NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001148	001A-A

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

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

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil based fluids, non-aqueous based drilling fluids and cuttings	SAMPLE MEASUREMENT		******		******	******	******	******			
51707 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. VALUE	******	Y=1;N=0	******	******	******	******		End Of Well	GRAB
Cadmium [Cd], in barite, dry weight	SAMPLE MEASUREMENT	******	******	******	******	******					
78244 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	3 DAILY MX	mg/kg		Once per Batch	GRAB
Mercury [Hg], in barite, dry weight	SAMPLE MEASUREMENT	******	******	******	******	******					
78245 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	1 DAILY MX	mg/kg		Once per Batch	GRAB
Drilling fluids, free oil	SAMPLE MEASUREMENT	******	******	******	******	******					
82589 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily when Discharging	GRAB
Drilling fluids, volume	SAMPLE MEASUREMENT	******			******	******	******	******			
82594 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	bbl	******	******	******	******		Daily	ESTIMA
Drilling fluids, volume	SAMPLE MEASUREMENT	******			******	******	******	******			
82594 EG 0 Effluent Gross	PERMIT REQUIREMENT	******	49950 YTD TOT	bbl	******	******	******	******		Annual	CALCTD
Drill cuttings, free oil	SAMPLE MEASUREMENT	******			******	******					
82595 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	occur/mo	******	******	Req. Mon. MO TOTAL	d		Daily	GRAB

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

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

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LONG BEACH, CA 90802
FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001148	001A-A

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

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

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Drilling cuttings, volume	SAMPLE MEASUREMENT	******			******	******	******	******			
82596 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	bbl	******	******	******	******		Daily	ESTIMA
Drilling cuttings, volume	SAMPLE MEASUREMENT	******			******	******	******	******			
82596 EG 0 Effluent Gross	PERMIT REQUIREMENT	******	18150 YTD TOT	bbl	******	******	******	******		Annual	CALCTD
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	******	******	******		******	******				
TAB3E 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	3 MINIMUM	******	******	%		Contingent	GRAB
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	******	******	******		******	******				
TAB3E EG 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	3 MINIMUM	******	******	%		Contingent	GRAB
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	******	******	******		******	******				
TAB3E O 0 See Comments	PERMIT REQUIREMENT	******	******	******	3 MINIMUM	******	******	%		Contingent	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

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

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001148	002A-A

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

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

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	******	******	******	******						
00552 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	29 MO AVG	42 DAILY MX	mg/L		Weekly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	******	******	******	******						
01094 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	.024 MO AVG	.064 DAILY MX	mg/L		Quarterly	GRAB
Produced water, flow	SAMPLE MEASUREMENT		******		******	******	******	******			
82600 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Daily	ESTIMA
Produced water, flow	SAMPLE MEASUREMENT	******			******	******	******	******			
82600 O 0 See Comments	PERMIT REQUIREMENT	******	10950000 YTD TOT	bbl/yr	******	******	******	******		Annual	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

1. Produced Water from Ellen and Ereka, Deck Drainage, Domestic Waste, Lab Waste, and Fire Control Water are commingled with PW at Elly.
2. Produced water annual cumulative flow from March 1st thru Feb 28th each year
3. Values listed in the DMR for zinc are post dilution

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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LONG BEACH, CA 90802
FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001148	003A-A

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

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

No Discharge ☐

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

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TYPED OR PRINTED					

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

1. Type and # of Job: Completion, workover, treatment or combination.
2. Free Oil Static Sheen Test.
3. Chemical Inventory, Refer to Attachment 'X'

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

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

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001148	004A-A

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

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

No Discharge ☐

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

1. Free Oil Sheen - # days observed (see attach report).
2. Deck Drainage is commingled with Produced Water

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001148	005A-A

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

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

No Discharge ☐

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

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TYPED OR PRINTED					

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

1. Chlorine not required if properly operating a USCG approval marine sanitation device.
2. Sanitary Waste is commingled and discharged with Sanitary Waste at platform Ellen . Domestic Waste is commingled with platform Elly's Produced Water at platform Elly, and platform Ellen's Sanitary Waste at platform Ellen

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001148	006A-A

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

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

No Discharge ☐

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000
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FACILITY: PLATFORM ELLY
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PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001148	007A-A

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

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

No Discharge ☐

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001148	008A-A

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

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

No Discharge ☐

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

1. Chemical Inventory, refer to Attachment X
2. Fire Control System Water is commingled with Produced Water

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001148	009A-A

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

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Non-Contact Cooling Water
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******						
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.00585 MO AVG	.0102 DAILY MX	mg/L		Quarterly	GRAB
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	******	******	******	******	******					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA

