 AREA Code	NUMBER	04 22 2016 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
01/01/2016	01/31/2016

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Produced Water Monthly
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 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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

1. NODI(C): 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
01/01/2016	01/31/2016

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Well Treatment, Completion and Workover Fluic
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
Well fluids, oil & grease	SAMPLE MEASUREMENT	******	******	******	******	NODI (C)	NODI (C)				
04379 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	29 MO AVG	42 DAILY MX	mg/L		Once per Occurance	GRAB
Number of Events Type: 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 (C)		******	******	******	******			
82603 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	occur/mo	******	******	******	******		Once per Discharge	GRAB
Well fluids, volume	SAMPLE MEASUREMENT	NODI (C)	NODI (C)		******	******	******	******			
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
Bruce Berwager Executive Vice President, Chief Operating Officer TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Marina Robertson SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526 AREA Code	NUMBER	04 22 2016 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 (C): 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; one job on Well A-18 and one job on Well A-50. 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
01/01/2016	01/31/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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 (C): 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
01/01/2016	01/31/2016

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 (C)	******		******	******	******	******			
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	49	******	bbl/d	******	******	******	******	0	Monthly	Estima
82606 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA
Sanitary waste, solids	SAMPLE MEASUREMENT	******	0	# 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 (C)		******	******	******	******			
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
Bruce Berwager Executive Vice President, Chief Operating Officer TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Marina Robertson	(562) 628 1526 AREA Code	NUMBER	04 22 2016 MM/DD/YYYY

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

1. NODI (C): 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
01/01/2016	01/31/2016

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
Bruce Berwager Executive Vice President, Chief Operating Officer TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Marina Robertson SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526 AREA Code	NUMBER	04 22 2016 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
01/01/2016	01/31/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
01/01/2016	01/31/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
01/01/2016	01/31/2016

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	******	******	******	******	.004	.004	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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
Bruce Berwager Executive Vice President, Chief Operating Officer TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Marina Robertson	(562) 628 1526 AREA Code	NUMBER	04 22 2016 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
01/01/2016	01/31/2016

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
Bruce Berwager Executive Vice President, Chief Operating Officer TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Marina Robertson SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526 AREA Code	NUMBER	04 22 2016 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
01/01/2016	01/31/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
01/01/2016	01/31/2016

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
Bruce Berwager Executive Vice President, Chief Operating Officer TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Marina Robertson SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526 AREA Code	NUMBER	04 22 2016 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
01/01/2016	01/31/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
01/01/2016	01/31/2016

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
Bruce Berwager Executive Vice President, Chief Operating Officer TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Marina Robertson SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
			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
01/01/2016	01/31/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
01/01/2016	01/31/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
01/01/2016	01/31/2016

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
Bruce Berwager Executive Vice President, Chief Operating Officer TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Marina Robertson SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526 AREA Code	NUMBER	04 22 2016 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
01/01/2016	01/31/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

1. NODI (C): 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
01/01/2016	01/31/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
01/01/2016	01/31/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
01/01/2016	01/31/2016

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
Bruce Berwager Executive Vice President, Chief Operating Officer TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Marina Robertson SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526 AREA Code	NUMBER	04 22 2016 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
01/01/2016	01/31/2016

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
Bruce Berwager Executive Vice President, Chief Operating Officer TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Marina Robertson SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526 AREA Code	NUMBER	04 22 2016 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
02/01/2016	02/29/2016

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
Bruce Berwager Executive Vice President, Chief Operating Officer TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Marina Robertson SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
			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
02/01/2016	02/29/2016

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
Bruce Berwager 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	(562) 628 1526		04 22 2016
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
02/01/2016	02/29/2016

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Produced Water Monthly
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 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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

1. NODI(C): 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
02/01/2016	02/29/2016

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Well Treatment, Completion and Workover Fluic
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
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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
Bruce Berwager Executive Vice President, Chief Operating Officer TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Marina Robertson	(562) 628 1526 AREA Code	NUMBER	04 22 2016 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 (C): 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
02/01/2016	02/29/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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 (C): 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
02/01/2016	02/29/2016

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 (C)	******		******	******	******	******			
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	44	******	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 (C)		******	******	******	******			
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
Bruce Berwager 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	(562) 628 1526		04 22 2016
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

1. NODI (C): 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
02/01/2016	02/29/2016

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
02/01/2016	02/29/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
02/01/2016	02/29/2016

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
Bruce Berwager Executive Vice President, Chief Operating Officer TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Marina Robertson SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526 AREA Code	NUMBER	04 22 2016 MM/DD/YYYY

