ExxonMobil Production Company
CORP-WGR-1006
P.O. Box 4358
Houston, Texas 77210-4358

ExxonMobil
Production

October 28, 2014

3rd Quarter, 2014 Report
Harmony Platform (OCS-P-0190)
NPDES General Permit No. CAG280000

UPS-1ZV6F1400193552544

U.S. Environmental Protection Agency
Region 9
NPDES/DMR, ENF-4-1
75 Hawthorne Street
San Francisco, California 94105-3901

Dear Sir or Madam:

ExxonMobil Production Company respectfully submits the 3rd Quarter, 2014 Discharge Monitoring Report for the reporting period of July 1 through September 30th 2014, pursuant to ExxonMobil's Harmony Platform NPDES Permit No. CAG280000. There were no exceedances to report.

Should you have any questions regarding this submittal, please contact me at (832) 625-4550.

Sincerely,

Shelby G. Pennington
Regulatory Specialist
ExxonMobil Production Company

/sgp
Enclosures

c - Kate Huckelbridge - California Coastal Commission
Mr. James Salmons- BSSE, Pacific Region

c - w/o Enclosuress: Ms. Kathy Pfeifer – SBC Planning & Development – Energy Division

PERMITTEE NAME/ADDRESS
(Include Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

Form Approved
OMB No. 2000-0015

NAME Exxon Mobil Corporation
ADDRESS Regulatory Compliance Group
P.O. Box 4358-WGR
Houston, TX 77210

FACILITY Platform Harmony
LOCATION OCS-P-0190

(2-16) PERMIT NUMBER	*(17-19)* DISCHARGE NUMBER
CAG280000	002

PRODUCED WATER (002)

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2014	7	01	TO	2014	7	31
	(20-21)	*(22-23)*	*(24-25)*		*(26-27)*	*(28-29)*	*(30-31)*

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		*(3 Card Only)* QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	*(4 Card Only)* QUALITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
PRODUCED WATER FLOW RATE	SAMPLE MEASUREMENT	69,816	****	BBL/DAY	****	****	****	****	0	01/01	ESTIMATE
	PERMIT REQUIREMENT	MONTHLY AVERAGE	****		****	****	****			DAILY	ESTIMATE
PRODUCED WATER OIL & GREASE	SAMPLE MEASUREMENT	****	****	****	****	25	41	MG/L	0	01/07	GRAB
	PERMIT REQUIREMENT	****	****		****	29 MO AVG	42 DAILY MX			WEEKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Troy Tranquada Operations Superintendent 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 submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SEE PAGE 26 OF 26 FOR SIGNED CERTIFICATION STATEMENT SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(832) AREA CODE	625-4550 NUMBER	YEAR	MO	DAY

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

* After dilution within the 100 meter mixing zone. Sample measurements are reported on an after dilution basis using the EPA approved model PLUMES and the equation for C(e) in the permit.

Quarterly Average Dilution Value = 2075

Effluents commingled with Produced Water - Boiler Blowdown, Deck Drainage, H2S Gas Processing Waste Water

PERMITTEE NAME/ADDRESS
(Include Facility Name/Location if different)

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DISCHARGE MONITORING REPORT *(DMR)*

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OMB No. 2000-0015

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FACILITY Platform Harmony
LOCATION OCS-P-0190

(2-16) PERMIT NUMBER	*(17-19)* DISCHARGE NUMBER
CAG280000	002

PRODUCED WATER (002)

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2014	8	01	TO	2014	8	31
	(20-21)	*(22-23)*	*(24-25)*		*(26-27)*	*(28-29)*	*(30-31)*

*** NO DISCHARGE ☐ ***

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PARAMETER *(32-37)*		*(3 Card Only)* QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	*(4 Card Only)* QUALITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
PRODUCED WATER FLOW RATE	SAMPLE MEASUREMENT	73,071	****	BBL/DAY	****	****	****	****	0	01/01	ESTIMATE
	PERMIT REQUIREMENT	MONTHLY AVERAGE	****		****	****	****			DAILY	ESTIMATE
PRODUCED WATER OIL & GREASE	SAMPLE MEASUREMENT	****	****	****	****	17	19	MG/L	0	01/07	GRAB
	PERMIT REQUIREMENT	****	****		****	29 MO AVG	42 DAILY MX			WEEKLY	GRAB

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

* After dilution within the 100 meter mixing zone. Sample measurements are reported on an after dilution basis using the EPA approved model PLUMES and the equation for C(e) in the permit.

Quarterly Average Dilution Value = 2075

Effluents commingled with Produced Water - Boiler Blowdown, Deck Drainage, H2S Gas Processing Waste Water, Well Treatment Fluids

PERMITTEE NAME/ADDRESS
(Include Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2000-0015

NAME Exxon Mobil Corporation
ADDRESS Regulatory Compliance Group
P.O. Box 4358-WGR
Houston, TX 77210

FACILITY Platform Harmony
LOCATION OCS-P-0190

(2-16) PERMIT NUMBER: CAG280000

(17-19) DISCHARGE NUMBER: 002

PRODUCED WATER (002)

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2014	9	01	TO	2014	9	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	(54-61) AVERAGE	MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PRODUCED WATER FLOW RATE	SAMPLE MEASUREMENT	72,518	****	BBL/DAY	****	****	****	****	0	01/01	ESTIMATE
	PERMIT REQUIREMENT	MONTHLY AVERAGE	****		****	****	****			DAILY	ESTIMATE
PRODUCED WATER OIL & GREASE	SAMPLE MEASUREMENT	****	****	****	****	22	34	MG/L	0	01/07	GRAB
	PERMIT REQUIREMENT	****	****		****	29 MO AVG	42 DAILY MX			WEEKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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

* After dilution within the 100 meter mixing zone. Sample measurements are reported on an after dilution basis using the EPA approved model PLUMES and the equation for C(e) in the permit.