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

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

1. Upon initiation of chlorination, collect monthly samples for 12 months & submit RP analysis.
2. Chemical Inventory, refer to Attachment X

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001148	010A-A

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

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

No Discharge ☐

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

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001148	011A-A

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

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

No Discharge ☐

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001148	012A-A

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

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

No Discharge ☐

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

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001148	013A-A

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

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

No Discharge ☐

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

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

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

1. Chemical Inventory, refer to Attachment X.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001148	014A-A

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

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

No Discharge ☐

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

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001148	015A-A

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

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Bulk Transfer Material Overflow
External Outfall

No Discharge ☐

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

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001148	016A-A

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

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

No Discharge ☐

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001148	017A-A

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

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

No Discharge ☐

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

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

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

1. Chemical Inventory, refer to Attachment X.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001148	018A-A

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

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

No Discharge ☐

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

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

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

1. Laboratory Waste comingle with Produced Water

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001148	019A-A

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

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

No Discharge ☐

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001148	020A-A

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

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

No Discharge ☐

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

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001148	021A-A

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

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

No Discharge ☐

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

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

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001148	022A-A

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

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

No Discharge ☐

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

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001148	001A-A

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

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

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil based fluids, non-aqueous based drilling fluids and cuttings	SAMPLE MEASUREMENT		******		******	******	******	******			
51707 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. VALUE	******	Y=1;N=0	******	******	******	******		End Of Well	GRAB
Cadmium [Cd], in barite, dry weight	SAMPLE MEASUREMENT	******	******	******	******	******					
78244 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	3 DAILY MX	mg/kg		Once per Batch	GRAB
Mercury [Hg], in barite, dry weight	SAMPLE MEASUREMENT	******	******	******	******	******					
78245 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	1 DAILY MX	mg/kg		Once per Batch	GRAB
Drilling fluids, free oil	SAMPLE MEASUREMENT	******	******	******	******	******					
82589 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily when Discharging	GRAB
Drilling fluids, volume	SAMPLE MEASUREMENT	******			******	******	******	******			
82594 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	bbl	******	******	******	******		Daily	ESTIMA
Drilling fluids, volume	SAMPLE MEASUREMENT	******			******	******	******	******			
82594 EG 0 Effluent Gross	PERMIT REQUIREMENT	******	49950 YTD TOT	bbl	******	******	******	******		Annual	CALCTD
Drill cuttings, free oil	SAMPLE MEASUREMENT	******			******	******					
82595 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	occur/mo	******	******	Req. Mon. MO TOTAL	d		Daily	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001148	001A-A

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

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

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Drilling cuttings, volume	SAMPLE MEASUREMENT	******			******	******	******	******			
82596 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	bbl	******	******	******	******		Daily	ESTIMA
Drilling cuttings, volume	SAMPLE MEASUREMENT	******			******	******	******	******			
82596 EG 0 Effluent Gross	PERMIT REQUIREMENT	******	18150 YTD TOT	bbl	******	******	******	******		Annual	CALCTD
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	******	******	******		******	******				
TAB3E 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	3 MINIMUM	******	******	%		Contingent	GRAB
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	******	******	******		******	******				
TAB3E EG 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	3 MINIMUM	******	******	%		Contingent	GRAB
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	******	******	******		******	******				
TAB3E O 0 See Comments	PERMIT REQUIREMENT	******	******	******	3 MINIMUM	******	******	%		Contingent	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001148	002A-A

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

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

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	******	******	******	******						
00552 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	29 MO AVG	42 DAILY MX	mg/L		Weekly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	******	******	******	******						
01094 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	.024 MO AVG	.064 DAILY MX	mg/L		Quarterly	GRAB
Produced water, flow	SAMPLE MEASUREMENT		******		******	******	******	******			
82600 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Daily	ESTIMA
Produced water, flow	SAMPLE MEASUREMENT	******			******	******	******	******			
82600 O 0 See Comments	PERMIT REQUIREMENT	******	10950000 YTD TOT	bbl/yr	******	******	******	******		Annual	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

1. Produced Water from Ellen and Ereka, Deck Drainage, Domestic Waste, Lab Waste, and Fire Control Water are commingled with PW at Elly.
2. Produced water annual cumulative flow from March 1st thru Feb 28th each year
3. Values listed in the DMR for zinc are post dilution

