April 28, 2014

Jared Blumenfeld
Regional Administrator
EPA, Region 9
NPDES/DMR, WTR-7
75 Hawthorne Street
San Francisco, CA 94105-3901

Re: Discharge Monitoring Report – First Quarter 2014 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 2014 for Beta Offshore Platforms Ellen, Elly and Eureka.

The new General Permit became effective March 1, 2014. This DMR includes the months of January and February, which fall under the previous permit, and the month of March which falls under the new permit. The new permit monthly NPDES requirements are included in the DMR for sampling completed in March. Thus, this DMR includes the old permit limits for the months of January and February and the new permit limits for March.

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.

Attachment 2: Attachment 2 are listings of the chemical inventory for miscellaneous discharges (specifically non-contact cooling water) 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):
During this DMR period drilling activities took place on Platform Ellen on Wells, A-21 and A-45. There were no associated drilling discharges at any of the platforms during this DMR period.

Produced Water (002):
Produced water dilution – Platform Elly: On rare occasions when produced water is discharged, often times the discharge may only occur 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.

WTCWF (003):
WTCWF generated from Platform Ellen or Eureka would be commingled with the produced water at Platform Elly/Ellen. There were no well treatment, completion and workover fluid jobs performed at any of the platforms during this quarter.

Deck Drains (004):
Platform Ellen's deck drains are commingled with production and sent to Platform Elly. Platform Elly's deck drain volumes are commingled with production at Elly and injected with produced water at Ellen (refer to produced water monitoring requirements in the DMR if discharged). Deck drains 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 and sent to Platform Elly/Ellen for injection with produced water. The sanitary waste commingles with sinks and shower water and is properly treated and chlorinated through the MSD 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 are commingled with deck drains and injected with produced water at Platform Ellen. The fire water and deck drain volumes at Platform Eureka are sent to a disposal well and are not discharged. The fire water was reported as not being chlorinated at all three platforms.

Non-contact Cooling Water (009) - Combined with Excess Sea Water:
Non-contact cooling water (as sea water) can 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.

Permit limits for chlorine applicable to the non-contact cooling water were released in the March 2014 permit modification. The new required quarterly sampling will be included in the next 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):

Ms. Susan Zaleski
Mr. James Salmons
Bureau of Safety and Environmental Enforcement
770 Paseo Camarillo
Camarillo, CA 93010-6064

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

Platform Elly

Attachment 1

EPA DMR
PERMIT NO. CAG280000

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

WELL DISCHARGE MONITORING REPORT (Well DMR)

CAG280000	001,003,019
PERMIT NO.	DISCHARGE NO.

Approved Form
OMB No. 2000-0015

DRILLING FLUIDS AND DRILL CUTTINGS (001)
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS (003)
EXCESS CEMENT SLURRY (019)

NOTE: Read instructions before completing this form.

Beta Platform Elly
LOCATION: 33° 35' .025"LAT., 118° 07' 37.52"LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14	01	01	To: 14	03	31

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
DRILLING FLUIDS MONITORING Well # N / A	Sample Measurement		No Discharge	Barrels/ Well							
January - March	Permit Requirement		Report							1/well 1/day	Estimate
DRILL CUTTINGS MONITORING Well # N / A	Sample Measurement		No Discharge	Barrels/ Month							
January - March	Permit Requirement		Report							1/well 1/day	Estimate
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS MONITORING	Sample Measurement		No Discharge	Barrels / Job							
January - March	Permit Requirement		Report							1 / job	Estimate
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS Chemical Inventory	Sample Measurement				No Discharge				0	1/month	List
January - March	Permit Requirement				Report					1/month	List
EXCESS CEMENT SLURRY FLOW MONITORING	Sample Measurement		No Discharge	Monthly Average bbl/day							
January - March	Permit Requirement		Report							1/month	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Steve Liles Vice President, Manager of Operations	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, 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)	Marina Robertson, HSE Manager	(562) 628-1526	04 22 2014
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT	Area Code Number	MONTH/DAY/YEAR

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

There are no wells or drilling activities at Platform Elly.

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CAG280000	002
PERMIT NO.	DISCHARGE NO.

Approved Form
OMB No. 2000-0015

Beta Platform Elly
LOCATION: 33° 35' .025"LAT., 118° 07' 37.52"LONG.

MONITORING PERIOD					
	YR	MO	DAY	YR	MO	DAY
From:	14	01	01	To: 14	03	31

PRODUCED WATER (002)
(commingled with Platform Eureka & Ellen)

NOTE: Read Instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
PRODUCED WATER FLOW RATE (commingled with Eureka and Ellen) January	Sample Measurement	0		Monthly Average bbl/Day					0	1/day	Estimate
	Permit Requirement									1/day	Estimate
February	Sample Measurement	0		Monthly Average bbl/Day							
	Permit Requirement									1/day	Estimate
March	Sample Measurement	0		Monthly Average bbl/Day							
	Permit Requirement									1/day	Estimate
QUARTERLY AVERAGE Volume 01/01/14 - 03/31/14		**No Discharge**		Quarterly Average bbl/Day					0	1/quarter	Estimate
										1/quarter	Estimate
ANNUAL CUMULATIVE Volume [1] 03/01/13 - 02/28/14 and 03/01/14 - 02/28/15	Sample Measurement		0	Barrels/ Year					0	1/quarter	Estimate
	Permit [1] Requirement		10,950,000 *							1/quarter	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Steve Liles Vice President, Manager of Operations	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, 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)	M. Robertson Marina Robertson, HSE Manager	(562) 628-1526	04 22 2014
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT	Area Code Number	MONTH/DAY/YEAR

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

[1] Annual cumulative volume limit is applied to the cumulative volumes for the periods of March 2013 through February 2014, and March 2014 through February 2015.

Due to the new permit, this DMR includes the first month of the new annual cumulative volume period. Therefore, annual cumulative volumes for two separate periods are recorded.

* The total annual cumulative volume limit is a combined limit of produced water volumes discharged from Platforms Ellen, Elly, and Eureka as listed in the NPDES permit. The 'sample measurement' listed is a combined total for Ellen, Elly, and Eureka.

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CAG280000	002
PERMIT NO.	DISCHARGE NO.

Approved Form
OMB No. 2000-0015

Beta Platform Elly
LOCATION: 33° 35' .025"LAT., 118° 07' 37.52"LONG.

MONITORING PERIOD	
YR MO DAY	YR MO DAY
From: 14 01 01	To: 14 03 31

PRODUCED WATER (002)
Enforceable Limits

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
PRODUCED WATER OIL & GREASE January	Sample Measurement					**No Discharge**	**No Discharge**	mg/L			
	Permit Requirement					29.0	42.0			1/week	Grab/ Composite
February	Sample Measurement					**No Discharge**	**No Discharge**	mg/L			
	Permit Requirement					29.0	42.0			1/week	Grab/ Composite
March	Sample Measurement					**No Discharge**	**No Discharge**	mg/L			
	Permit Requirement					29.0	42.0			1/week	Grab/ Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Steve Liles Vice President, Manager of Operations	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, 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)	Marina Robertson, HSE Manager	(562) 628-1526	04 22 2014
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT	Area Code Number	MONTH/DAY/YEAR

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)
Oil and grease sampling is weekly during discharge (no sample during weeks with no produced water discharges).
[1] Results are post-dilution, and no limits listed are applicable as listed in the new permit effective March, 2014, Appendix B.
Results showing NODI(B): below MDL. The maximum value of the analytical result is less than the laboratory's MDL (below detection level).
Results showing NODI(Q): equal to or above the MDL, but less than the ML or PQL.

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CAG280000	004
PERMIT NO.	DISCHARGE NO.

Approved Form
OMB No. 2000-0015

Beta Platform Elly
LOCATION: 33° 35' .025"LAT., 118° 07' 37.52"LONG.

MONITORING PERIOD	
YR MO DAY	YR MO DAY
From: 14 01 01	To: 14 03 31

DECK DRAINAGE (004)
(Commingled with produced water)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
			Average	Units	Minimum	Average	Maximum	Units			
DECK DRAINAGE VOLUME-FLOW RATE (commingled with produced water) January	Sample Measurement		N / A	Mo. Avg. bbl/day							
	Permit Requirement		Report							1/month	Estimate
February	Sample Measurement		N / A	Mo. Avg. bbl/day							
	Permit Requirement		Report							1/month	Estimate
March	Sample Measurement		N / A	Mo. Avg. bbl/day							
	Permit Requirement		Report							1/month	Estimate
DECK DRAINAGE FREE OIL January	Sample Measurement		N / A	# Days Sheen Observed	N / A						
	Permit Requirement		No Sheen		No free oil/visual sheen on the receiving water.					1/day	Visual - Daylight
February	Sample Measurement		N / A	# Days Sheen Observed	N / A						
	Permit Requirement		No Sheen		No free oil/visual sheen on the receiving water.					1/day	Visual - Daylight
March	Sample Measurement		N / A	# Days Sheen Observed	N / A						
	Permit Requirement		No Sheen		No free oil/visual sheen on the receiving water.					1/day	Visual - Daylight

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Steve Liles Vice President, Manager of Operations	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, 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)	Marina Robertson, HSE Manager	(562) 628-1526	04 22 2014
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT	Area Code Number	MONTH/DAY/YEAR

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

N / A: Deck drains are commingled with produced water (refer to produced water reporting requirements).

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CAG280000	005
PERMIT NO.	DISCHARGE NO.

Approved Form
OMB No. 2000-0015

Beta Platform Elly
LOCATION: 33° 35' .025"LAT., 118° 07' 37.52"LONG.

MONITORING PERIOD	
YR MO DAY	YR MO DAY
From: 14 01 01	To: 14 03 31

SANITARY & DOMESTIC WASTES (005)
(Domestic water commingled with Production)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
SANITARY WASTES FLOW RATE	Sample Measurement	N / A		Monthly Average bbl/day							
January	Permit Requirement	Report								1/month	Estimate
	Sample Measurement	N / A		Monthly Average bbl/day							
February	Permit Requirement	Report								1/month	Estimate
	Sample Measurement	N / A		Monthly Average bbl/day							
March	Permit Requirement	Report								1/month	Estimate
SANITARY WASTES FOAM & FLOATING SOLIDS	Sample Measurement		N / A	# days observed	N / A						
January	Permit Requirement		None		No foam or floating solids in the receiving waters.					1/day	Visual - Daylight
	Sample Measurement		N / A	# days observed	N / A						
February	Permit Requirement		None		No foam or floating solids in the receiving waters.					1/day	Visual - Daylight
	Sample Measurement		N / A	# days observed	N / A						
March	Permit Requirement		None		No foam or floating solids in the receiving waters.					1/day	Visual - Daylight

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Steve Liles Vice President, Manager of Operations	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, 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)	M. Robertson Marina Robertson, HSE Manager	(562) 628-1526	04 22 2014
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT	Area Code Number	MONTH/DAY/YEAR

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

N / A : There are no discharges at Platform Elly. Sanitary volumes are discharged at Platform Ellen (refer to Plt. Ellen DMR).

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CAG280000	005
PERMIT NO.	DISCHARGE NO.

Approved Form
OMB No. 2000-0015

Beta Platform Elly
LOCATION: 33° 35' .025"LAT., 118° 07' 37.52"LONG.