Attachment A-Analytical Information

Quarterly Average Dilution Value = 2075

Effluents commingled with Produced Water - Boiler Blowdown, Deck Drainage, H2S Gas Processing Waste Water

PERMITTEE NAME/ADDRESS
(Include Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2000-0015

NAME Exxon Mobil Corporation
ADDRESS Regulatory Compliance Group
P.O. Box 4358-WGR
Houston, TX 77210

FACILITY Platform Harmony
LOCATION OCS-P-0190

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
CAG280000	002

PRODUCED WATER (002)

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2014	7	01	TO	2014	9	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
Pass/Fail Static 48hr Chronic Macrocystis pyrifera TGK1D 1 0 Effluent Gross	SAMPLE MEASUREMENT	****	****	BBL/DAY	****	****	0	****	0	01/90	Comp24
	PERMIT REQUIREMENT	****	****		****	Reg.Mon Value	pass=0/fail=1			Quarterly	Comp24
Pass/Fail Static 48hr Chronic Haliotis rufescens TGK3R 1 0 Effluent Gross	SAMPLE MEASUREMENT	****	****	****	****	****	0	MG/L	0	01/90	Comp24
	PERMIT REQUIREMENT	****	****		****	Reg.Mon Value	pass=0/fail=1			Quarterly	Comp24
Pass/Fail Static Static Renewal 7 Day Chronic Atherinops affinis TGP61 1 0 Effluent Gross	SAMPLE MEASUREMENT	****	****	****	****	****	0	MG/L	0	01/90	Comp24
	PERMIT REQUIREMENT	****	****		****	Reg.Mon Value	pass=0/fail=1			Quarterly	Comp24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Troy Tranquada

Operations Superintendent

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 submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SEE PAGE 27 OF 27 FOR SIGNED CERTIFICATION STATEMENT

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(832)	625-4550			
AREA CODE	NUMBER	YEAR	MO	DAY

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

Toxicity test performed in August all passed

PERMITTEE NAME/ADDRESS
(Include Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

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OMB No. 2000-0015

NAME Exxon Mobil Corporation
ADDRESS Regulatory Compliance Group
P.O. Box 4358-WGR
Houston, TX 77210

FACILITY Platform Harmony
LOCATION OCS-P-0190

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
CAG280000	003

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2014	7	01	TO	2014	9	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

WELL TREATMENT, COMPLETION, & WORKOVER FLUIDS

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
WT, COMP, & WO FLUIDS OIL & GREASE	SAMPLE MEASUREMENT	****	****	****	****			MG/L			
	PERMIT REQUIREMENT	****	****		****	29 MO AVG	42 DAILY MX			WEEKLY	GRAB
WT, COMP, & WO FLUIDS FREE OIL	SAMPLE MEASUREMENT	****	****	****	****	****		# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	****			01/DAY	STATIC
WT, COMP, & WO FLUIDS COMPLETION JOBS	SAMPLE MEASUREMENT	****			****	****		# OF JOBS			
	PERMIT REQUIREMENT	****	MONTHLY TOTAL	BBL	****	****	REPORT			MONTHLY	TRACK
WT, COMP, & WO FLUIDS WELL TREATMENT JOBS	SAMPLE MEASUREMENT	****			****	****		# OF JOBS			
	PERMIT REQUIREMENT	****	MONTHLY TOTAL	BBL	****	****	REPORT			MONTHLY	TRACK
WT, COMP, & WO FLUIDS WORKOVER JOBS	SAMPLE MEASUREMENT	****			****	****		# OF JOBS			
	PERMIT REQUIREMENT	****	MONTHLY TOTAL	BBL	****	****	REPORT			MONTHLY	TRACK
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

See Attachment B

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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

PERMITTEE NAME/ADDRESS
(Include Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

Form Approved
OMB No. 2000-0015

NAME Exxon Mobil Corporation
ADDRESS Regulatory Compliance Group
P.O. Box 4358-WGR
Houston, TX 77210

FACILITY Platform Harmony
LOCATION OCS-P-0190

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
CAG280000	004

DECK DRAINAGE (004)

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2014	7	01	TO	2014	7	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE ☐ ***

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PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
DECK DRAINAGE FLOW RATE	SAMPLE MEASUREMENT	ND	****	BBL/ DAY	****	****	****	****	0	01/01	ESTIMATE
	PERMIT REQUIREMENT	REPORT	****		****	****	****			MONTHLY	ESTIMATE
DECK DRAINAGE FREE OIL	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS	0	01/01	VISUAL
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			DAILY	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
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LOCATION OCS-P-0190

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
CAG280000	004

DECK DRAINAGE (004)

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2014	8	01	TO	2014	8	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
DECK DRAINAGE FLOW RATE	SAMPLE MEASUREMENT	ND	****	BBL/ DAY	****	****	****	****			
	PERMIT REQUIREMENT	REPORT	****		****	****	****			MONTHLY	ESTIMATE
DECK DRAINAGE FREE OIL	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			DAILY	VISUAL

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

PERMITTEE NAME/ADDRESS
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(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
CAG280000	004

DECK DRAINAGE (004)

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2014	9	01	TO	2014	9	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE ☐ ***

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PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
DECK DRAINAGE FLOW RATE	SAMPLE MEASUREMENT	ND	****	BBL/ DAY	****	****	****	****	0	01/01	ESTIMATE
	PERMIT REQUIREMENT	REPORT	****		****	****	****			MONTHLY	ESTIMATE
DECK DRAINAGE FREE OIL	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS	0	01/01	VISUAL
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			DAILY	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
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TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

PERMITTEE NAME/ADDRESS
(Include Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

Form Approved
OMB No. 2000-0015

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ADDRESS Regulatory Compliance Group
P.O. Box 4358-WGR
Houston, TX 77210

FACILITY Platform Harmony
LOCATION OCS-P-0190

(2-16) CAG280000 — PERMIT NUMBER

(17-19) 005 — DISCHARGE NUMBER

DOMESTIC & SANITARY WASTES (005)

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2014	7	01	TO	2014	7	31
	(20-21)	*(22-23)*	*(24-25)*		*(26-27)*	*(28-29)*	*(30-31)*