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001148	003A-A

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

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

No Discharge ☐

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

1. Type and # of Job: Completion, workover, treatment or combination.
2. Free Oil Static Sheen Test.
3. Chemical Inventory, Refer to Attachment 'X'

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001148	004A-A

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

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

No Discharge ☐

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

1. Free Oil Sheen - # days observed (see attach report).
2. Deck Drainage is commingled with Produced Water

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001148	005A-A

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

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

No Discharge ☐

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

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

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

1. Chlorine not required if properly operating a USCG approval marine sanitation device.
2. Sanitary Waste is commingled and discharged with Sanitary Waste at platform Ellen . Domestic Waste is commingled with platform Elly's Produced Water at platform Elly, and platform Ellen's Sanitary Waste at platform Ellen

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001148	006A-A

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

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

No Discharge ☐

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001148	007A-A

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

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

No Discharge ☐

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001148	008A-A

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

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

No Discharge ☐

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

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

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

1. Chemical Inventory, refer to Attachment X
2. Fire Control System Water is commingled with Produced Water

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001148	009A-A

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

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Non-Contact Cooling Water
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******						
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.00585 MO AVG	.0102 DAILY MX	mg/L		Quarterly	GRAB
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	******	******	******	******	******					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA

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

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

1. Upon initiation of chlorination, collect monthly samples for 12 months & submit RP analysis.
2. Chemical Inventory, refer to Attachment X

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001148	010A-A

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

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

No Discharge ☐

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

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001148	011A-A

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

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

No Discharge ☐

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

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001148	012A-A

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

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

No Discharge ☐

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

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001148	013A-A

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

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

No Discharge ☐

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

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

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

1. Chemical Inventory, refer to Attachment X.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001148	014A-A

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

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

No Discharge ☐

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001148	015A-A

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

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Bulk Transfer Material Overflow
External Outfall

No Discharge ☐

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

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001148	016A-A

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

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

No Discharge ☐

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

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001148	017A-A

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

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

No Discharge ☐

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

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

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

1. Chemical Inventory, refer to Attachment X.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001148	018A-A

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

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

No Discharge ☐

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

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

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

1. Laboratory Waste comingle with Produced Water

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001148	019A-A

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

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

No Discharge ☐

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

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

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001148	020A-A

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

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

No Discharge ☐

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

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001148	021A-A

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

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

No Discharge ☐

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001148	022A-A

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

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

No Discharge ☐

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001148	001A-A

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

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

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil based fluids, non-aqueous based drilling fluids and cuttings	SAMPLE MEASUREMENT		******		******	******	******	******			
51707 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. VALUE	******	Y=1;N=0	******	******	******	******		End Of Well	GRAB
Cadmium [Cd], in barite, dry weight	SAMPLE MEASUREMENT	******	******	******	******	******					
78244 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	3 DAILY MX	mg/kg		Once per Batch	GRAB
Mercury [Hg], in barite, dry weight	SAMPLE MEASUREMENT	******	******	******	******	******					
78245 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	1 DAILY MX	mg/kg		Once per Batch	GRAB
Drilling fluids, free oil	SAMPLE MEASUREMENT	******	******	******	******	******					
82589 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily when Discharging	GRAB
Drilling fluids, volume	SAMPLE MEASUREMENT	******			******	******	******	******			
82594 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	bbl	******	******	******	******		Daily	ESTIMA
Drilling fluids, volume	SAMPLE MEASUREMENT	******			******	******	******	******			
82594 EG 0 Effluent Gross	PERMIT REQUIREMENT	******	49950 YTD TOT	bbl	******	******	******	******		Annual	CALCTD
Drill cuttings, free oil	SAMPLE MEASUREMENT	******			******	******					
82595 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	occur/mo	******	******	Req. Mon. MO TOTAL	d		Daily	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001148	001A-A

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

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

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Drilling cuttings, volume	SAMPLE MEASUREMENT	******			******	******	******	******			
82596 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	bbl	******	******	******	******		Daily	ESTIMA
Drilling cuttings, volume	SAMPLE MEASUREMENT	******			******	******	******	******			
82596 EG 0 Effluent Gross	PERMIT REQUIREMENT	******	18150 YTD TOT	bbl	******	******	******	******		Annual	CALCTD
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	******	******	******		******	******				
TAB3E 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	3 MINIMUM	******	******	%		Contingent	GRAB
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	******	******	******		******	******				
TAB3E EG 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	3 MINIMUM	******	******	%		Contingent	GRAB
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	******	******	******		******	******				
TAB3E O 0 See Comments	PERMIT REQUIREMENT	******	******	******	3 MINIMUM	******	******	%		Contingent	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001148	002A-A