MONITORING PERIOD	
YR MO DAY	YR MO DAY
From: 14 01 01	To: 14 03 31

SANITARY & DOMESTIC WASTES (005)
(Domestic water commingled with Production)

NOTE: Read Instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
SANITARY WASTE RESIDUAL CHLORINE	Sample Measurement				N / A	N / A	N / A	mg/l			
January	Permit Requirement				1 mg/l	N / A	10 mg/l			Monthly	Grab
	Sample Measurement				N / A	N / A	N / A	mg/l			
February	Permit Requirement				1 mg/l	N / A	10 mg/l			Monthly	Grab
	Sample Measurement				N / A	N / A	N / A	mg/l			
March	Permit Requirement				1 mg/l	N / A	10 mg/l			Monthly	Grab
DOMESTIC WASTE [1] FLOW RATE	Sample Measurement	N / A		Monthly Average bbl/day							
January - March	Permit Requirement	Report								1/month	Estimate
DOMESTIC WASTE FOAM & FLOATING SOLIDS	Sample Measurement		N / A	# days observed	N / A						
January - March	Permit Requirement		None		No foam or floating solids in the receiving waters.					1/day	Visual - Daylight

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Steve Liles Vice President, Manager of Operations	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, 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)	Marina Robertson, HSE Manager	(562) 628-1526	04 22 2014
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT	Area Code Number	MONTH/DAY/YEAR

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

N / A : There are no discharges at Platform Elly. Sanitary volumes are discharged at Platform Ellen (refer to Plt. Ellen DMR).

[1] Domestic water, as laundry, is commingled with produced water and injected (refer to Produced Water). Domestic water from showers and sinks is commingled with sanitary at Platform Ellen (refer to Platform Ellen DMR).

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Beta Offshore
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Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CAG280000	008
PERMIT NO.	DISCHARGE NO.

Approved Form
OMB No. 2000-0015

Beta Platform Elly
LOCATION: 33° 35' .025"LAT., 118° 07' 37.52"LONG.

MONITORING PERIOD	
YR MO DAY	YR MO DAY
From: 14 01 01	To: 14 03 31

FIRE CONTROL WATER (008)
(Commingled with production)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
			Average	Units	Minimum	Average	Maximum	Units			
FIRE CONTROL SYSTEM TEST WATER (008) - FOAM FLOATING SOLIDS January	Sample Measurement		None	# Days Observed	No floating solids in the receiving water. No foam in the receiving water.				0	1/day	Visual - Daylight
	Permit Requirement		None		No floating solids in the receiving water. No foam in the receiving water.					1/day	Visual - Daylight
February	Sample Measurement		None	# Days Observed	No floating solids in the receiving water. No foam in the receiving water.				0	1/day	Visual - Daylight
	Permit Requirement		None		No floating solids in the receiving water. No foam in the receiving water.					1/day	Visual - Daylight
March	Sample Measurement		None	# Days Observed	No floating solids in the receiving water. No foam in the receiving water.				0	1/day	Visual - Daylight
	Permit Requirement		None		No floating solids in the receiving water. No foam in the receiving water.					1/day	Visual - Daylight
						Monthly Average	**Daily Maximum**				
FIRE CONTROL SYSTEM TEST WATER (008) CHLORINE[1] January - March	Sample Measurement					N / A	N / A	ug/L			
	Permit Requirement					N / A	N / A			1/month	Grab
	Sample Measurement										
	Permit Requirement										
FIRE CONTROL SYSTEM TEST WATER **Chemical Inventory**[1] January - March	Sample Measurement				N / A			ug/L		1/month	List
	Permit Requirement				Report					1/month	List

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Steve Liles Vice President, Manager of Operations	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, 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)	Marina Robertson, HSE Manager	(562) 628-1526	04 22 2014
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT	Area Code Number	MONTH/DAY/YEAR

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

N / A: Fire water is commingled with deck drains and produced water and is injected. Small amounts may be discharged overboard during fire water system testing.
[1]The firewater is not chlorinated or chemically treated . Refer to produced water discharges.

ED_006450_00004725-00011

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CAG280000	009
PERMIT NO.	DISCHARGE NO.

Approved Form
OMB No. 2000-0015

Beta Platform Elly
LOCATION: 33° 35' .025"LAT., 118° 07' 37.52"LONG.

MONITORING PERIOD	
YR MO DAY	YR MO DAY
From: 14 01 01	To: 14 03 31

NON-CONTACT COOLING WATER (009)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
			Average	Units	Minimum	Average	Maximum	Units			
NON-CONTACT COOLING WATER (009) - FLOW VOLUME[1] January	Sample Measurement		5,143	Barrels/ Day					0	1/month	Estimate
	Permit Requirement		Report							1/month	Estimate
February	Sample Measurement		5,143	Barrels/ Day					0	1/month	Estimate
	Permit Requirement		Report							1/month	Estimate
March	Sample Measurement		5,143	Barrels/ Day					0	1/month	Estimate
	Permit Requirement		Report							1/month	Estimate
NON-CONTACT COOLING WATER (009) FOAM/FLOATING SOLIDS January	Sample Measurement		0	# Days Observed	No floating solids in the receiving water. No foam in the receiving water.				0	1/day	Visual - Daylight
	Permit Requirement		None		No floating solids in the receiving water. No foam in the receiving water.					1/day	Visual - Daylight
February	Sample Measurement		0	# Days Observed	No floating solids in the receiving water. No foam in the receiving water.				0	1/day	Visual - Daylight
	Permit Requirement		None		No floating solids in the receiving water. No foam in the receiving water.					1/day	Visual - Daylight
March	Sample Measurement		0	# Days Observed	No floating solids in the receiving water. No foam in the receiving water.				0	1/day	Visual - Daylight
	Permit Requirement		None		No floating solids in the receiving water. No foam in the receiving water.					1/day	Visual - Daylight

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Steve Liles Vice President, Manager of Operations	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, 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)	M. Robertson Marina Robertson, HSE Manager	(562) 628-1526	04 22 2014
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT	Area Code Number	MONTH/DAY/YEAR

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

[1] Non-Contact Cooling water is discharged separately.

ED_006450_00004725-00012

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CAG280000	009
PERMIT NO.	DISCHARGE NO.

Approved Form
OMB No. 2000-0015

Beta Platform Elly
LOCATION: 33° 35' .025"LAT., 118° 07' 37.52"LONG.

MONITORING PERIOD	
YR MO DAY	YR MO DAY
From: 14 01 01	To: 14 03 31

NON-CONTACT COOLING WATER (009)

NOTE: Read Instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
			Average	Units	Minimum	Monthly Average	Daily Maximum	Units			
NON-CONTACT COOLING WATER (009) - CHLORINE [1]	Sample Measurement					N / A	N / A	mg/L			
January	Permit Requirement					N / A	N / A			1/quarter [2]	Grab
	Sample Measurement					N / A	N / A	mg/L			
February	Permit Requirement					N / A	N / A			1/quarter [2]	Grab
	Sample Measurement					N / A	N / A	mg/L			
March [2]	Permit Requirement					0.00585	0.0102			1/quarter [2]	Grab
NON-CONTACT COOLING WATER (009) CHEMICAL INVENTORY					See Attachment #2 Chemical Inventory				0	1/month	List
January - March					Report					1/month	List

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Steve Liles Vice President, Manager of Operations	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, 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)	M. Robertson Marina Robertson, HSE Manager	(562) 628-1526	04 22 2014
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT	Area Code Number	MONTH/DAY/YEAR

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

[1] Chlorine values reported above are post-dilution per EPA Plumes UM. Chlorine limits are post-dilution as listed in the new permit modified March 1, 2014, Appendix C.

[2] Permit limits were released in the March 2014 permit modification.

N / A: The required quarterly chlorine sampling will be performed in April.

ED_006450_00004725-00013

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Approved Form
OMB No. 2000-0015

CAG280000	006,007,010,011,012,013,014
PERMIT NO.	DISCHARGE NO.

MONITORING PERIOD	
YR MO DAY	YR MO DAY
From: 14 01 01	To: 14 03 31

Beta Platform Elly
LOCATION: 33° 35' .025"LAT., 118° 07' 37.52"LONG.

Blowout Preventer Fluids
Desalination Unit
Ballast/Storage Displacement
Bilge Water
Boiler Blowdown
Test Fluids
Diatomaceous Earth Filter Media

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
(006) Blowout Preventer Fluids	Sample Measurement				No Discharge						
FREE OIL, FOAM, FLOATING SOLIDS January - March	Permit Requirement				No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Visual Rec. Water
(007) Desalination Unit	Sample Measurement				No Discharge						
FOAM, FLOATING SOLIDS January - March	Permit Requirement				No floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Visual Rec. Water
(010) Ballast/Storage Displacement	Sample Measurement				No Discharge						
Water - FLOW RATE FREE OIL, FOAM, FLOATING SOLIDS January - March	Permit Requirement	Report		Monthly Average bbl/day	No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Estimate / Visual Daylight
(011) Bilge Water	Sample Measurement				No Discharge						
FLOW RATE January - March	Permit Requirement	Report		Monthly Average bbl/day	No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Estimate
(012) Boiler Blowdown	Sample Measurement				No Discharge						
FOAM, FLOATING SOLIDS January - March	Permit Requirement				No floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Visual Rec. Water
(013) Test Fluids *	Sample Measurement				No Discharge						
FLOW RATE FREE OIL, FOAM, FLOATING SOLIDS January - March	Permit Requirement	Report		Monthly Average bbl/day	No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Estimate / Visual Daylight
(014) Diatomaceous Earth Filter Media	Sample Measurement				No Discharge						
FREE OIL, FOAM, FLOATING SOLIDS January - March	Permit Requirement				No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water					1/month 1/discharge	Visual Rec. Water

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Steve Liles Vice President, Manager of Operations	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, 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)	M. Robertson Marina Robertson, HSE Manager	(562) 628-1526	04 22 2014
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT	Area Code Number	MONTH/DAY/YEAR

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

* See Chemical Inventory, if discharged.

ED_006450_00004725-00014

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Approved Form
OMB No. 2000-0015

CAG280000	015, 016, 017, 018, 020, 021
PERMIT NO.	DISCHARGE NO.

MONITORING PERIOD	
YR MO DAY	YR MO DAY
From: 14 01 01	To: 14 03 31

Bulk Water Transfer Overflow
Uncontaminated Water
Water Flooding Discharges
Laboratory Wastes (Commingled w/ produced water)
Muds, Cuttings, Cement at Sea
Hydrotest Water

Beta Platform Elly
LOCATION: 33° 35' .025"LAT., 118° 07' 37.52"LONG.