*** NO DISCHARGE ☐ ***

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PARAMETER *(32-37)*		*(3 Card Only)* QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	*(4 Card Only)* QUALITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
SANITARY WASTE FLOW RATE	SAMPLE MEASUREMENT	68	****	BBL/ DAY	****	****	****	****	0	01/01	ESTIMATE
	PERMIT REQUIREMENT	REPORT	****		****	****	****			MONTHLY	ESTIMATE
SANITARY WASTE SOLIDS ≤ 9 PERSONS	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			DAILY	VISUAL
SANITARY WASTE * RESIDUAL CHLORINE Upstream of De-chlorinator	SAMPLE MEASUREMENT	****	****	****	1.8	****	****	MG/L	0	01/07	GRAB
	PERMIT REQUIREMENT	****	****		1.0 DAILY MN	****	****			ONCE/ MONTH	GRAB
SANITARY WASTE * RESIDUAL CHLORINE Downstream of De-chlorinator	SAMPLE MEASUREMENT	****	****	****	****	****	1	MG/L	0	01/07	GRAB
	PERMIT REQUIREMENT	****	****		****	****	10 DAILY MAX			ONCE/ MONTH	GRAB
DOMESTIC WASTE FLOW RATE	SAMPLE MEASUREMENT	114	****	BBL/ DAY	****	****	****	****	0	01/01	ESTIMATE
	PERMIT REQUIREMENT	REPORT	****		****	****	****			MONTHLY	ESTIMATE
DOMESTIC WASTE FOAM OR FLOATING SOLIDS	SAMPLE MEASUREMENT	****	****	****	****	****	0	# DAYS	0	01/01	VISUAL
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			DAILY	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Troy Tranquada Operations Superintendent	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	**SEE PAGE 26 OF 26 FOR SIGNED CERTIFICATION STATEMENT** SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(832)	625-4550			
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

* Because a de-chlorinator is installed to remove residual chlorine prior to discharge, compliance with the minimum residual chlorine is based on the minimum upstream chlorine measurement prior to de-chlorination and compliance with the maximum residual chlorine limit is based on the maximum downsteam measurement after de-chlorination.

ND= NO DISCHARGE

PERMITTEE NAME/ADDRESS
(Include Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

Form Approved
OMB No. 2000-0015

NAME Exxon Mobil Corporation
ADDRESS Regulatory Compliance Group
P.O. Box 4358-WGR
Houston, TX 77210

FACILITY Platform Harmony
LOCATION OCS-P-0190

(2-16) CAG280000 — PERMIT NUMBER

(17-19) 005 — DISCHARGE NUMBER

DOMESTIC & SANITARY WASTES (005)

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2014	8	01	TO	2014	8	31
	(20-21)	*(22-23)*	*(24-25)*		*(26-27)*	*(28-29)*	*(30-31)*

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		*(3 Card Only)* QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	*(4 Card Only)* QUALITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
SANITARY WASTE FLOW RATE	SAMPLE MEASUREMENT	66	****	BBL/ DAY	****	****	****	****	0	01/01	ESTIMATE
	PERMIT REQUIREMENT	REPORT	****		****	****	****			MONTHLY	ESTIMATE
SANITARY WASTE SOLIDS ≤ 9 PERSONS	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			DAILY	VISUAL
SANITARY WASTE * RESIDUAL CHLORINE Upstream of De-chlorinator	SAMPLE MEASUREMENT	****	****	****	1.6	****	****	MG/L	0	01/07	GRAB
	PERMIT REQUIREMENT	****	****		1.0 DAILY MN	****	****			ONCE/ MONTH	GRAB
SANITARY WASTE * RESIDUAL CHLORINE Downstream of De-chlorinator	SAMPLE MEASUREMENT	****	****	****	****	****	2	MG/L	0	01/07	GRAB
	PERMIT REQUIREMENT	****	****		****	****	10 DAILY MAX			ONCE/ MONTH	GRAB
DOMESTIC WASTE FLOW RATE	SAMPLE MEASUREMENT	111	****	BBL/ DAY	****	****	****	****	0	01/01	ESTIMATE
	PERMIT REQUIREMENT	REPORT	****		****	****	****			MONTHLY	ESTIMATE
DOMESTIC WASTE FOAM OR FLOATING SOLIDS	SAMPLE MEASUREMENT	****	****	****	****	****	0	# DAYS	0	01/01	VISUAL
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			DAILY	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Troy Tranquada Operations Superintendent 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 submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	**SEE PAGE 26 OF 26 FOR SIGNED CERTIFICATION STATEMENT** SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(832) AREA CODE	625-4550 NUMBER	YEAR	MO	DAY

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

* Because a de-chlorinator is installed to remove residual chlorine prior to discharge, compliance with the minimum residual chlorine is based on the minimum upstream chlorine measurement prior to de-chlorination and compliance with the maximum residual chlorine limit is based on the maximum downsteam measurement after de-chlorination.

ND= NO DISCHARGE

PERMITTEE NAME/ADDRESS
(Include Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

Form Approved
OMB No. 2000-0015

NAME Exxon Mobil Corporation
ADDRESS Regulatory Compliance Group
P.O. Box 4358-WGR
Houston, TX 77210

FACILITY Platform Harmony
LOCATION OCS-P-0190

(2-16) CAG280000 — PERMIT NUMBER

(17-19) 005 — DISCHARGE NUMBER

DOMESTIC & SANITARY WASTES (005)

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2014	9	01	TO	2014	9	30
	(20-21)	*(22-23)*	*(24-25)*		*(26-27)*	*(28-29)*	*(30-31)*