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

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

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	******	******	******	******						
00552 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	29 MO AVG	42 DAILY MX	mg/L		Weekly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	******	******	******	******						
01094 2 0 Effluent Net	PERMIT REQUIREMENT	******	******	******	******	.024 MO AVG	.064 DAILY MX	mg/L		Quarterly	GRAB
Produced water, flow	SAMPLE MEASUREMENT		******		******	******	******	******			
82600 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Daily	ESTIMA
Produced water, flow	SAMPLE MEASUREMENT	******			******	******	******	******			
82600 O 0 See Comments	PERMIT REQUIREMENT	******	10950000 YTD TOT	bbl/yr	******	******	******	******		Annual	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

1. Produced Water from Ellen and Ereka, Deck Drainage, Domestic Waste, Lab Waste, and Fire Control Water are commingled with PW at Elly.
2. Produced water annual cumulative flow from March 1st thru Feb 28th each year
3. Values listed in the DMR for zinc are post dilution

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001148	002A-Q

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	12/31/2014

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

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Pass/Fail Static 48Hr Chronic Macrocystis pyrifera	SAMPLE MEASUREMENT	******	******	******	******	******					
TGK1D 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Opt. Mon. VALUE	pass=0/fail =1		When Discharging	COMP24
Pass/Fail Static 48Hr Chronic Haliotis rufescens	SAMPLE MEASUREMENT	******	******	******	******	******					
TGK3R 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Opt. Mon. VALUE	pass=0/fail =1		When Discharging	COMP24
Pass/Fail Static Renewal 7 Day Chronic Atherinops affinis	SAMPLE MEASUREMENT	******	******	******	******	******					
TGP6L 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Opt. Mon. VALUE	pass=0/fail =1		When Discharging	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

Toxicity collected only when discharging

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001148	003A-A

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

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

No Discharge ☐

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

1. Type and # of Job: Completion, workover, treatment or combination.
2. Free Oil Static Sheen Test.
3. Chemical Inventory, Refer to Attachment 'X'

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001148	004A-A

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

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

No Discharge ☐

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

1. Free Oil Sheen - # days observed (see attach report).
2. Deck Drainage is commingled with Produced Water

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001148	005A-A

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

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

No Discharge ☐

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

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

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

1. Chlorine not required if properly operating a USCG approval marine sanitation device.
2. Sanitary Waste is commingled and discharged with Sanitary Waste at platform Ellen . Domestic Waste is commingled with platform Elly's Produced Water at platform Elly, and platform Ellen's Sanitary Waste at platform Ellen

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001148	006A-A

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

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

No Discharge ☐

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

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001148	007A-A

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

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

No Discharge ☐

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001148	008A-A

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

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

No Discharge ☐

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

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

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

1. Chemical Inventory, refer to Attachment X
2. Fire Control System Water is commingled with Produced Water

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001148	009A-A

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

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Non-Contact Cooling Water
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******						
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.00585 MO AVG	.0102 DAILY MX	mg/L		Quarterly	GRAB
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	******	******	******	******	******					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA

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

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

1. Upon initiation of chlorination, collect monthly samples for 12 months & submit RP analysis.
2. Chemical Inventory, refer to Attachment X

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001148	010A-A

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

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

No Discharge ☐

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001148	011A-A

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

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

No Discharge ☐

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001148	012A-A

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

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

No Discharge ☐

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

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001148	013A-A

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

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

No Discharge ☐

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

1. Chemical Inventory, refer to Attachment X.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001148	014A-A

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

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

No Discharge ☐

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

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001148	015A-A

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

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Bulk Transfer Material Overflow
External Outfall

No Discharge ☐

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001148	016A-A

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

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

No Discharge ☐

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001148	017A-A

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

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

No Discharge ☐

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

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

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

1. Chemical Inventory, refer to Attachment X.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001148	018A-A

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

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

No Discharge ☐

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

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

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

1. Laboratory Waste comingle with Produced Water

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001148	019A-A

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

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

No Discharge ☐

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001148	020A-A

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

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

No Discharge ☐

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

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001148	021A-A

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

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

No Discharge ☐

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM ELLY - CAG28000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM ELLY
LOCATION: LAT 33 35 .25 LO 118 07 37.52
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001148	022A-A

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

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

No Discharge ☐

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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