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
			Average	Units	Minimum	Average	Maximum	Units			
(015) Bulk Transfer Water Overflow FOAM, FLOATING SOLIDS	Sample Measurement				No floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.				0	1/month 1/discharge	Visual Rec. Water
January - March	Permit Requirement				No floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Visual Rec. Water
(016) Uncontaminated Water FOAM, FLOATING SOLIDS	Sample Measurement				No floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.				0	1/month 1/discharge	Visual Rec. Water
January - March	Permit Requirement				No floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water					1/month 1/discharge	Visual Rec. Water
(017) Water Flooding Discharges FREE OIL, FOAM, FLOATING SOLIDS*	Sample Measurement				**No Discharge**						
January - March	Permit Requirement				No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Visual Rec. Water
(018) Laboratory Wastes FREE OIL, FOAM, FLOATING SOLIDS (commingled with produced water)	Sample Measurement				N / A (refer to produced water requirements)				0	1/month 1/discharge	Visual Rec. Water
January - March	Permit Requirement				No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Visual Rec. Water
(020) Muds, Cuttings, Cement at Sea Floor FLOOR FREE OIL, FOAM, FLOATING SOLIDS	Sample Measurement				**No Discharge**						
January - March	Permit Requirement				No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Visual Rec. Water
(021) Hydrotest Water * FLOW RATE / FREE OIL, FOAM FLOATING SOLIDS	Sample Measurement			Monthly Average bbl/day	**No Discharge**						
January - March	Permit Requirement	Report			No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Estimate / Visual Daylight
(021) HYDROTEST WATER CHLORINE	Sample Measurement					No Discharge	No Discharge	ug/L			
January - March	Permit Requirement					N / A	N / A			1/month 1/discharge	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Steve Liles Vice President, Manager of Operations	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, 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)	Marina Robertson, HSE Manager	(562) 628-1526	04 22 2014
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT	Area Code Number	MONTH/DAY/YEAR

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

* See Chemical Inventory, if discharged.

ED_006450_00004725-00015

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CAG280000	022
PERMIT NO.	DISCHARGE NO.

Approved Form
OMB No. 2000-0015

Beta Platform Elly
LOCATION: 33° 35' .025"LAT., 118° 07' 37.52"LONG.

MONITORING PERIOD	
YR MO DAY	YR MO DAY
From: 14 01 01	To: 14 03 31

H2S Gas Processing Waste Water
NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
(022) H2S Gas Processing Waste Water FLOW RATE	Sample Measurement			Monthly Average bbl/day						1/discharge	Estimate
January - March	Permit Requirement	Report								1/discharge	Estimate
(022) H2S Gas Processing Waste Water FREE OIL, FOAM, FLOATING SOLIDS	Sample Measurement				No Discharge					1/discharge	Visual - Daylight
January - March	Permit Requirement				No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/discharge	Visual - Daylight
Surfactants, Detergents, Dispersants,[1]	Sample Measurement				Minimized				0		
	Permit Requirement				Minimize						

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Steve Liles Vice President, Manager of Operations	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, 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)	Marina Robertson, HSE Manager	(562) 628-1526	04 22 2014
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT	Area Code Number	MONTH/DAY/YEAR

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

[1] Any detergents, dispersants, or surfactants used are either included with sanitary and domestic discharges or produced water discharges.

ED_006450_00004725-00016

Attachment 2

Chemical Inventory

ATTACHMENT 2
PLATFORM ELLY
MISCELLANEOUS DISCHARGES
CHEMICAL INVENTORY
January 1, 2014 through March 31, 2014

Fluid Type	Volume (Monthly avg bbls per day)	Product Name	Estimated Chemical Quantity (Monthly avg gal per day)	Average End-of-Pipe [1] Concentration (mg/l)
009 Non-contact Cooling Water				
January	5,143	Chlorine	0.13	0.6
February	5,143	Chlorine	0.09	0.4
March	5,143	Chlorine	0.15	0.7
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

ED_006450_00004725-00018

Platform Ellen

Attachment 1

EPA DMR
PERMIT NO. CAG280000

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

WELL DISCHARGE MONITORING REPORT (Well DMR)

CAG280000	001
PERMIT NO.	DISCHARGE NO.

Approved Form
OMB No. 2000-0015

Beta Platform Ellen
LOCATION: 33° 34' 56.5"LAT., 118° 07' 41.6"LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14	01	01	To: 14	03	31

DRILLING FLUIDS AND DRILL CUTTINGS (001)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
DRILLING FLUIDS VOLUME Well # N / A	Sample Measurement		No Discharge	Barrels/ Well							
January	Permit Requirement		Report							1/well 1/day	Estimate
Well # N / A	Sample Measurement		No Discharge	Barrels/ Well							
February	Permit Requirement		Report							1/well 1/day	Estimate
Well # N / A	Sample Measurement		No Discharge	Barrels/ Well							
March	Permit Requirement		Report							1/well 1/day	Estimate
Quarterly Total	Sample Measurement		0	Barrels/ Quarter					0		
01/01/14 - 03/31/14	Permit Requirement		Report								
Annual Cumulative Volume Limit [1]	Sample Measurement		0	Barrels/ Year					0		
03/01/13 - 02/28/14 and 03/01/14 - 02/28/15	Permit Requirement		49,950 *								

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Steve Liles Vice President, Manager of Operations	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, 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)	M. Robertson Marina Robertson, HSE Manager	(562) 628-1526	04 22 2014
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT	Area Code Number	MONTH/DAY/YEAR

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

* 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.
Drilling activities took place during this DMR period, however there were no associated drilling discharges.

[1] Annual cumulative volume limit is applied to the cumulative volumes for the periods of March 2013 through February 2014, and March 2014 through February 2015.
Due to the new permit, this DMR includes the first month of the new annual cumulative volume period. Therefore, annual cumulative volumes for two separate periods are recorded.

ED_006450_00004725-00020

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

WELL DISCHARGE MONITORING REPORT (Well DMR)

CAG280000	001
PERMIT NO.	DISCHARGE NO.

Approved Form
OMB No. 2000-0015

Beta Platform Ellen
LOCATION: 33° 34' 56.5"LAT., 118° 07' 41.6"LONG.

MONITORING PERIOD	
YR MO DAY	YR MO DAY
From: 14 01 01	To: 14 03 31

DRILLING FLUIDS AND DRILL CUTTINGS (001)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
DRILL CUTTINGS VOLUME Well # N / A	Sample Measurement		No Discharge	Barrels/ Month							
January	Permit Requirement		Report							1/well 1/day	Estimate Grab
Well # N / A	Sample Measurement		No Discharge	Barrels/ Month							
February	Permit Requirement		Report							1/well 1/day	Estimate Grab
Well # N / A	Sample Measurement		No Discharge	Barrels/ Month							
March	Permit Requirement		Report							1/well 1/day	Estimate Grab
Annual Cumulative Volume Limit [1]	Sample Measurement		0	Barrels/ Year					0		
03/01/13 - 02/28/14 and 03/01/14 - 02/28/15	Permit Requirement		18,150 *								
DRILL FLUIDS/CUTTINGS FREE OIL	Sample Measurement		No Discharge	Barrels/ Month	No Discharge			# Days Sheen Observed			
January	Permit Requirement		Report		Negative Static Sheen Test/Free Oil					1/well 1/day	Visual Visual
	Sample Measurement		No Discharge	Barrels/ Month	No Discharge			# Days Sheen Observed			
February	Permit Requirement		Report		Negative Static Sheen Test/Free Oil					1/well 1/day	Visual Visual
	Sample Measurement		No Discharge	Barrels/ Month	No Discharge			# Days Sheen Observed			
March	Permit Requirement		Report		Negative Static Sheen Test/Free Oil					1/well 1/day	Visual Visual

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Steve Liles Vice President, Manager of Operations	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, 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)	M. Robertson Marina Robertson, HSE Manager	(562) 628-1526	04 22 2014
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT	Area Code Number	MONTH/DAY/YEAR

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

* 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.
Drilling activities took place during this DMR period, however there were no associated drilling discharges.

[1] Annual cumulative volume limit is applied to the cumulative volumes for the periods of March 2013 through February 2014, and March 2014 through February 2015.
Due to the new permit, this DMR includes the first month of the new annual cumulative volume period. Therefore, annual cumulative volumes for two separate periods are recorded.

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

WELL DISCHARGE MONITORING REPORT (Well DMR)

CAG280000	001
PERMIT NO.	DISCHARGE NO.

Approved Form
OMB No. 2000-0015

Beta Platform Ellen
LOCATION: 33° 34' 56.5"LAT., 118° 07' 41.6"LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14	01	01	To: 14	03	31

DRILLING FLUIDS AND DRILL CUTTINGS (001)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration		NO. EX.	Frequency Analysis	Sample Type
		Average	Maximum	Units	Maximum	Units			
DRILLING FLUIDS TOXICITY WELL No.	Sample Measurement				N / A	% by Volume			
	Permit Requirement				LC50 > 3% SPP			(0-80%) Well Footage	Grab
DRILLING FLUIDS TOXICITY WELL No.	Sample Measurement				N / A	% by Volume			
	Permit Requirement				LC50 > 3% SPP			(80-100%) Well Footage	Grab
BARITE MERCURY	Sample Measurement				N / A	mg / kg			
	Permit Requirement				1 mg / kg			Stock Barite	Grab
BARITE CADMIUM	Sample Measurement				N / A	mg / kg			
	Permit Requirement				3 mg / kg			Stock Barite	Grab
DRILL FLUIDS CHEMICAL INVENTORY WELL No.	Sample Measurement				N / A				
	Permit Requirement				Report			Each Mud System	
No. DAYS DISCHARGE FOR EACH DRILLING FLUID	Sample Measurement				N / A				
	Permit Requirement				Report			# Days Each	
PROHIBITED DISCHARGE 1. Oil-based Fluids					No Discharge			N/A	
2. Diesel Oil 3. Non-aqueous based drilling fluids or cuttings					No Discharge			N/A	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Steve Liles Vice President, Manager of Operations	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, 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)	M. Robertson Marina Robertson, HSE Manager	(562) 628-1526	04 22 2014
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT	Area Code Number	MONTH/DAY/YEAR

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

N /A: No discharge of drilling fluids.

ED_006450_00004725-00022

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CAG280000	002
PERMIT NO.	DISCHARGE NO.

Approved Form
OMB No. 2000-0015

Beta Platform Ellen
LOCATION: 33° 34' 56.5"LAT., 118° 07' 41.6"LONG.

MONITORING PERIOD	
YR MO DAY	YR MO DAY
From: 14 01 01	To: 14 03 31

PRODUCED WATER (002)
(Commingled at Platform Elly)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
PRODUCED WATER Flow Rate	Sample Measurement	N / A		Monthly Average bbl/Day							
January - March	Permit Requirement									1/day	Estimate
QUARTERLY AVERAGE Volume		N / A		Quarterly Average bbl/Day							
										1/quarter	Estimate
ANNUAL CUMULATIVE [1] Volume	Sample Measurement		N / A	Barrels/ Year							
03/01/13 - 02/28/14 and 03/01/14 - 02/28/15	Permit [1] Requirement		10,950,000 *								
PRODUCED WATER Oil & Grease	Sample Measurement					N / A	N / A	mg/L			
	Permit Requirement					29.0	42.0			1/week	Grab
Enforceable Limits:											
PRODUCED WATER QUARTERLY CONSTITUENTS											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Steve Liles Vice President, Manager of Operations	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, 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)	M. Robertson Marina Robertson, HSE Manager	(562) 628-1526	04 22 2014
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT	Area Code Number	MONTH/DAY/YEAR

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

[1] Annual cumulative volume limit is applied to the cumulative volumes for the periods of March 2013 through February 2014, and March 2014 through February 2015.
Due to the new permit, this DMR includes the first month of the new annual cumulative volume period. Therefore, annual cumulative volumes for two separate periods are recorded.
N / A: There was no produced water discharge at Platform Ellen. All produced water for the quarter sent to Elly for processing, then back to Ellen and injected.
* The total annual cumulative volume limit is a combined limit of produced water volumes from Platforms Ellen, Elly, and Eureka.