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		*(3 Card Only)* QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	*(4 Card Only)* QUALITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
SANITARY WASTE FLOW RATE	SAMPLE MEASUREMENT	66	****	BBL/ DAY	****	****	****	****	0	01/01	ESTIMATE
	PERMIT REQUIREMENT	REPORT	****		****	****	****			MONTHLY	ESTIMATE
SANITARY WASTE SOLIDS ≤ 9 PERSONS	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			DAILY	VISUAL
SANITARY WASTE * RESIDUAL CHLORINE Upstream of De-chlorinator	SAMPLE MEASUREMENT	****	****	****	1.2	****	****	MG/L	0	01/07	GRAB
	PERMIT REQUIREMENT	****	****		1.0 DAILY MN	****	****			ONCE/ MONTH	GRAB
SANITARY WASTE * RESIDUAL CHLORINE Downstream of De-chlorinator	SAMPLE MEASUREMENT	****	****	****	****	****	1	MG/L	0	01/07	GRAB
	PERMIT REQUIREMENT	****	****		****	****	10 DAILY MAX			ONCE/ MONTH	GRAB
DOMESTIC WASTE FLOW RATE	SAMPLE MEASUREMENT	110	****	BBL/ DAY	****	****	****	****	0	01/01	ESTIMATE
	PERMIT REQUIREMENT	REPORT	****		****	****	****			MONTHLY	ESTIMATE
DOMESTIC WASTE FOAM OR FLOATING SOLIDS	SAMPLE MEASUREMENT	****	****	****	****	****	0	# DAYS	0	01/01	VISUAL
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			DAILY	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Troy Tranquada Operations Superintendent	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	**SEE PAGE 26 OF 26 FOR SIGNED CERTIFICATION STATEMENT**	(832)	625-4550			
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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

* Because a de-chlorinator is installed to remove residual chlorine prior to discharge, compliance with the minimum residual chlorine is based on the minimum upstream chlorine measurement prior to de-chlorination and compliance with the maximum residual chlorine limit is based on the maximum downsteam measurement after de-chlorination.

ND= NO DISCHARGE

PERMITTEE NAME/ADDRESS
(Include Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2000-0015

NAME Exxon Mobil Corporation
ADDRESS Regulatory Compliance Group
P.O. Box 4358-WGR
Houston, TX 77210

FACILITY Platform Harmony
LOCATION OCS-P-0190

(2-16) PERMIT NUMBER: CAG280000

(17-19) DISCHARGE NUMBER: 006-022

MISCELLANEOUS DISCHARGES

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2014	7	01	TO	2014	7	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
006 BLOWOUT PREVENTER FLUID, FREE OIL	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			CONTINGENT	VISUAL
006 BLOWOUT PREVENTER FLUID, FOAM OR FLOATING SOLIDS	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			01/DAY	VISUAL
007 DESALINATION UNIT, FOAM OR FLOATING SOLIDS	SAMPLE MEASUREMENT	****	****	****	****	****	0	# DAYS	0	01/01	VISUAL
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			01/DAY	VISUAL
008 FIRE CONTROL SYSTEM WATER, FOAM OR FLOATING SOLIDS	SAMPLE MEASUREMENT	****	****	****	****	****	0	# DAYS	0	01/01	VISUAL
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			01/DAY	VISUAL
009 NONCONTACT COOLING WATER, FLOW RATE	SAMPLE MEASUREMENT	240,000	****	BBL/ DAY	****	****	****	****	0	01/01	ESTIMATE
	PERMIT REQUIREMENT	REPORT	****		****	****	****			MONTHLY	ESTIMATE
009 NONCONTACT COOLING WATER, FOAM OR FLOATING SOLIDS	SAMPLE MEASUREMENT	****	****	****	****	****	0	# DAYS	0	01/01	VISUAL
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			CONTINGENT	VISUAL
010 BALLAST & STORAGE DISPLACEMENT WATER, FLOW RATE	SAMPLE MEASUREMENT	ND	****	BBL/ DAY	****	****	****	****			
	PERMIT REQUIREMENT	REPORT	****		****	****	****			MONTHLY	ESTIMATE

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Troy Tranquada
Operations Superintendent

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 submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SEE PAGE 26 OF 26 FOR SIGNED CERTIFICATION STATEMENT

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE (832) NUMBER 625-4550

DATE: YEAR MO DAY

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

ND = NO DISCHARGE

PERMITTEE NAME/ADDRESS
(Include Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

Form Approved
OMB No. 2000-0015

NAME	Exxon Mobil Corporation
ADDRESS	Regulatory Compliance Group
	P.O. Box 4358-WGR
	Houston, TX 77210
FACILITY	Platform Harmony
LOCATION	OCS-P-0190

(2-16)	*(17-19)*
CAG280000	006-022
PERMIT NUMBER	DISCHARGE NUMBER

MISCELLANEOUS DISCHARGES

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2014	7	01	TO	2014	7	31
	(20-21)	*(22-23)*	*(24-25)*		*(26-27)*	*(28-29)*	*(30-31)*

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		*(3 Card Only)* QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	*(4 Card Only)* QUALITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
010 BALLAST & STORAGE DISPLACEMENT WATER, FREE OIL	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			CONTINGENT	VISUAL
010 BALLAST & STORAGE DISPLACEMENT WATER, FOAM OR FL SOLIDS	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			01/DAY	VISUAL
011 BILGE WATER, FLOW RATE	SAMPLE MEASUREMENT	ND	****	BBL/ DAY	****	****	****	****			
	PERMIT REQUIREMENT	REPORT	****		****	****	****			MONTHLY	ESTIMATE
011 BILGE WATER, FREE OIL	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			CONTINGENT	VISUAL
011 BILGE WATER, FOAM OR FLOATING SOLIDS	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			01/DAY	VISUAL
012 BOILER BLOWDOWN, FOAM OR FLOATING SOLIDS	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			01/DAY	VISUAL
013 TEST FLUIDS, FLOW RATE	SAMPLE MEASUREMENT	ND	****	BBL/ DAY	****	****	****	****			
	PERMIT REQUIREMENT	REPORT	****		****	****	****			MONTHLY	ESTIMATE

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Troy Tranquada Operations Superintendent	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	**SEE PAGE 26 OF 26 FOR SIGNED CERTIFICATION STATEMENT** SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(832)	625-4550			
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

ND = NO DISCHARGE

PERMITTEE NAME/ADDRESS
(Include Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2000-0015

NAME Exxon Mobil Corporation
ADDRESS Regulatory Compliance Group
P.O. Box 4358-WGR
Houston, TX 77210

