NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG28
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	001A-A

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

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

No Discharge ☐

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	******	36650 YTD TOT	bbl	******	******	******	******		Annual	CALCTD
Drill cuttings, free oil	SAMPLE MEASUREMENT	******			******	******					
82595 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	occur/mo	******	******	Req. Mon. MO TOTAL	d		Daily	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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)*

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG28
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	001A-A

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

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

No Discharge ☐

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	******	13350 YTD TOT	bbl	******	******	******	******		Annual	CALCTD
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	******	******	******		******	******				
TAB3E 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	3 MINIMUM	******	******	%		Contingent	GRAB
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	******	******	******		******	******				
TAB3E EG 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	3 MINIMUM	******	******	%		Contingent	GRAB
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	******	******	******		******	******				
TAB3E O 0 See Comments	PERMIT REQUIREMENT	******	******	******	3 MINIMUM	******	******	%		Contingent	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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 EUREKA - CAG28
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	002A-A

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

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

No Discharge ☐

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	003A-A

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

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

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

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	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. Fire Control water, and Laboratory Waste are commingled with Deck Drainage, and sent to a disposal well. No Deck Drainage discharge at platform Eureka.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG28
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	005A-A

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

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

No Discharge ☐

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

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

1. Domestic waste such as laundry, is commingled with Sanitary Waste

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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NAME: BETA OFFSHORE PLATFORM EUREKA - CAG28
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	006A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
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 EUREKA - CAG28
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	007A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
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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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

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

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	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			
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 Deck Drainage

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

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

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	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
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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. Uncontaminated Water, such as excess seawater, is commingled with non-contact cooling water

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	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
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
TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG28
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	011A-A

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

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

No Discharge ☐

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 EUREKA - CAG28
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	012A-A

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

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

No Discharge ☐

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 EUREKA - CAG28
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	013A-A

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

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

No Discharge ☐

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 EUREKA - CAG28
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	014A-A

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

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

No Discharge ☐

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 EUREKA - CAG28
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	015A-A

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

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

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	******	******	******	******	******					
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 EUREKA - CAG28
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001149	016A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

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	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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. Uncontaminated Water, such as excess seawater, is commingled with non-contact cooling water

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG28
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	017A-A

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

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

No Discharge ☐

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 EUREKA - CAG28
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	018A-A

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

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

No Discharge ☐

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 comingled 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 EUREKA - CAG28
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	019A-A

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

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

No Discharge ☐

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 EUREKA - CAG28
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	020A-A

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

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

No Discharge ☐

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 EUREKA - CAG28
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	021A-A

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

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

No Discharge ☐

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

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 EUREKA - CAG28
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	022A-A

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

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

No Discharge ☐

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 EUREKA - CAG28
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	001A-A

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

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

No Discharge ☐

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	******	36650 YTD TOT	bbl	******	******	******	******		Annual	CALCTD
Drill cuttings, free oil	SAMPLE MEASUREMENT	******			******	******					
82595 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	occur/mo	******	******	Req. Mon. MO TOTAL	d		Daily	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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 EUREKA - CAG28
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	001A-A

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

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

No Discharge ☐

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	******	13350 YTD TOT	bbl	******	******	******	******		Annual	CALCTD
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	******	******	******		******	******				
TAB3E 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	3 MINIMUM	******	******	%		Contingent	GRAB
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	******	******	******		******	******				
TAB3E EG 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	3 MINIMUM	******	******	%		Contingent	GRAB
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	******	******	******		******	******				
TAB3E O 0 See Comments	PERMIT REQUIREMENT	******	******	******	3 MINIMUM	******	******	%		Contingent	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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 EUREKA - CAG28
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	002A-A

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

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

No Discharge ☐

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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. PW annual cumulative flow from Mar 1st thru Feb 28th each year.
2. If PW is discharged, 12 mo of monitoring is required for RP analysis
3. Well Treatment, Completion & Workover Fluids are commingled with PW & processed at platform Elly before being injected or discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG28
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	003A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
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			AREA Code	NUMBER	MM/DD/YYYY

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

1. Type and # of Job: Completion, workover, treatment or combination.
2. Free Oil Static Sheen Test.
3. Chemical Inventory, refer to Attachment 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 EUREKA - CAG28
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	004A-A

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

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

No Discharge ☐

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. Fire Control water, and Laboratory Waste are commingled with Deck Drainage, and sent to a disposal well. No Deck Drainage discharge at platform Eureka.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG28
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	005A-A

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

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

No Discharge ☐

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

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

1. Domestic waste such as laundry, is commingled with Sanitary Waste

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG28
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	006A-A