ED_006450_00004725-00023

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CAG280000	003
PERMIT NO.	DISCHARGE NO.

Approved Form
OMB No. 2000-0015

Beta Platform Ellen
LOCATION: 33° 34' 56.5"LAT., 118° 07' 41.6"LONG.

MONITORING PERIOD	
YR MO DAY	YR MO DAY
From: 14 01 01	To: 14 03 31

WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS (003)
(commingled with produced water at Plt Elly

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS [1] FLOW	Sample Measurement		N / A	Barrels / Job							
January	Permit Requirement		Report								
	Sample Measurement		N / A	Barrels / Job							
February	Permit Requirement		Report								
	Sample Measurement		N / A	Barrels / Job							
March	Permit Requirement		Report								
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS [1] OIL AND GREASE						MONTHLY AVERAGE	DAILY MAXIMUM				
	Sample Measurement					N / A	N / A				
January	Permit Requirement					29.0	42.0	mg/L		1/job	Grab
	Sample Measurement					N / A	N / A				
February	Permit Requirement					29.0	42.0	mg/L		1/job	Grab
	Sample Measurement					N / A	N / A				
March	Permit Requirement					29.0	42.0	mg/L		1/job	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Steve Liles Vice President, Manager of Operations	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, 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)	M. Robertson Marina Robertson, HSE Manager	(562) 628-1526	04 22 2014
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT	Area Code Number	MONTH/DAY/YEAR

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

[1] When present, all WTCWF are commingled with production and sent to Platform Elly (refer to Plt Elly DMR).

ED_006450_00004725-00024

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CAG280000	003
PERMIT NO.	DISCHARGE NO.

Approved Form
OMB No. 2000-0015

Beta Platform Ellen
LOCATION: 33° 34' 56.5"LAT., 118° 07' 41.6"LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14	01	01	To: 14	03	31

WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS (003)
(commingled with produced water at Plt Elly)
NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS , TYPE AND TOTAL NUMBER OF JOBS January - March	Sample Measurement		0	Barrels / Job							
	Permit Requirement		Report								
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS , STATIC SHEEN January - March	Sample Measurement					N / A		# Times Sheen Observed			
	Permit Requirement					Negative Static Sheen Test - # Times observed-None				1/discharge	Grab
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS **Chemical Inventory** March	Sample Measurement					N / A			0	1/month	List
	Permit Requirement					Report				1/month	List

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Steve Liles Vice President, Manager of Operations	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, 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)	M. Robertson Marina Robertson, HSE Manager	(562) 628-1526	04 22 2014
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT	Area Code Number	MONTH/DAY/YEAR

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

[1] When present, all WTCWF are commingled with production and sent to Platform Elly (refer to Plt Elly DMR).

ED_006450_00004725-00025

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CAG280000	004
PERMIT NO.	DISCHARGE NO.

Approved Form
OMB No. 2000-0015

Beta Platform Ellen
LOCATION: 33° 34' 56.5"LAT., 118° 07' 41.6"LONG.

MONITORING PERIOD	
YR MO DAY	YR MO DAY
From: 14 01 01	To: 14 03 31

DECK DRAINAGE (004)
(commingled with produced water at Plt Elly)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
			Average	Units	Minimum	Average	Maximum	Units			
DECK DRAINAGE VOLUME-FLOW RATE [1]	Sample Measurement		N / A	Mo. Avg. bbl/day							
January	Permit Requirement		Report							1/month	Estimate
	Sample Measurement		N / A	Mo. Avg. bbl/day							
February	Permit Requirement		Report							1/month	Estimate
	Sample Measurement		N / A	Mo. Avg. bbl/day							
March	Permit Requirement		Report							1/month	Estimate
DECK DRAINAGE FREE OIL	Sample Measurement		N / A	# Days Sheen Observed	N / A						
January	Permit Requirement		No Sheen		No free oil/visual sheen on the receiving water.					1/day	Visual - Daylight
	Sample Measurement		N / A	# Days Sheen Observed	N / A						
February	Permit Requirement		No Sheen		No free oil/visual sheen on the receiving water.					1/day	Visual - Daylight
	Sample Measurement		N / A	# Days Sheen Observed	N / A						
March	Permit Requirement		No Sheen		No free oil/visual sheen on the receiving water.					1/day	Visual - Daylight

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Steve Liles Vice President, Manager of Operations	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, 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)	M. Robertson Marina Robertson, HSE Manager	(562) 628-1526	04 22 2014
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT	Area Code Number	MONTH/DAY/YEAR

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

[1] Deck drain volumes are commingled with production and not discharged.

ED_006450_00004725-00026

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CAG280000	005
PERMIT NO.	DISCHARGE NO.

Approved Form
OMB No. 2000-0015

Beta Platform Ellen
LOCATION: 33° 34' 56.5"LAT., 118° 07' 41.6"LONG.

MONITORING PERIOD	
YR MO DAY	YR MO DAY
From: 14 01 01	To: 14 03 31

SANITARY & DOMESTIC WASTES (005)
(Domestic waste commingled with produced water at Elly)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
SANITARY WASTE [1] FLOW RATE	Sample Measurement	87.0		Monthly Average bbl/day					0	1/day	Estimate
January	Permit Requirement	Report								1/month	Estimate
	Sample Measurement	99.0		Monthly Average bbl/day					0	1/day	Estimate
February	Permit Requirement	Report								1/month	Estimate
	Sample Measurement	80.0		Monthly Average bbl/day					0	1/day	Estimate
March	Permit Requirement	Report								1/month	Estimate
SANITARY WASTES FOAM & FLOATING SOLIDS	Sample Measurement		0	# days observed	No foam or floating solids in the receiving waters.				0	1/day	Visual - Daylight
January	Permit Requirement		None		No foam or floating solids in the receiving waters.					1/day	Visual - Daylight
	Sample Measurement		0	# days observed	No foam or floating solids in the receiving waters.				0	1/day	Visual - Daylight
February	Permit Requirement		None		No foam or floating solids in the receiving waters.					1/day	Visual - Daylight
	Sample Measurement		0	# days observed	No foam or floating solids in the receiving waters.				0	1/day	Visual - Daylight
March	Permit Requirement		None		No foam or floating solids in the receiving waters.					1/day	Visual - Daylight

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Steve Liles Vice President, Manager of Operations	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, 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)	M. Robertson Marina Robertson, HSE Manager	(562) 628-1526	04 22 2014
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT	Area Code Number	MONTH/DAY/YEAR

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

[1] Sanitary includes restroom sinks, showers and toilets.

ED_006450_00004725-00027

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CAG280000	005
PERMIT NO.	DISCHARGE NO.

Approved Form
OMB No. 2000-0015

Beta Platform Ellen
LOCATION: 33° 34' 56.5"LAT., 118° 07' 41.6"LONG.

MONITORING PERIOD	
YR MO DAY	YR MO DAY
From: 14 01 01	To: 14 03 31

SANITARY & DOMESTIC WASTES (005)
(Domestic waste commingled with produced water at Elly)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
		Average			Minimum	Average	Maximum	Units			
SANITARY WASTE RESIDUAL CHLORINE [1]	Sample Measurement				N / A	N / A	N / A	mg/l	0		
January	Permit Requirement				1 mg/l	N / A	10 mg/l			Monthly	Grab
	Sample Measurement				N / A	N / A	N / A	mg/l	0		
February	Permit Requirement				1 mg/l	N / A	10 mg/l			Monthly	Grab
	Sample Measurement				N / A	N / A	N / A	mg/l	0		
March	Permit Requirement				1 mg/l	N / A	10 mg/l			Monthly	Grab
DOMESTIC WASTE (as laundry) FLOW RATE	Sample Measurement	N / A		Monthly Average bbl/day						1/day	Estimate
January - March	Permit Requirement	Report								1/month	Estimate
DOMESTIC WASTES FOAM & FLOATING SOLIDS	Sample Measurement		N / A	# days observed	N / A					1/day	Visual - Daylight
January - March	Permit Requirement		None		No foam or floating solids in the receiving waters.					1/day	Visual - Daylight

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Steve Liles Vice President, Manager of Operations	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, 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)	M. Robertson Marina Robertson, HSE Manager	(562) 628-1526	04 22 2014
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT	Area Code Number	MONTH/DAY/YEAR

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

[1] 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 discharges (as per Condition II.E.1 Footnote 2 of CAG280000). Occasional chlorine tests are performed to ensure proper operation of the device.

N / A: Domestic laundry water is commingled with production and sent to Platform Elly for injection at Ellen (refer to Plt. Ellen DMR).

ED_006450_00004725-00028

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CAG280000	008
PERMIT NO.	DISCHARGE NO.

Approved Form
OMB No. 2000-0015

Beta Platform Ellen
LOCATION: 33° 34' 56.5"LAT., 118° 07' 41.6"LONG.

MONITORING PERIOD	
YR MO DAY	YR MO DAY
From: 14 01 01	To: 14 03 31

FIRE CONTROL WATER (008)
(commingled with deck drains)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
			Average	Units	Minimum	Average	Maximum	Units			
FIRE CONTROL SYSTEM TEST WATER (008) - FOAM, FLOATING SOLIDS January	Sample Measurement		N / A	# Days Observed	N / A				0	1/day	Visual - Daylight
	Permit Requirement		None		No floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/day	Visual - Daylight
February	Sample Measurement		N / A	# Days Observed	N / A				0	1/day	Visual - Daylight
	Permit Requirement		None		No floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/day	Visual - Daylight
March	Sample Measurement		N / A	# Days Observed	N / A				0	1/day	Visual - Daylight
	Permit Requirement		None		No floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/day	Visual - Daylight
						Monthly Average	**Daily Maximum**				
FIRE CONTROL SYSTEM TEST WATER (008) CHLORINE January - March	Sample Measurement					N / A	N / A	ug/L	0	1/month	Grab
	Permit Requirement					N / A	N / A			1/month	Grab
	Sample Measurement										
	Permit Requirement										
FIRE CONTROL SYSTEM TEST WATER Chemical Inventory January - March	Sample Measurement				N / A					1/month	List
	Permit Requirement				Report					1/month	List

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Steve Liles Vice President, Manager of Operations	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, 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)	M. Robertson Marina Robertson, HSE Manager	(562) 628-1526	04 22 2014
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT	Area Code Number	MONTH/DAY/YEAR

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

N / A: Fire water is commingled with deck drains and produced water at Platform Elly and is injected at Ellen. The firewater is not chlorinated or chemically treated.

ED_006450_00004725-00029

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CAG280000	009
PERMIT NO.	DISCHARGE NO.

Approved Form
OMB No. 2000-0015

Beta Platform Ellen
LOCATION: 33° 34' 56.5"LAT., 118° 07' 41.6"LONG.