FACILITY Platform Harmony
LOCATION OCS-P-0190

(2-16) PERMIT NUMBER: CAG280000
(17-19) DISCHARGE NUMBER: 006-022

MISCELLANEOUS DISCHARGES

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2014	7	01	TO	2014	7	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
013 TEST FLUIDS, FREE OIL	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			CONTINGENT	VISUAL
013 TEST FLUIDS, FOAM OR FLOATING SOLIDS	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			01/DAY	VISUAL
014 DIATOMACEOUS EARTH FILTER MEDIA, FREE OIL	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			CONTINGENT	VISUAL
014 DIATOMACEOUS EARTH FILTER MEDIA, FOAM OR FLOATING SOLIDS	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			01/DAY	VISUAL
015 BULK TRANSFER MATERIAL OVERFLOW, FOAM OR FLOATING SOLIDS	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			01/DAY	VISUAL
016 UNCONTAMINATED WATER, FOAM OR FLOATING SOLIDS	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			01/DAY	VISUAL
017 WATER FLOODING DISCHARGES, FREE OIL	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			CONTINGENT	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Troy Tranquada
Operations Superintendent
TYPED OR PRINTED

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SEE PAGE 26 OF 26 FOR SIGNED CERTIFICATION STATEMENT

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: (832) 625-4550 (AREA CODE / NUMBER)

DATE: YEAR / MO / DAY

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

ND = NO DISCHARGE

PERMITTEE NAME/ADDRESS
(Include Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2000-0015

NAME Exxon Mobil Corporation
ADDRESS Regulatory Compliance Group
P.O. Box 4358-WGR
Houston, TX 77210

FACILITY Platform Harmony
LOCATION OCS-P-0190

(2-16) PERMIT NUMBER: CAG280000
(17-19) DISCHARGE NUMBER: 006-022

MISCELLANEOUS DISCHARGES

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2014	7	01	TO	2014	7	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
017 WATER FLOODING DISCHARGES, FOAM OR FLOATING SOLIDS	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			01/DAY	VISUAL
018 LABORATORY WASTES, FREE OIL	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			CONTINGENT	VISUAL
018 LABORATORY WASTES, FOAM OR FLOATING SOLIDS	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			01/DAY	VISUAL
019 EXCESS CEMENT SLURRY, FLOW RATE	SAMPLE MEASUREMENT	ND	****	BBL/ DAY	****	****	****	****			
	PERMIT REQUIREMENT	REPORT	****		****	****	****			MONTHLY	ESTIMATE
019 EXCESS CEMENT SLURRY, FREE OIL	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			CONTINGENT	VISUAL
019 EXCESS CEMENT SLURRY, FOAM OR FLOATING SOLIDS	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			01/DAY	VISUAL
020 MUD, CUTTINGS, & CEMENT AT SEAFLOOR, FREE OIL	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			CONTINGENT	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Troy Tranquada
Operations Superintendent
TYPED OR PRINTED

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SEE PAGE 26 OF 26 FOR SIGNED CERTIFICATION STATEMENT

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: (832) 625-4550 (AREA CODE / NUMBER)

DATE: YEAR / MO / DAY

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

ND = NO DISCHARGE

PERMITTEE NAME/ADDRESS
(Include Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

Form Approved
OMB No. 2000-0015

NAME Exxon Mobil Corporation
ADDRESS Regulatory Compliance Group
P.O. Box 4358-WGR
Houston, TX 77210

FACILITY Platform Harmony
LOCATION OCS-P-0190

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
CAG280000	006-022

MISCELLANEOUS DISCHARGES

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2014	7	01	TO	2014	7	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) AVERAGE	QUANTITY OR LOADING (54-61) MAXIMUM	UNITS	(4 Card Only) (38-45) MINIMUM	QUALITY OR CONCENTRATION (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
020 MUD, CUTTINGS, & CEMENT AT SEAFLOOR, FOAM OR FL SOLIDS	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			01/DAY	VISUAL
021 HYDROTEST WATER, FLOW RATE	SAMPLE MEASUREMENT	ND	****	BBL/ DAY	****	****	****	****			
	PERMIT REQUIREMENT	REPORT	****		****	****	****			MONTHLY	ESTIMATE
021 HYDROTEST WATER, FREE OIL	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			CONTINGENT	VISUAL
021 HYDROTEST WATER, FOAM OR FLOATING SOLIDS	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			01/DAY	VISUAL
022 H_2S GAS PROCESSING WATER, FLOW RATE	SAMPLE MEASUREMENT	ND	****	BBL/ DAY	****	****	****	****			
	PERMIT REQUIREMENT	REPORT	****		****	****	****			MONTHLY	ESTIMATE
022 H_2S GAS PROCESSING WATER, FREE OIL	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****		REPORT TOTAL			01/DAY	VISUAL
022 H_2S GAS PROCESSING WATER, FOAM OR FLOATING SOLIDS	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			01/DAY	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Troy Tranquada Operations Superintendent 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 submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SEE PAGE 26 OF 26 FOR SIGNED CERTIFICATION STATEMENT SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(832) AREA CODE	625-4550 NUMBER	YEAR	MO	DAY

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

Attachment C- Miscellaneous Discharges Chemical Inventory Data

ND = NO DISCHARGE

PERMITTEE NAME/ADDRESS
(Include Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

Form Approved
OMB No. 2000-0015

NAME Exxon Mobil Corporation
ADDRESS Regulatory Compliance Group
P.O. Box 4358-WGR
Houston, TX 77210

FACILITY Platform Harmony
LOCATION OCS-P-0190

(2-16) CAG280000 — PERMIT NUMBER

(17-19) 006-022 — DISCHARGE NUMBER

MISCELLANEOUS DISCHARGES

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2014	8	01	TO	2014	8	31
	(20-21)	*(22-23)*	*(24-25)*		*(26-27)*	*(28-29)*	*(30-31)*