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

1. Chemical Inventory, refer to Attachment 2
2. NODI (C): 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
02/01/2016	02/29/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
02/01/2016	02/29/2016

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
Bruce Berwager Executive Vice President, Chief Operating Officer TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Marina Robertson SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526 AREA Code	NUMBER	04 22 2016 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
02/01/2016	02/29/2016

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
Bruce Berwager Executive Vice President, Chief Operating Officer TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Marina Robertson SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526 AREA Code	NUMBER	04 22 2016 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
02/01/2016	02/29/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
02/01/2016	02/29/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
02/01/2016	02/29/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
02/01/2016	02/29/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
02/01/2016	02/29/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
02/01/2016	02/29/2016

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
Bruce Berwager Executive Vice President, Chief Operating Officer TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Marina Robertson SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
			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
02/01/2016	02/29/2016

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
Bruce Berwager Executive Vice President, Chief Operating Officer TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete, I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Marina Robertson SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526 AREA Code	NUMBER	04 22 2016 MM/DD/YYYY

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

1. NODI (C): 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
02/01/2016	02/29/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
02/01/2016	02/29/2016

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
02/01/2016	02/29/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
02/01/2016	02/29/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
03/01/2016	03/31/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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.
5. Drilling activity took place on Well A-49 during the month, however 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	001A-A

MONITORING PERIOD MM/DD/YYYY	MM/DD/YYYY
03/01/2016	03/31/2016

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
Bruce Berwager Executive Vice President, Chief Operating Officer TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Marina Robertson SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526 AREA Code	NUMBER	04 22 2016 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.
5. Drilling activity took place on Well A-49 during the month, however 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	002A-A

MONITORING PERIOD MM/DD/YYYY	MM/DD/YYYY
03/01/2016	03/31/2016

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Produced Water Monthly
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 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
Bruce Berwager Executive Vice President, Chief Operating Officer TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Marina Robertson SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526 AREA Code	NUMBER	04 22 2016 MM/DD/YYYY

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

1. NODI(C): 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

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
03/01/2016	03/31/2016

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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 (C): 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
03/01/2016	03/31/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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 (C): 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
03/01/2016	03/31/2016

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 (C)	******		******	******	******	******			
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	56	******	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 (C)		******	******	******	******			
82608 RW 0 Receiving Water	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	#/mo	******	******	******	******		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Bruce Berwager Executive Vice President, Chief Operating Officer TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Marina Robertson SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526 AREA Code	NUMBER	04 22 2016 MM/DD/YYYY

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

1. NODI (C): 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
03/01/2016	03/31/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
03/01/2016	03/31/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
03/01/2016	03/31/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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 (C): 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
03/01/2016	03/31/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
03/01/2016	03/31/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
03/01/2016	03/31/2016

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
Bruce Berwager Executive Vice President, Chief Operating Officer TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Marina Robertson SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526 AREA Code	NUMBER	04 22 2016 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
03/01/2016	03/31/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
03/01/2016	03/31/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
03/01/2016	03/31/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
03/01/2016	03/31/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
03/01/2016	03/31/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
03/01/2016	03/31/2016

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
Bruce Berwager Executive Vice President, Chief Operating Officer TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Marina Robertson SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526 AREA Code	NUMBER	04 22 2016 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
03/01/2016	03/31/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

1. NODI (C): 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
03/01/2016	03/31/2016

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

No Discharge C

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Bruce Berwager Executive Vice President, Chief Operating Officer TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Marina Robertson SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526 AREA Code	NUMBER	04 22 2016 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
03/01/2016	03/31/2016

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
Bruce Berwager Executive Vice President, Chief Operating Officer TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Marina Robertson SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526 AREA Code	NUMBER	04 22 2016 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
03/01/2016	03/31/2016

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
Bruce Berwager Executive Vice President, Chief Operating Officer TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Marina Robertson SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526 AREA Code	NUMBER	04 22 2016 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
03/01/2016	03/31/2016

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
Bruce Berwager 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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(562) 628 1526		04 22 2016
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
January 1, 2016 through March 31, 2016

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)				
January	36,000	Chlorine	0.91	0.6
February	36,000	Chlorine	0.91	0.6
March	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
January 1, 2016 through March 31, 2016

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: 01/29/16	Once/Quarter	0.00583	0.0104	0.004	0.6	149:1

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

Attachment 4

Prohibited Discharges

ATTACHMENT 4
PLATFORM ELLEN
Prohibited Discharges
January 1, 2016 through March 31, 2016

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

February 9, 2016

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
January 29, 2016 @ 0700 hrs	Non-Contact Cooling Water Outlet West Seawater Pump	0.6 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