MONITORING PERIOD	
YR MO DAY	YR MO DAY
From: 14 01 01	To: 14 03 31

NON-CONTACT COOLING WATER (009)
(combined with excess seawater)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
			Average	Units	Minimum	Average	Maximum	Units			
NON-CONTACT COOLING WATER (009) COMBINED with EXCESS SEAWATER FLOW VOLUME January	Sample Measurement		36,000	Barrels/ Day					0	1/month	Estimate
	Permit Requirement		Report							1/month	Estimate
February	Sample Measurement		36,000	Barrels/ Day					0	1/month	Estimate
	Permit Requirement		Report							1/month	Estimate
March	Sample Measurement		36,000	Barrels/ Day					0	1/month	Estimate
	Permit Requirement		Report							1/month	Estimate
NON-CONTACT COOLING WATER (009) COMBINED with EXCESS SEAWATER FOAM/FLOATING SOLIDS January	Sample Measurement		0	# Days Observed	No floating solids in the receiving water. No foam in the receiving water.				0	1/day	Visual - Daylight
	Permit Requirement		None		No floating solids in the receiving water. No foam in the receiving water.					1/day	Visual - Daylight
February	Sample Measurement		0	# Days Observed	No floating solids in the receiving water. No foam in the receiving water.				0	1/day	Visual - Daylight
	Permit Requirement		None		No floating solids in the receiving water. No foam in the receiving water.					1/day	Visual - Daylight
March	Sample Measurement		0	# Days Observed	No floating solids in the receiving water. No foam in the receiving water.				0	1/day	Visual - Daylight
	Permit Requirement		None		No floating solids in the receiving water. No foam in the receiving water.					1/day	Visual - Daylight

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Steve Liles Vice President, Manager of Operations	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, 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)	M. Robertson Marina Robertson, HSE Manager	(562) 628-1526	04 22 2014
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT	Area Code Number	MONTH/DAY/YEAR

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

ED_006450_00004725-00030

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CAG280000	009
PERMIT NO.	DISCHARGE NO.

Approved Form
OMB No. 2000-0015

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14	01	01	To: 14	03	31

Beta Platform Ellen
LOCATION: 33° 34' 56.5"LAT., 118° 07' 41.6"LONG.

NON-CONTACT COOLING WATER (009)
(combined with excess seawater)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
			Average	Units	Minimum	Monthly Average	Daily Maximum	Units			
NON-CONTACT COOLING WATER (009) COMBINED with EXCESS SEAWATER CHLORINE [1] January	Sample Measurement					N / A	N / A	mg/L			
	Permit Requirement					N / A	N / A			1/quarter [2]	Grab
February	Sample Measurement					N / A	N / A	mg/L			
	Permit Requirement					N / A	N / A			1/quarter [2]	Grab
March [2]	Sample Measurement					N / A	N / A	mg/L			
	Permit Requirement					0.00583	0.0104			1/quarter [2]	Grab
NON-CONTACT COOLING WATER (009) COMBINED with EXCESS SEAWATER CHEMICAL INVENTORY January - March					See Attachment #2 Chemical Inventory				0	1/month	List
					Report					1/month	List

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Steve Liles Vice President, Manager of Operations	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, 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 3 YEARS)	Marina Robertson, HSE Manager	(562) 628-1526	04 22 2014
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT	Area Code Number	MONTH/DAY/YEAR

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

[1] Chlorine values reported above are post-dilution per EPA Plumes UM. Chlorine limits are post-dilution as listed in the new permit modified March 1, 2014, Appendix C.

[2] Permit limits were released in the March 2014 permit modification.

N / A: The required quarterly chlorine sampling will be performed in April.

ED_006450_00004725-00031

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CAG280000	019
PERMIT NO.	DISCHARGE NO.

Approved Form
OMB No. 2000-0015

Beta Platform Ellen
LOCATION: 33° 34' 56.5"LAT., 118° 07' 41.6"LONG.

MONITORING PERIOD	
YR MO DAY	YR MO DAY
From: 14 01 01	To: 14 03 31

EXCESS CEMENT SLURRY (019)

NOTE: Read Instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
			Average	Units	Minimum	Average	Maximum	Units			
EXCESS CEMENT SLURRY (019) FLOW VOLUME [1]	Sample Measurement		**No Discharge**	Monthly Average bbl/day							
January - March	Permit Requirement		Report							1/month	Estimate
EXCESS CEMENT SLURRY ANNUAL CUMULATIVE VOLUME [2]	Sample Measurement		70	Barrels/ Year					0		
03/01/13 - 02/28/14	Permit [1] Requirement		1,200 *								
EXCESS CEMENT SLURRY ANNUAL CUMULATIVE VOLUME [2]	Sample Measurement		0	Barrels/ Year					0		
03/01/14 - 02/28/15	Permit [1] Requirement		1,200 *								
EXCESS CEMENT SLURRY SHEEN TEST/FREE OIL FOAM, FLOATING SOLIDS January	Sample Measurement		**No Discharge**	# Days Sheen Observed	**No Discharge**						
	Permit Requirement		None		No foam or floating solids No Oil					1/well 1/day	Visual Rec. Water
February	Sample Measurement		**No Discharge**	# Days Sheen Observed	**No Discharge**						
	Permit Requirement		None		No foam or floating solids No Oil					1/well 1/day	Visual Rec. Water
March	Sample Measurement		**No discharge**	# Days Sheen Observed	**No Discharge**						
	Permit Requirement		None		No foam or floating solids No Oil					1/well 1/day	Visual Rec. Water

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Steve Liles Vice President, Manager of Operations	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, 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)	M. Robertson Marina Robertson, HSE Manager	(562) 628-1526	04 22 2014
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT	Area Code Number	MONTH/DAY/YEAR

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

[1] The monthly average flow rates are based on the number of days of discharge (not on the number of days in each month).

[2] Annual cumulative volume limit is applied to the cumulative volumes for the periods of March 2013 through February 2014, and March 2014 through February 2015.

Due to the new permit, this DMR includes the first month of the new annual cumulative volume period. Therefore, annual cumulative volumes for two separate periods are recorded.

* The total annual cumulative volume limit is a combined limit of excess cement slurry volumes from both Platforms Ellen and Elly, as listed in the permit.

ED_006450_00004725-00032

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Approved Form
OMB No. 2000-0015

CAG280000	006,007,010,011,012,013,014
PERMIT NO.	DISCHARGE NO.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14	01	01	To: 14	03	31

Beta Platform Ellen
LOCATION: 33° 34' 56.5"LAT., 118° 07' 41.6"LONG.

Blowout Preventer Fluids
Desalination Unit
Ballast/Storage Displacement
Bilge Water
Boiler Blowdown
Test Fluids
Diatomaceous Earth Filter Media

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
(006) Blowout Preventer Fluids FREE OIL, FOAM, FLOATING SOLIDS January - March	Sample Measurement				**No Discharge**						
	Permit Requirement				No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Visual Rec. Water
(007) Desalination Unit FOAM, FLOATING SOLIDS January - March	Sample Measurement				**No Discharge**						
	Permit Requirement				No floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Visual Rec. Water
(010) Ballast/Storage Displacement Water - FLOW RATE FREE OIL, FOAM, FLOATING SOLIDS January - March	Sample Measurement			Monthly Average bbl/day	**No Discharge**						
	Permit Requirement	Report			No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Estimate / Visual Daylight
(011) Bilge Water FLOW RATE January - March	Sample Measurement			Monthly Average bbl/day	**No Discharge**						
	Permit Requirement	Report			No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Estimate
(012) Boiler Blowdown FOAM, FLOATING SOLIDS January - March	Sample Measurement				**No Discharge**						
	Permit Requirement				No floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Visual Rec. Water
(013) Test Fluids * FLOW RATE FREE OIL, FOAM, FLOATING SOLIDS January - March	Sample Measurement			Monthly Average bbl/day	**No Discharge**						
	Permit Requirement	Report			No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Estimate / Visual Daylight
(014) Diatomaceous Earth Filter Media FREE OIL, FOAM, FLOATING SOLIDS January - March	Sample Measurement				**No Discharge**						
	Permit Requirement				No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Visual Rec. Water

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Steve Liles Vice President, Manager of Operations	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, 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)	M. Robertson Marina Robertson, HSE Manager	(562) 628-1526	04 22 2014
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT	Area Code Number	MONTH/DAY/YEAR

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

* See Chemical Inventory, if discharged.

ED_006450_00004725-00033

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Approved Form
OMB No. 2000-0015

CAG280000	015, 016, 017, 018, 020, 021
PERMIT NO.	DISCHARGE NO.

MONITORING PERIOD	
YR MO DAY	YR MO DAY
From: 14 01 01	To: 14 03 31

Bulk Water Transfer Overflow
Uncontaminated Water
Water Flooding Discharges
Laboratory Wastes (commingled w/ production)
Muds, Cuttings, Cement at Sea
Hydrotest Water

Beta Platform Ellen
LOCATION: 33° 34' 56.5"LAT., 118° 07' 41.6"LONG.

NOTE: Read instructions before completing this form

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
			Average	Units	Minimum	Average	Maximum	Units			
(015) Bulk Transfer Water Overflow FOAM, FLOATING SOLIDS	Sample Measurement				No floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.				0	1/month 1/discharge	Visual Rec. Water
January - March	Permit Requirement				No floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Visual Rec. Water
(016) Uncontaminated Water[1] FOAM, FLOATING SOLIDS	Sample Measurement				**No Discharge**						
January - March	Permit Requirement				No floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Visual Rec. Water
(017) Water Flooding Discharges FREE OIL, FOAM, FLOATING SOLIDS*	Sample Measurement				**No Discharge**						
January - March	Permit Requirement				No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Visual Rec. Water
(018) Laboratory Wastes FREE OIL, FOAM, FLOATING SOLIDS (commingled w/ production)	Sample Measurement				No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.				0	1/month 1/discharge	Visual Rec. Water
January - March	Permit Requirement				No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Visual Rec. Water
(020) Muds, Cuttings, Cement at Sea FLOOR FREE OIL, FOAM, FLOATING SOLIDS	Sample Measurement				**No Discharge**						
January - March	Permit Requirement				No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Visual Rec. Water
(021) Hydrotest Water FLOW RATE / FREE OIL, FOAM FLOATING SOLIDS	Sample Measurement			Monthly Average bbl/day	**No Discharge**						
January - March	Permit Requirement	Report			No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Estimate / Visual Daylight
(021) HYDROTEST WATER * CHLORINE	Sample Measurement					No Discharge	No Discharge	ug/L			
January - March	Permit Requirement					N / A	N / A			1/month 1/discharge	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
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TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT	Area Code Number	MONTH/DAY/YEAR

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

[1] Uncontaminated water (excess seawater) is combined with non-contact cooling water (refer to non-contact cooling water discharge 009)

* See Chemical Inventory, if discharged.

ED_006450_00004725-00034

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CAG280000	022
PERMIT NO.	DISCHARGE NO.

Approved Form
OMB No. 2000-0015

Beta Platform Ellen
LOCATION: 33° 34' 56.5"LAT., 118° 07' 41.6"LONG.