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

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

No Discharge ☐

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			
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG28
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	007A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
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 EUREKA - CAG28
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	008A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
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			
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 Deck Drainage

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG28
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	009A-A

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

DMR Mailing ZIP CODE: 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. Chemical Inventory, refer to Attachment X.
2. Uncontaminated Water, such as excess seawater, is commingled with non-contact cooling water

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG28
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	010A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
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
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 EUREKA - CAG28
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	011A-A

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

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

No Discharge ☐

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 EUREKA - CAG28
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	012A-A

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

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

No Discharge ☐

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 EUREKA - CAG28
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	013A-A

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

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

No Discharge ☐

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 EUREKA - CAG28
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	014A-A

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

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

No Discharge ☐

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 EUREKA - CAG28
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	015A-A

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

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

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	******	******	******	******	******					
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 EUREKA - CAG28
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	016A-A

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

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

No Discharge ☐

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)

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG28
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	017A-A

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

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

No Discharge ☐

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 EUREKA - CAG28
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	018A-A

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

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

No Discharge ☐

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 comingled 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 EUREKA - CAG28
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	019A-A

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

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

No Discharge ☐

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 EUREKA - CAG28
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	020A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
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 EUREKA - CAG28
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001149	021A-A
PERMIT NUMBER	**DISCHARGE NUMBER**

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

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

No Discharge ☐

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	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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. 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 EUREKA - CAG28
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	022A-A

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

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

No Discharge ☐

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 EUREKA - CAG28
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	001A-A

MONITORING PERIOD MM/DD/YYYY	MM/DD/YYYY
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	******	36650 YTD TOT	bbl	******	******	******	******		Annual	CALCTD
Drill cuttings, free oil	SAMPLE MEASUREMENT	******			******	******					
82595 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	occur/mo	******	******	Req. Mon. MO TOTAL	d		Daily	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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 EUREKA - CAG28
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	001A-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
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	******	13350 YTD TOT	bbl	******	******	******	******		Annual	CALCTD
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	******	******	******		******	******				
TAB3E 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	3 MINIMUM	******	******	%		Contingent	GRAB
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	******	******	******		******	******				
TAB3E EG 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	3 MINIMUM	******	******	%		Contingent	GRAB
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	******	******	******		******	******				
TAB3E O 0 See Comments	PERMIT REQUIREMENT	******	******	******	3 MINIMUM	******	******	%		Contingent	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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 EUREKA - CAG28
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	002A-A

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

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

No Discharge ☐

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG28
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	003A-A

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

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

No Discharge ☐

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 EUREKA - CAG28
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	004A-A

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

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

No Discharge ☐

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. Fire Control water, and Laboratory Waste are commingled with Deck Drainage, and sent to a disposal well. No Deck Drainage discharge at platform Eureka.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG28
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	005A-A

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

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

No Discharge ☐

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

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

1. Domestic waste such as laundry, is commingled with Sanitary Waste

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG28
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	006A-A

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

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

No Discharge ☐

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 EUREKA - CAG28
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	007A-A

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

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

No Discharge ☐

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 EUREKA - CAG28
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	008A-A

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

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

No Discharge ☐

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)

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG28
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	009A-A

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

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

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******						
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. Chemical Inventory, refer to Attachment X.
2. Uncontaminated Water, such as excess seawater, is commingled with non-contact cooling water

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG28
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	010A-A

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

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

No Discharge ☐

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 EUREKA - CAG28
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	011A-A

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

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

No Discharge ☐

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 EUREKA - CAG28
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	012A-A

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

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

No Discharge ☐

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 EUREKA - CAG28
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	013A-A

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

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

No Discharge ☐

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 EUREKA - CAG28
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	014A-A

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

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

No Discharge ☐

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 EUREKA - CAG28
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	015A-A

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

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

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	******	******	******	******	******					
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 EUREKA - CAG28
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	016A-A

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

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

No Discharge ☐

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			
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG28
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	017A-A

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

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

No Discharge ☐

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			
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

1. Chemical Inventory, refer to Attachment 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 EUREKA - CAG28
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	018A-A

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

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

No Discharge ☐

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			
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

1. Laboratory Waste comingled 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 EUREKA - CAG28
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	019A-A

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

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

No Discharge ☐

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 EUREKA - CAG28
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	020A-A

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

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

No Discharge ☐

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 EUREKA - CAG28
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LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	021A-A

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

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

No Discharge ☐

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

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)*

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

ATTN: Marina Robertson

PERMIT NUMBER	DISCHARGE NUMBER
CAF001149	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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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)