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		*(3 Card Only)* QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	*(4 Card Only)* QUALITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
006 BLOWOUT PREVENTER FLUID, FREE OIL	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			CONTINGENT	VISUAL
006 BLOWOUT PREVENTER FLUID, FOAM OR FLOATING SOLIDS	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			01/DAY	VISUAL
007 DESALINATION UNIT, FOAM OR FLOATING SOLIDS	SAMPLE MEASUREMENT	****	****	****	****	****	0	# DAYS	0	01/01	VISUAL
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			01/DAY	VISUAL
008 FIRE CONTROL SYSTEM WATER, FOAM OR FLOATING SOLIDS	SAMPLE MEASUREMENT	****	****	****	****	****	0	# DAYS	0	01/01	VISUAL
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			01/DAY	VISUAL
009 NONCONTACT COOLING WATER, FLOW RATE	SAMPLE MEASUREMENT	240,000	****	BBL/ DAY	****	****	****	****	0	01/01	ESTIMATE
	PERMIT REQUIREMENT	REPORT	****		****	****	****			MONTHLY	ESTIMATE
009 NONCONTACT COOLING WATER, FOAM OR FLOATING SOLIDS	SAMPLE MEASUREMENT	****	****	****	****	****	0	# DAYS	0	01/01	VISUAL
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			CONTINGENT	VISUAL
010 BALLAST & STORAGE DISPLACEMENT WATER, FLOW RATE	SAMPLE MEASUREMENT	ND	****	BBL/ DAY	****	****	****	****			
	PERMIT REQUIREMENT	REPORT	****		****	****	****			MONTHLY	ESTIMATE

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Troy Tranquada Operations Superintendent	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SEE PAGE 26 OF 26 FOR SIGNED CERTIFICATION STATEMENT SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(832)	625-4550			
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

ND = NO DISCHARGE

PERMITTEE NAME/ADDRESS
(Include Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

Form Approved
OMB No. 2000-0015

NAME Exxon Mobil Corporation
ADDRESS Regulatory Compliance Group
P.O. Box 4358-WGR
Houston, TX 77210

FACILITY Platform Harmony
LOCATION OCS-P-0190

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
CAG280000	006-022

MISCELLANEOUS DISCHARGES

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2014	8	01	TO	2014	8	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) AVERAGE	QUANTITY OR LOADING (54-61) MAXIMUM	UNITS	(4 Card Only) (38-45) MINIMUM	QUALITY OR CONCENTRATION (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
010 BALLAST & STORAGE DISPLACEMENT WATER, FREE OIL	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			CONTINGENT	VISUAL
010 BALLAST & STORAGE DISPLACEMENT WATER, FOAM OR FL SOLIDS	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			01/DAY	VISUAL
011 BILGE WATER, FLOW RATE	SAMPLE MEASUREMENT	ND	****	BBL/ DAY	****	****	****	****			
	PERMIT REQUIREMENT	REPORT	****		****	****	****			MONTHLY	ESTIMATE
011 BILGE WATER, FREE OIL	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			CONTINGENT	VISUAL
011 BILGE WATER, FOAM OR FLOATING SOLIDS	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			01/DAY	VISUAL
012 BOILER BLOWDOWN, FOAM OR FLOATING SOLIDS	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			01/DAY	VISUAL
013 TEST FLUIDS, FLOW RATE	SAMPLE MEASUREMENT	ND	****	BBL/ DAY	****	****	****	****			
	PERMIT REQUIREMENT	REPORT	****		****	****	****			MONTHLY	ESTIMATE

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Troy Tranquada Operations Superintendent	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SEE PAGE 26 OF 26 FOR SIGNED CERTIFICATION STATEMENT SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(832)	625-4550			
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

ND = NO DISCHARGE

PERMITTEE NAME/ADDRESS
(Include Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2000-0015

NAME Exxon Mobil Corporation
ADDRESS Regulatory Compliance Group
P.O. Box 4358-WGR
Houston, TX 77210

FACILITY Platform Harmony
LOCATION OCS-P-0190

(2-16) PERMIT NUMBER: CAG280000
(17-19) DISCHARGE NUMBER: 006-022

MISCELLANEOUS DISCHARGES

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2014	8	01	TO	2014	8	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
013 TEST FLUIDS, FREE OIL	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			CONTINGENT	VISUAL
013 TEST FLUIDS, FOAM OR FLOATING SOLIDS	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			01/DAY	VISUAL
014 DIATOMACEOUS EARTH FILTER MEDIA, FREE OIL	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			CONTINGENT	VISUAL
014 DIATOMACEOUS EARTH FILTER MEDIA, FOAM OR FLOATING SOLIDS	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			01/DAY	VISUAL
015 BULK TRANSFER MATERIAL OVERFLOW, FOAM OR FLOATING SOLIDS	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			01/DAY	VISUAL
016 UNCONTAMINATED WATER, FOAM OR FLOATING SOLIDS	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			01/DAY	VISUAL
017 WATER FLOODING DISCHARGES, FREE OIL	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			CONTINGENT	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Troy Tranquada
Operations Superintendent
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 submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SEE PAGE 26 OF 26 FOR SIGNED CERTIFICATION STATEMENT

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: (832) 625-4550 (AREA CODE / NUMBER)

DATE: YEAR / MO / DAY

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

ND = NO DISCHARGE

PERMITTEE NAME/ADDRESS
(Include Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2000-0015

NAME Exxon Mobil Corporation
ADDRESS Regulatory Compliance Group
P.O. Box 4358-WGR
Houston, TX 77210

FACILITY Platform Harmony
LOCATION OCS-P-0190

(2-16) PERMIT NUMBER: CAG280000
(17-19) DISCHARGE NUMBER: 006-022

MISCELLANEOUS DISCHARGES

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2014	8	01	TO	2014	8	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) AVERAGE	QUANTITY OR LOADING (54-61) MAXIMUM	UNITS	(4 Card Only) (38-45) MINIMUM	QUALITY OR CONCENTRATION (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
017 WATER FLOODING DISCHARGES, FOAM OR FLOATING SOLIDS	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			01/DAY	VISUAL
018 LABORATORY WASTES, FREE OIL	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			CONTINGENT	VISUAL
018 LABORATORY WASTES, FOAM OR FLOATING SOLIDS	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			01/DAY	VISUAL
019 EXCESS CEMENT SLURRY, FLOW RATE	SAMPLE MEASUREMENT	ND	****	BBL/ DAY	****	****	****	****			
	PERMIT REQUIREMENT	REPORT	****		****	****	****			MONTHLY	ESTIMATE
019 EXCESS CEMENT SLURRY, FREE OIL	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			CONTINGENT	VISUAL
019 EXCESS CEMENT SLURRY, FOAM OR FLOATING SOLIDS	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			01/DAY	VISUAL
020 MUD, CUTTINGS, & CEMENT AT SEAFLOOR, FREE OIL	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			CONTINGENT	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Troy Tranquada
Operations Superintendent