MONITORING PERIOD	
YR MO DAY	YR MO DAY
From: 14 01 01	To: 14 03 31

H2S Gas Processing Waste Water
NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
(022) H2S Gas Processing Waste Water FLOW RATE	Sample Measurement			Monthly Average bbl/day							
January - March	Permit Requirement	Report								1/discharge	Estimate
(022) H2S Gas Processing Waste Water FREE OIL, FOAM, FLOATING SOLIDS	Sample Measurement				No Discharge						
January - March	Permit Requirement				No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/discharge	Visual - Daylight
Surfactants, Detergents, Dispersants	Sample Measurement				Minimized				0		
January - March	Permit Requirement				Minimize						

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Steve Liles Vice President, Manager of Operations	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, 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)	M. Robertson Marina Robertson, HSE Manager	(562) 628-1526	04 22 2014
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT	Area Code Number	MONTH/DAY/YEAR

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

ED_006450_00004725-00035

Attachment 2

Chemical Inventory

ATTACHMENT 2
PLATFORM ELLEN
MISCELLANEOUS DISCHARGES
CHEMICAL INVENTORY
January 1, 2014 through March 31, 2014

Fluid Type	Volume (Monthly avg bbls per day)	Product Name	Estimated Chemical Quantity (Monthly avg gal per day)	Average End-of-Pipe [1] Concentration (mg/l)
009 Non-contact Cooling Water (combined with excess seawater)				
January	36,000	Chlorine	0.91	0.6
February	36,000	Chlorine	0.60	0.4
March	36,000	Chlorine	1.06	0.7
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

ED_006450_00004725-00037

Platform Eureka

Attachment 1

EPA DMR
PERMIT NO. CAG280000

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

WELL DISCHARGE MONITORING REPORT (Well DMR)

CAG280000	001
PERMIT NO.	DISCHARGE NO.

Approved Form
OMB No. 2000-0015

Beta Platform Eureka
LOCATION: 33° 33' 49.61"LAT., 118° 06' 59.38"LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From:	14	01 01	To:	14	03 31

DRILLING FLUIDS AND DRILL CUTTINGS (001)

NOTE: Read Instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
DRILLING FLUIDS VOLUME Well # N / A	Sample Measurement		No Discharge	Barrels/ Well							
January	Permit Requirement		Report							1/well 1/day	Estimate
Well # N / A	Sample Measurement		No Discharge	Barrels/ Well							
February	Permit Requirement		Report							1/well 1/day	Estimate
Well # N / A	Sample Measurement		No Discharge	Barrels/ Well							
March	Permit Requirement		Report							1/well 1/day	Estimate
Quarterly Total	Sample Measurement		0	Barrels/ Quarter					0		
01/01/14 - 03/31/14	Permit Requirement		Report								
Annual Cumulative Volume Limit [1]	Sample Measurement		0	Barrels/ Year					0		
03/01/13 - 02/28/14 and 03/01/14 - 02/28/15	Permit Requirement		36,650								

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Steve Liles Vice President, Manager of Operations	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, 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)	M. Robertson Marina Robertson, HSE Manager	(562) 628-1526	04 22 2014
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT	Area Code Number	MONTH/DAY/YEAR

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

[1] Annual cumulative volume limit is applied to the cumulative volumes for the periods of March 2013 through February 2014, and March 2014 through February 2015. Due to the new permit, this DMR includes the first month of the new annual cumulative volume period. Therefore, annual cumulative volumes for two separate periods are recorded.

ED_006450_00004725-00039

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

WELL DISCHARGE MONITORING REPORT (Well DMR)

CAG280000	001
PERMIT NO.	DISCHARGE NO.

Approved Form
OMB No. 2000-0015

Beta Platform Eureka
LOCATION: 33° 33' 49.61"LAT., 118° 06' 59.38"LONG.

MONITORING PERIOD	
YR MO DAY	YR MO DAY
From: 14 01 01	To: 14 03 31

DRILLING FLUIDS AND DRILL CUTTINGS (001)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
DRILL CUTTINGS VOLUME Well # N / A	Sample Measurement		No Discharge	Barrels/ Month							
January	Permit Requirement		Report							1/well 1/day	Estimate Grab
Well # N / A	Sample Measurement		No Discharge	Barrels/ Month							
February	Permit Requirement		Report							1/well 1/day	Estimate Grab
Well # N / A	Sample Measurement		No Discharge	Barrels/ Month							
March	Permit Requirement		Report							1/well 1/day	Estimate Grab
Annual Cumulative Volume Limit [1]	Sample Measurement		0	Barrels/ Year					0		
03/01/13 - 02/28/14 and 03/01/14 - 02/28/15	Permit Requirement		13,350								
DRILL FLUIDS/CUTTINGS FREE OIL	Sample Measurement				No Discharge			# Days Sheen Observed			
January	Permit Requirement				Negative Static Sheen Test/Free Oil					1/well 1/day	Visual Visual
	Sample Measurement				No Discharge			# Days Sheen Observed			
February	Permit Requirement				Negative Static Sheen Test/Free Oil					1/well 1/day	Visual Visual
	Sample Measurement				No Discharge			# Days Sheen Observed			
March	Permit Requirement				Negative Static Sheen Test/Free Oil					1/well 1/day	Visual Visual

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Steve Liles Vice President, Manager of Operations	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, 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)	M. Robertson Marina Robertson, HSE Manager	(562) 628-1526	04 22 2014
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT	Area Code Number	MONTH/DAY/YEAR

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

[1] Annual cumulative volume limit is applied to the cumulative volumes for the periods of March 2013 through February 2014, and March 2014 through February 2015.
Due to the new permit, this DMR includes the first month of the new annual cumulative volume period. Therefore, annual cumulative volumes for two separate periods are recorded.

ED_006450_00004725-00040

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

WELL DISCHARGE MONITORING REPORT (Well DMR)

CAG280000	001
PERMIT NO.	DISCHARGE NO.

Approved Form
OMB No. 2000-0015

Beta Platform Eureka
LOCATION: 33° 33' 49.61"LAT., 118° 06' 59.38"LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14	01	01	To: 14	03	31

DRILLING FLUIDS AND DRILL CUTTINGS (001)

NOTE: Read Instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration		NO. EX.	Frequency Analysis	Sample Type
		Average	Maximum	Units	Maximum	Units			
DRILLING FLUIDS TOXICITY WELL No.	Sample Measurement				N / A	% by Volume			
	Permit Requirement				LC50 > 3% SPP			(0-80%) Well Footage	Grab
DRILLING FLUIDS TOXICITY WELL No.	Sample Measurement				N / A	% by Volume			
	Permit Requirement				LC50 > 3% SPP			(80-100%) Well Footage	Grab
BARITE MERCURY	Sample Measurement				N / A	mg / kg			
	Permit Requirement				1 mg / kg			Stock Barite	Grab
BARITE CADMIUM	Sample Measurement				N / A	mg / kg			
	Permit Requirement				3 mg / kg			Stock Barite	Grab
DRILL FLUIDS CHEMICAL INVENTORY WELL No.	Sample Measurement				N / A				
	Permit Requirement				Report			Each Mud System	
No. DAYS DISCHARGE FOR EACH DRILLING FLUID	Sample Measurement				N / A				
	Permit Requirement				Report			# Days Each	
PROHIBITED DISCHARGE 1. Oil-based Fluids					N / A			N/A	
2. Diesel Oil 3. Non-aqueous based drilling fluids or cuttings					No Discharge			N/A	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Steve Liles Vice President, Manager of Operations	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, 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)	M. Robertson Marina Robertson, HSE Manager	(562) 628-1526	04 22 2014
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT	Area Code Number	MONTH/DAY/YEAR

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

N / A: No discharge of drilling fluids

ED_006450_00004725-00041

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CAG280000	002
PERMIT NO.	DISCHARGE NO.

Approved Form
OMB No. 2000-0015

Beta Platform Eureka
LOCATION: 33° 33' 49.61"LAT., 118° 06' 59.38"LONG.

MONITORING PERIOD	
YR MO DAY	YR MO DAY
From: 14 01 01	To: 14 03 31

PRODUCED WATER (002)
(commingled at Platform Elly)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
PRODUCED WATER FLOW RATE (commingled at Platform Elly) January - March	Sample Measurement	No Discharge									
	Permit Requirement									1/day	Estimate
QUARTERLY AVERAGE Volume		No Discharge									
										1/quarter	Estimate
ANNUAL CUMULATIVE Volume [1,2] 03/01/13 - 02/28/14 and 03/01/14 - 02/28/15	Sample Measurement		0	Barrels/ Year							
	Permit [1] Requirement		10,950,000								
PRODUCED WATER OIL & GREASE	Sample Measurement					No Discharge	No Discharge	mg/L			
	Permit Requirement					29.0	42.0			1/week	Grab
Enforceable Limits:						N / A	N / A				
PRODUCED WATER QUARTERLY CONSTITUENTS						No Discharge	No Discharge				
										1/month for 1 year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Steve Liles Vice President, Manager of Operations	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, 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)	M. Robertson Marina Robertson, HSE Manager	(562) 628-1526	04 22 2014
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT	Area Code Number	MONTH/DAY/YEAR

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

[1] Permit volume limit applies to a combined produced water volume between platforms Eureka, Ellen, and Elly, as listed in the permit (refer to Plt. Elly DMR).

[2] Annual cumulative volume limit is applied to the cumulative volumes for the periods of March 2013 through February 2014, and March 2014 through February 2015. Due to the new permit, this DMR includes the first month of the new annual cumulative volume period. Therefore, annual cumulative volumes for two separate periods are recorded.

ED_006450_00004725-00042

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CAG280000	003
PERMIT NO.	DISCHARGE NO.

Approved Form
OMB No. 2000-0015

Beta Platform Eureka
LOCATION: 33° 33' 49.61"LAT., 118° 06' 59.38"LONG.

MONITORING PERIOD	
YR MO DAY	YR MO DAY
From: 14 01 01	To: 14 03 31

WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS (003)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS FLOW *	Sample Measurement		No Discharge	Barrels / Job							
January	Permit Requirement		Report							1 / job	Estimate
	Sample Measurement		No Discharge	Barrels / Job							
February	Permit Requirement		Report							1 / job	Estimate
	Sample Measurement		No Discharge	Barrels / Job							
March	Permit Requirement		Report							1 / job	Estimate
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS OIL AND GREASE											
						MONTHLY AVERAGE	DAILY MAXIMUM				
	Sample Measurement					No Discharge	No Discharge				
January	Permit Requirement					29.0	42.0	mg/L		1/job	Grab
	Sample Measurement					No Discharge	No Discharge				
February	Permit Requirement					29.0	42.0	mg/L		1/job	Grab
	Sample Measurement					No Discharge	No Discharge				
March	Permit Requirement					29.0	42.0	mg/L		1/job	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Steve Liles Vice President, Manager of Operations	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, 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)	M. Robertson Marina Robertson, HSE Manager	(562) 628-1526	04 22 2014
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT	Area Code Number	MONTH/DAY/YEAR

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

*If present, WTCWFs are commingled with produced water and injected back into the formation.

ED_006450_00004725-00043

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CAG280000	003
PERMIT NO.	DISCHARGE NO.

Approved Form
OMB No. 2000-0015

Beta Platform Eureka
LOCATION: 33° 33' 49.61"LAT., 118° 06' 59.38"LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14	01	01	To: 14	03	31

WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS (003)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS TYPE AND TOTAL NUMBER OF JOBS	Sample Measurement		0	Barrels / Job							
	Permit Requirement		Report								
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS STATIC SHEEN January	Sample Measurement				No Discharge			# Times Sheen Observed			
	Permit Requirement				Negative Static Sheen Test - # Times observed-None					1/discharge	Grab
February	Sample Measurement				No Discharge			# Times Sheen Observed			
	Permit Requirement				Negative Static Sheen Test - # Times observed-None					1/discharge	Grab
March	Sample Measurement				No Discharge			# Times Sheen Observed			
	Permit Requirement				Negative Static Sheen Test - # Times observed-None					1/discharge	Grab
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS Chemical Inventory March	Sample Measurement				N / A				0	1/month	List
	Permit Requirement				Report					1/month	List
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Steve Liles Vice President, Manager of Operations	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, 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)	M. Robertson Marina Robertson, HSE Manager	(562) 628-1526	04 22 2014
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT	Area Code Number	MONTH/DAY/YEAR

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

ED_006450_00004725-00044

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CAG280000	004
PERMIT NO	DISCHARGE NO.

Approved Form
OMB No. 2000-0015

Beta Platform Eureka
LOCATION: 33° 33' 49.61"LAT., 118° 06' 59.38"LONG.

MONITORING PERIOD	
YR MO DAY	YR MO DAY
From: 14 01 01	To: 14 03 31

DECK DRAINAGE (004)
(Commingled with rain and fire water to disposal well)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
			Average	Units	Minimum	Average	Maximum	Units			
DECK DRAINAGE VOLUME-FLOW RATE [1] (Commingled with fire water) January	Sample Measurement		**No Discharge**	Mo. Avg. bbl/day							
	Permit Requirement		Report							1/month	Estimate
February	Sample Measurement		**No Discharge**	Mo. Avg. bbl/day							
	Permit Requirement		Report							1/month	Estimate
March	Sample Measurement		**No Discharge**	Mo. Avg. bbl/day							
	Permit Requirement		Report							1/month	Estimate
DECK DRAINAGE FREE OIL January	Sample Measurement		**No Discharge**	# Days Sheen Observed	**No Discharge**						
	Permit Requirement		No Sheen		No free oil/visual sheen on the receiving water.					1/day	Visual - Daylight
February	Sample Measurement		**No Discharge**	# Days Sheen Observed	**No Discharge**						
	Permit Requirement		No Sheen		No free oil/visual sheen on the receiving water.					1/day	Visual - Daylight
March	Sample Measurement		**No Discharge**	# Days Sheen Observed	**No Discharge**						
	Permit Requirement		No Sheen		No free oil/visual sheen on the receiving water.					1/day	Visual - Daylight

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Steve Liles Vice President, Manager of Operations	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, 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)	M. Robertson Marina Robertson, HSE Manager	(562) 628-1526	04 22 2014
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT	Area Code Number	MONTH/DAY/YEAR

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

[1] Deck drains and related rain water are sent to a disposal well and are not discharged.

ED_006450_00004725-00045

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CAG280000	005
PERMIT NO.	DISCHARGE NO.

Approved Form
OMB No. 2000-0015

Beta Platform Eureka
LOCATION: 33° 33' 49.61"LAT., 118° 06' 59.38"LONG.

MONITORING PERIOD	
YR MO DAY	YR MO DAY
From: 14 01 01	To: 14 03 31

SANITARY & DOMESTIC WASTE (005)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
SANITARY WASTE FLOW RATE [1]	Sample Measurement	34.0		Monthly Average bbl/day					0	1/day	Estimate
January	Permit Requirement	Report								1/month	Estimate
	Sample Measurement	41.0		Monthly Average bbl/day					0	1/day	Estimate
February	Permit Requirement	Report								1/month	Estimate
	Sample Measurement	39.0		Monthly Average bbl/day					0	1/day	Estimate
March	Permit Requirement	Report								1/month	Estimate
SANITARY WASTE FOAM & FLOATING SOLIDS	Sample Measurement		0	# days observed	No foam or floating solids in the receiving waters.				0	1/day	Visual - Daylight
January	Permit Requirement		None		No foam or floating solids in the receiving waters.					1/day	Visual - Daylight
	Sample Measurement		0	# days observed	No foam or floating solids in the receiving waters.				0	1/day	Visual - Daylight
February	Permit Requirement		None		No foam or floating solids in the receiving waters.					1/day	Visual - Daylight
	Sample Measurement		0	# days observed	No foam or floating solids in the receiving waters.				0	1/day	Visual - Daylight
March	Permit Requirement		None		No foam or floating solids in the receiving waters.					1/day	Visual - Daylight

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Steve Liles Vice President, Manager of Operations	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, 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 5 MONTHS AND 5 YEARS)	M. Robertson Marina Robertson, HSE Manager	(562) 628-1526	04 22 2014
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT	Area Code Number	MONTH/DAY/YEAR

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

[1] Sanitary includes restroom sinks, showers and toilets.

ED_006450_00004725-00046

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CAG280000	005
PERMIT NO.	DISCHARGE NO.

Approved Form
OMB No. 2000-0015

Beta Platform Eureka
LOCATION: 33° 33' 49.61"LAT., 118° 06' 59.38"LONG.

MONITORING PERIOD	
YR MO DA	YR MO DAY
From: 14 01 01	To: 14 03 31

SANITARY & DOMESTIC WASTE (005)
(Domestic laundry separate from sanitary)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
SANITARY WASTE RESIDUAL CHLORINE [1,2] January	Sample Measurement				N / A	N / A	N / A	mg/l	0		
	Permit Requirement				1 mg/l	N / A	10 mg/l			Monthly	Grab
February	Sample Measurement				N / A	N / A	N / A	mg/l	0		
	Permit Requirement				1 mg/l	N / A	10 mg/l			Monthly	Grab
March	Sample Measurement				N / A	N / A	N / A	mg/l	0		
	Permit Requirement				1 mg/l	N / A	10 mg/l			Monthly	Grab
DOMESTIC WASTE (as laundry) **FLOW RATE** [3] January	Sample Measurement	**No Discharge**		Monthly Average bbl/day							
	Permit Requirement	Report								1/month	Estimate
February	Sample Measurement	**No Discharge**		Monthly Average bbl/day							
	Permit Requirement	Report								1/month	Estimate
March	Sample Measurement	**No Discharge**		Monthly Average bbl/day							
	Permit Requirement	Report								1/month	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Steve Liles Vice President, Manager of Operations	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, 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)	M. Robertson Marina Robertson, HSE Manager	(562) 628-1526	04 22 2014
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT	Area Code Number	MONTH/DAY/YEAR

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

[1] 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 discharges (as per Condition II.E.1 Footnote 2 of CAG280000). Occasional chlorine tests are performed to ensure proper operation of the device.

[2] Domestic laundry wastewater is separate and sent to a disposal well. Domestic water from showers and sinks is commingled with sanitary.

ED_006450_00004725-00047

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CAG280000	005
PERMIT NO.	DISCHARGE NO.

Approved Form
OMB No. 2000-0015

Beta Platform Eureka
LOCATION: 33° 33' 49.61"LAT., 118° 06' 59.38"LONG.

MONITORING PERIOD	
YR MO DAY	YR MO DAY
From: 14 01 01	To: 14 03 31

SANITARY & DOMESTIC WASTE (005)
(Domestic laundry separate from sanitary)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
DOMESTIC WASTE (as laundry) **FOAM / FLOATING SOLIDS** [1]	Sample Measurement		**No Discharge**	# of Days Observed	**No Discharge**						
January	Permit Requirement		None		No foam or floating solids in the receiving waters					1/day	Visual - Daylight
	Sample Measurement		**No Discharge**	# of Days Observed	**No Discharge**						
February	Permit Requirement		None		No foam or floating solids in the receiving waters.					1/day	Visual - Daylight
	Sample Measurement		**No Discharge**	# of Days Observed	**No Discharge**						
March	Permit Requirement		None		No foam or floating solids in the receiving waters.					1/day	Visual - Daylight

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Steve Liles Vice President, Manager of Operations	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, 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)	M. Robertson Marina Robertson, HSE Manager	(562) 628-1526	04 22 2014
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT	Area Code Number	MONTH/DAY/YEAR

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

[1] Domestic waste (as laundry) is sent to a disposal well and not discharged. Domestic waste from sinks and showers is reported under Sanitary discharges.

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CAG280000	008
PERMIT NO.	DISCHARGE NO.

Approved Form
OMB No. 2000-0015

Beta Platform Eureka
LOCATION: 33° 33' 49.61"LAT., 118° 06' 59.38"LONG.

MONITORING PERIOD	
YR MO DAY	YR MO DAY
From: 14 01 01	To: 14 03 31

FIRE CONTROL WATER (008)
(deluge commingled with deck drains)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
			Average	Units	Minimum	Average	Maximum	Units			
FIRE CONTROL SYSTEM TEST WATER (008) - FOAM, FLOATING SOLIDS [1] (deluge commingled with deck drains) January	Sample Measurement		**No Discharge**	# Days Observed	**No Discharge**						
	Permit Requirement		None		No floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/day	Visual - Daylight
February	Sample Measurement		**No Discharge**	# Days Observed	**No Discharge**						Visual -
	Permit Requirement		None		No floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/day	Visual - Daylight
March	Sample Measurement		**No Discharge**	# Days Observed	**No Discharge**						
	Permit Requirement		None		No floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/day	Visual - Daylight
						Monthly Average	**Daily Maximum**				
FIRE CONTROL SYSTEM TEST WATER (008) CHLORINE [2] January - March	Sample Measurement					N / A	N / A	mg/L			
	Permit Requirement					N / A	N / A			1/month	Grab
	Sample Measurement										
	Permit Requirement										
FIRE CONTROL SYSTEM TEST WATER **Chemical Inventory** [2] January - March	Sample Measurement				N / A					1/month	List
	Permit Requirement				Report					1/month	List

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Steve Liles Vice President, Manager of Operations	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, 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)	M. Robertson Marina Robertson, HSE Manager	(562) 628-1526	04 22 2014
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT	Area Code Number	MONTH/DAY/YEAR

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

[1] Fire water is commingled with deck drains and sent to a disposal well and is not discharged.

[2] Fire water is not chlorinated or chemically treated.

ED_006450_00004725-00049

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CAG280000	009
PERMIT NO.	DISCHARGE NO.

Approved Form
OMB No. 2000-0015

Beta Platform Eureka
LOCATION: 33° 33' 49.61"LAT., 118° 06' 59.38"LONG.

MONITORING PERIOD	
YR MO DAY	YR MO DAY
From: 14 01 01	To: 14 03 31

NON-CONTACT COOLING WATER (009)
(combined with excess seawater)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
			Average	Units	Minimum	Average	Maximum	Units			
NON-CONTACT COOLING WATER (009) COMBINED with EXCESS SEAWATER FLOW VOLUME January	Sample Measurement		68,571	Barrels/ Day					0	1/month	Estimate
	Permit Requirement		Report							1/month	Estimate
February	Sample Measurement		68,571	Barrels/ Day					0	1/month	Estimate
	Permit Requirement		Report							1/month	Estimate
March	Sample Measurement		68,571	Barrels/ Day					0	1/month	Estimate
	Permit Requirement		Report							1/month	Estimate
NON-CONTACT COOLING WATER (009) COMBINED with EXCESS SEAWATER FOAM/FLOATING SOLIDS January	Sample Measurement		0	# Days Observed	No floating solids in the receiving water. No foam in the receiving water.				0	1/day	Visual - Daylight
	Permit Requirement		None		No floating solids in the receiving water. No foam in the receiving water.					1/day	Visual - Daylight
February	Sample Measurement		0	# Days Observed	No floating solids in the receiving water. No foam in the receiving water.				0	1/day	Visual - Daylight
	Permit Requirement		None		No floating solids in the receiving water. No foam in the receiving water.					1/day	Visual - Daylight
March	Sample Measurement		0	# Days Observed	No floating solids in the receiving water. No foam in the receiving water.				0	1/day	Visual - Daylight
	Permit Requirement		None		No floating solids in the receiving water. No foam in the receiving water.					1/day	Visual - Daylight

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Steve Liles Vice President, Manager of Operations	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, 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)	Marina Robertson, HSE Manager	(562) 628-1526	04 22 2014
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT	Area Code Number	MONTH/DAY/YEAR

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

ED_006450_00004725-00050

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CAG280000	009
PERMIT NO.	DISCHARGE NO.