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 submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SEE PAGE 26 OF 26 FOR SIGNED CERTIFICATION STATEMENT

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: (832) 625-4550 (AREA CODE / NUMBER)

DATE: YEAR / MO / DAY

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

ND = NO DISCHARGE

PERMITTEE NAME/ADDRESS
(Include Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2000-0015

NAME Exxon Mobil Corporation
ADDRESS Regulatory Compliance Group
P.O. Box 4358-WGR
Houston, TX 77210

FACILITY Platform Harmony
LOCATION OCS-P-0190

(2-16) PERMIT NUMBER: CAG280000

(17-19) DISCHARGE NUMBER: 006-022

MISCELLANEOUS DISCHARGES

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2014	8	01	TO	2014	8	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) AVERAGE	QUANTITY OR LOADING (54-61) MAXIMUM	UNITS	(4 Card Only) (38-45) MINIMUM	QUALITY OR CONCENTRATION (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
020 MUD, CUTTINGS, & CEMENT AT SEAFLOOR, FOAM OR FL SOLIDS	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			01/DAY	VISUAL
021 HYDROTEST WATER, FLOW RATE	SAMPLE MEASUREMENT	ND	****	BBL/ DAY	****	****	****	****			
	PERMIT REQUIREMENT	REPORT	****		****	****	****			MONTHLY	ESTIMATE
021 HYDROTEST WATER, FREE OIL	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			CONTINGENT	VISUAL
021 HYDROTEST WATER, FOAM OR FLOATING SOLIDS	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			01/DAY	VISUAL
022 H_2S GAS PROCESSING WATER, FLOW RATE	SAMPLE MEASUREMENT	ND	****	BBL/ DAY	****	****	****	****			
	PERMIT REQUIREMENT	REPORT	****		****	****	****			MONTHLY	ESTIMATE
022 H_2S GAS PROCESSING WATER, FREE OIL	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****		REPORT TOTAL			01/DAY	VISUAL
022 H_2S GAS PROCESSING WATER, FOAM OR FLOATING SOLIDS	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			01/DAY	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Troy Tranquada
Operations Superintendent

TYPED OR PRINTED

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SEE PAGE 26 OF 26 FOR SIGNED CERTIFICATION STATEMENT

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: (832) 625-4550
AREA CODE | NUMBER

DATE: YEAR | MO | DAY

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

Attachment C- Miscellaneous Discharges Chemical Inventory Data

ND = NO DISCHARGE

PERMITTEE NAME/ADDRESS
(Include Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

Form Approved
OMB No. 2000-0015

NAME Exxon Mobil Corporation
ADDRESS Regulatory Compliance Group
P.O. Box 4358-WGR
Houston, TX 77210

FACILITY Platform Harmony
LOCATION OCS-P-0190

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
CAG280000	006-022

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2014	9	01	TO	2014	9	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MISCELLANEOUS DISCHARGES

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
006 BLOWOUT PREVENTER FLUID, FREE OIL	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			CONTINGENT	VISUAL
006 BLOWOUT PREVENTER FLUID, FOAM OR FLOATING SOLIDS	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			01/DAY	VISUAL
007 DESALINATION UNIT, FOAM OR FLOATING SOLIDS	SAMPLE MEASUREMENT	****	****	****	****	****	0	# DAYS	0	01/01	VISUAL
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			01/DAY	VISUAL
008 FIRE CONTROL SYSTEM WATER, FOAM OR FLOATING SOLIDS	SAMPLE MEASUREMENT	****	****	****	****	****	#REF!	# DAYS	0	01/01	VISUAL
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			01/DAY	VISUAL
009 NONCONTACT COOLING WATER, FLOW RATE	SAMPLE MEASUREMENT	240,000	****	BBL/ DAY	****	****	****	****	0	01/01	ESTIMATE
	PERMIT REQUIREMENT	REPORT	****		****	****	****			MONTHLY	ESTIMATE
009 NONCONTACT COOLING WATER, FOAM OR FLOATING SOLIDS	SAMPLE MEASUREMENT	****	****	****	****	****	0	# DAYS	0	01/01	VISUAL
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			CONTINGENT	VISUAL
010 BALLAST & STORAGE DISPLACEMENT WATER, FLOW RATE	SAMPLE MEASUREMENT	ND	****	BBL/ DAY	****	****	****	****			
	PERMIT REQUIREMENT	REPORT	****		****	****	****			MONTHLY	ESTIMATE

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Troy Tranquada Operations Superintendent	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SEE PAGE 26 OF 26 FOR SIGNED CERTIFICATION STATEMENT SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(832)	625-4550			
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

ND = NO DISCHARGE

PERMITTEE NAME/ADDRESS
(Include Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2000-0015

NAME Exxon Mobil Corporation
ADDRESS Regulatory Compliance Group
P.O. Box 4358-WGR
Houston, TX 77210

FACILITY Platform Harmony
LOCATION OCS-P-0190

(2-16) PERMIT NUMBER: CAG280000
(17-19) DISCHARGE NUMBER: 006-022

MISCELLANEOUS DISCHARGES

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2014	9	01	TO	2014	9	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) AVERAGE	QUANTITY OR LOADING (54-61) MAXIMUM	UNITS	(4 Card Only) (38-45) MINIMUM	QUALITY OR CONCENTRATION (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
013 TEST FLUIDS, FREE OIL	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			CONTINGENT	VISUAL
013 TEST FLUIDS, FOAM OR FLOATING SOLIDS	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			01/DAY	VISUAL
014 DIATOMACEOUS EARTH FILTER MEDIA, FREE OIL	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			CONTINGENT	VISUAL
014 DIATOMACEOUS EARTH FILTER MEDIA, FOAM OR FLOATING SOLIDS	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			01/DAY	VISUAL
015 BULK TRANSFER MATERIAL OVERFLOW, FOAM OR FLOATING SOLIDS	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			01/DAY	VISUAL
016 UNCONTAMINATED WATER, FOAM OR FLOATING SOLIDS	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			01/DAY	VISUAL
017 WATER FLOODING DISCHARGES, FREE OIL	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			CONTINGENT	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Troy Tranquada Operations Superintendent	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SEE PAGE 26 OF 26 FOR SIGNED CERTIFICATION STATEMENT SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(832)	625-4550	YEAR	MO	DAY
TYPED OR PRINTED			AREA CODE	NUMBER			