Approved Form
OMB No. 2000-0015

Beta Platform Eureka
LOCATION: 33° 33' 49.61"LAT., 118° 06' 59.38"LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14	01	01	To: 14	03	31

NON-CONTACT COOLING WATER (009)
(combined with excess seawater)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
			Average	Units	Minimum	Monthly Average	Daily Maximum	Units			
NON-CONTACT COOLING WATER (009) COMBINED with EXCESS SEAWATER CHLORINE [1] January	Sample Measurement					N / A	N / A	mg/L			
	Permit Requirement					N / A	N / A			1/quarter	Grab
February	Sample Measurement					N / A	N / A	mg/L			
	Permit Requirement					N / A	N / A			1/quarter	Grab
March [2]	Sample Measurement					N / A	N / A	mg/L			
	Permit Requirement					0.00585	0.0102			1/quarter	Grab
NON-CONTACT COOLING WATER (009) COMBINED with EXCESS SEAWATER CHEMICAL INVENTORY January - March	Sample Measurement				See Attachment #2 Chemical Inventory				0	1/quarter	List
	Permit Requirement				Report					1/quarter	List

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Steve Liles Vice President, Manager of Operations	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, 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)	M. Robertson Marina Robertson, HSE Manager	(562) 628-1526	04 22 2014
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT	Area Code Number	MONTH/DAY/YEAR

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

[1] Chlorine values reported above are post-dilution per EPA Plumes UM. Chlorine limits are post-dilution as listed in the new permit modified March 1, 2014, Appendix C.

[2] Permit limits were released in the March 2014 permit modification.

N / A: The required quarterly chlorine sampling will be performed in April.

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CAG280000	019
PERMIT NO.	DISCHARGE NO.

Approved Form
OMB No. 2000-0015

Beta Platform Eureka
LOCATION: 33° 33' 49.61"LAT., 118° 06' 59.38"LONG.

MONITORING PERIOD	
YR MO DAY	YR MO DAY
From: 14 01 01	To: 14 03 31

EXCESS CEMENT SLURRY (019)

NOTE: Read Instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
			Average	Units	Minimum	Average	Maximum	Units			
EXCESS CEMENT SLURRY (019) FLOW VOLUME	Sample Measurement		**No Discharge**	Monthly Average bbl/day							
January	Permit Requirement		Report							1/month	Estimate
	Sample Measurement		**No Discharge**	Monthly Average bbl/day							
February	Permit Requirement		Report							1/month	Estimate
	Sample Measurement		**No Discharge**	Monthly Average bbl/day							
March	Permit Requirement		Report							1/month	Estimate
EXCESS CEMENT SLURRY ANNUAL CUMULATIVE VOLUME [1]	Sample Measurement		0	Barrels/ Year					0		
03/01/13 - 02/28/14 and 03/01/14 - 02/28/15	Permit [1] Requirement		1,200							1/year	Estimate
EXCESS CEMENT SLURRY SHEEN TEST/FREE OIL FOAM, FLOATING SOLIDS	Sample Measurement		**No Discharge**	# Days Sheen Observed	**No Discharge**						
January	Permit Requirement		None		No foam or floating solids No Oil					1/well 1/day	Visual Rec. Water
	Sample Measurement		**No Discharge**	# Days Sheen Observed	**No Discharge**						
February	Permit Requirement		None		No foam or floating solids No Oil					1/well 1/day	Visual Rec. Water
	Sample Measurement		**No Discharge**	# Days Sheen Observed	**No Discharge**						
March	Permit Requirement		None		No foam or floatng solids No Oil					1/well 1/day	Visual Rec. Water

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Steve Liles Vice President, Manager of Operations	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, 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)	M. Robertson Marina Robertson, HSE Manager	(562) 628-1526	04 22 2014
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT	Area Code Number	MONTH/DAY/YEAR

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

[1] Annual cumulative volume limit is applied to the cumulative volumes for the periods of March 2013 through February 2014, and March 2014 through February 2015.
Due to the new permit, this DMR includes the first month of the new annual cumulative volume period. Therefore, annual cumulative volumes for two separate periods are recorded.

ED_006450_00004725-00052

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Approved Form
OMB No. 2000-0015

CAG280000	006,007,010,011,012,013,014
PERMIT NO.	DISCHARGE NO.

MONITORING PERIOD	
YR MO DAY	YR MO DAY
From: 14 01 01	To: 14 03 31

Beta Platform Eureka
LOCATION: 33° 33' 49.61"LAT., 118° 06' 59.38"LONG.

Blowout Preventer Fluids
Desalination Unit
Ballast/Storage Displacement
Bilge Water
Boiler Blowdown
Test Fluids
Diatomaceous Earth Filter Media

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
(006) Blowout Preventer Fluids	Sample Measurement				**No Discharge**						
FREE OIL, FOAM, FLOATING SOLIDS January - March	Permit Requirement				No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Visual Rec. Water
(007) Desalination Unit	Sample Measurement				**No Discharge**						
FOAM, FLOATING SOLIDS January - March	Permit Requirement				No floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Visual Rec. Water
(010) Ballast/Storage Displacement	Sample Measurement			Monthly	**No Discharge**						
Water - FLOW RATE FREE OIL, FOAM, FLOATING SOLIDS January - March	Permit Requirement	Report		Average bbl/day	No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Estimate / Visual Daylight
(011) Bilge Water	Sample Measurement			Monthly	**No Discharge**						
FLOW RATE January - March	Permit Requirement	Report		Average bbl/day	No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Estimate
(012) Boiler Blowdown	Sample Measurement				**No Discharge**						
FOAM, FLOATING SOLIDS January - March	Permit Requirement				No floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Visual Rec. Water
(013) Test Fluids *	Sample Measurement			Monthly	**No Discharge**						
FLOW RATE FREE OIL, FOAM, FLOATING SOLIDS January - March	Permit Requirement	Report		Average bbl/day	No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Estimate / Visual Daylight
(014) Diatomaceous Earth Filter Media	Sample Measurement				**No Discharge**						
FREE OIL, FOAM, FLOATING SOLIDS January - March	Permit Requirement				No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Visual Rec. Water

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Steve Liles Vice President, Manager of Operations	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, 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 3 YEARS)	M. Robertson Marina Robertson, HSE Manager	(562) 628-1526	04 22 2014
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT	Area Code Number	MONTH/DAY/YEAR

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

*See Chemical Inventory, if discharged.

ED_006450_00004725-00053

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Approved Form
OMB No. 2000-0015

CAG280000	015, 016, 017, 018, 020, 021
PERMIT NO.	DISCHARGE NO.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14	01	01	To: 14	03	31

Bulk Water Transfer Overflow
Uncontaminated Water
Water Flooding Discharges
Laboratory Wastes (commingled with deck drains)
Muds, Cuttings, Cement at Sea
Hydrotest Water
NOTE: Read instructions before completing this form.

Beta Platform Eureka
LOCATION: 33° 33' 49.61"LAT., 118° 06' 59.38"LONG.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
			Average	Units	Minimum	Average	Maximum	Units			
(015) Bulk Transfer Water Overflow FOAM, FLOATING SOLIDS	Sample Measurement				No floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.				0	1/month 1/discharge	Visual Rec. Water
January - March	Permit Requirement				No floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Visual Rec. Water
(016) Uncontaminated Water [1] FOAM, FLOATING SOLIDS	Sample Measurement				No floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.				0	1/month 1/discharge	Visual Rec. Water
January - March	Permit Requirement				No floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Visual Rec. Water
(017) Water Flooding Discharges FREE OIL, FOAM, FLOATING SOLIDS*	Sample Measurement				**No Discharge**						
January - March	Permit Requirement				No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Visual Rec. Water
(018) Laboratory Wastes FREE OIL, FOAM, FLOATING SOLIDS	Sample Measurement				**No Discharge**						
(commingled with deck drains) January - March	Permit Requirement				No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Visual Rec. Water
(020) Muds, Cuttings, Cement at Sea FLOOR **FREE OIL, FOAM, FLOATING SOLIDS**	Sample Measurement				**No Discharge**						
January - March	Permit Requirement				No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Visual Rec. Water
(021) Hydrotest Water * FLOW RATE / FREE OIL, FOAM FLOATING SOLIDS	Sample Measurement			Monthly Average bbl/day	**No Discharge**						
January - March	Permit Requirement	Report			No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Estimate / Visual Daylight
(021) HYDROTEST WATER CHLORINE	Sample Measurement					No Discharge	No Discharge	ug/L			
January - March	Permit Requirement					N / A	N / A			1/month 1/discharge	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Steve Liles Vice President, Manager of Operations	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, 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)	M. Robertson Marina Robertson, HSE Manager	(562) 628-1526	04 22 2014
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT	Area Code Number	MONTH/DAY/YEAR

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

[1] Uncontaminated water is combined with non-contact cooling water (refer to non-contact cooling water discharge 009)
*See Chemical Inventory, if discharged.

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CAG280000	022
PERMIT NO.	DISCHARGE NO.

Approved Form
OMB No. 2000-0015

Beta Platform Eureka
LOCATION: 33° 33' 49.61"LAT., 118° 06' 59.38"LONG.

MONITORING PERIOD	
YR MO DAY	YR MO DAY
From: 14 01 01	To: 14 03 31

H2S Gas Processing Waste Water
NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
(022) H2S Gas Processing Waste Water FLOW RATE	Sample Measurement			Monthly Average bbl/day							
January - March	Permit Requirement	Report								1/discharge	Estimate
(022) H2S Gas Processing Waste Water FREE OIL, FOAM, FLOATING SOLIDS	Sample Measurement				No Discharge						
January - March	Permit Requirement				No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/discharge	Visual - Daylight
Surfactants, Detergents, Dispersants	Sample Measurement				Minimized				0		
	Permit Requirement				Minimize						

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Steve Liles Vice President, Manager of Operations	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, 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)	M. Robertson Marina Robertson, HSE Manager	(562) 628-1526	04 22 2014
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT	Area Code Number	MONTH/DAY/YEAR

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

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Attachment 2

Chemical Inventory

ATTACHMENT 2
PLATFORM EUREKA
MISCELLANEOUS DISCHARGES
CHEMICAL INVENTORY
January 1, 2014 through March 31, 2014

Fluid Type	Volume (Monthly avg bbls per day)	Product Name		Estimated Chemical Quantity (Monthly avg gal per day)		Average End-of-Pipe [1] Concentration (mg/l)
009 Non-contact Cooling Water (combined with excess seawater)						
January	68,571	Chlorine		0.86		0.3
February	68,571	Chlorine		0.58		0.2
March	68,571	Chlorine	<	0.14	<	0.05
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.

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