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

ND = NO DISCHARGE

PERMITTEE NAME/ADDRESS
(Include Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

Form Approved
OMB No. 2000-0015

NAME	Exxon Mobil Corporation
ADDRESS	Regulatory Compliance Group
	P.O. Box 4358-WGR
	Houston, TX 77210
FACILITY	Platform Harmony
LOCATION	OCS-P-0190

(2-16) PERMIT NUMBER	*(17-19)* DISCHARGE NUMBER
CAG280000	006-022

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2014	9	01	TO	2014	9	30
	(20-21)	*(22-23)*	*(24-25)*		*(26-27)*	*(28-29)*	*(30-31)*

MISCELLANEOUS DISCHARGES

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		*(3 Card Only)* QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	*(4 Card Only)* QUALITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
010 BALLAST & STORAGE DISPLACEMENT WATER, FREE OIL	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			CONTINGENT	VISUAL
010 BALLAST & STORAGE DISPLACEMENT WATER, FOAM OR FL SOLIDS	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			01/DAY	VISUAL
011 BILGE WATER, FLOW RATE	SAMPLE MEASUREMENT	ND	****	BBL/ DAY	****	****	****	****			
	PERMIT REQUIREMENT	REPORT	****		****	****	****			MONTHLY	ESTIMATE
011 BILGE WATER, FREE OIL	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			CONTINGENT	VISUAL
011 BILGE WATER, FOAM OR FLOATING SOLIDS	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			01/DAY	VISUAL
012 BOILER BLOWDOWN, FOAM OR FLOATING SOLIDS	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			01/DAY	VISUAL
013 TEST FLUIDS, FLOW RATE	SAMPLE MEASUREMENT	ND	****	BBL/ DAY	****	****	****	****			
	PERMIT REQUIREMENT	REPORT	****		****	****	****			MONTHLY	ESTIMATE

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Troy Tranquada Operations Superintendent	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	**SEE PAGE 26 OF 26 FOR SIGNED CERTIFICATION STATEMENT** SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(832)	625-4550			
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

ND = NO DISCHARGE

PERMITTEE NAME/ADDRESS
(Include Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2000-0015

NAME Exxon Mobil Corporation
ADDRESS Regulatory Compliance Group
P.O. Box 4358-WGR
Houston, TX 77210

FACILITY Platform Harmony
LOCATION OCS-P-0190

(2-16) PERMIT NUMBER: CAG280000

(17-19) DISCHARGE NUMBER: 006-022

MISCELLANEOUS DISCHARGES

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2014	9	01	TO	2014	9	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) AVERAGE	QUANTITY OR LOADING (54-61) MAXIMUM	UNITS	(4 Card Only) (38-45) MINIMUM	QUALITY OR CONCENTRATION (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
017 WATER FLOODING DISCHARGES, FOAM OR FLOATING SOLIDS	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			01/DAY	VISUAL
018 LABORATORY WASTES, FREE OIL	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			CONTINGENT	VISUAL
018 LABORATORY WASTES, FOAM OR FLOATING SOLIDS	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			01/DAY	VISUAL
019 EXCESS CEMENT SLURRY, FLOW RATE	SAMPLE MEASUREMENT	ND	****	BBL/ DAY	****	****	****	****			
	PERMIT REQUIREMENT	REPORT	****		****	****	****			MONTHLY	ESTIMATE
019 EXCESS CEMENT SLURRY, FREE OIL	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			CONTINGENT	VISUAL
019 EXCESS CEMENT SLURRY, FOAM OR FLOATING SOLIDS	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			01/DAY	VISUAL
020 MUD, CUTTINGS, & CEMENT AT SEAFLOOR, FREE OIL	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			CONTINGENT	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Troy Tranquada
Operations Superintendent

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 submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SEE PAGE 26 OF 26 FOR SIGNED CERTIFICATION STATEMENT

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: (832) 625-4550 (AREA CODE / NUMBER)

DATE: YEAR / MO / DAY

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

ND = NO DISCHARGE

PERMITTEE NAME/ADDRESS
(Include Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2000-0015

NAME Exxon Mobil Corporation
ADDRESS Regulatory Compliance Group
P.O. Box 4358-WGR
Houston, TX 77210

FACILITY Platform Harmony
LOCATION OCS-P-0190

(2-16) PERMIT NUMBER: CAG280000
(17-19) DISCHARGE NUMBER: 006-022

MISCELLANEOUS DISCHARGES

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2014	9	01	TO	2014	9	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) AVERAGE	(3 Card Only) (54-61) MAXIMUM	UNITS	(4 Card Only) (38-45) MINIMUM	(4 Card Only) (46-53) AVERAGE	(4 Card Only) (54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
020 MUD, CUTTINGS, & CEMENT AT SEAFLOOR, FOAM OR FL SOLIDS	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			01/DAY	VISUAL
021 HYDROTEST WATER, FLOW RATE	SAMPLE MEASUREMENT	ND	****	BBL/ DAY	****	****	****	****			
	PERMIT REQUIREMENT	REPORT	****		****	****	****			MONTHLY	ESTIMATE
021 HYDROTEST WATER, FREE OIL	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			CONTINGENT	VISUAL
021 HYDROTEST WATER, FOAM OR FLOATING SOLIDS	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			01/DAY	VISUAL
022 H_2S GAS PROCESSING WATER, FLOW RATE	SAMPLE MEASUREMENT	ND	****	BBL/ DAY	****	****	****	****			
	PERMIT REQUIREMENT	REPORT	****		****	****	****			MONTHLY	ESTIMATE
022 H_2S GAS PROCESSING WATER, FREE OIL	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****		REPORT TOTAL			01/DAY	VISUAL
022 H_2S GAS PROCESSING WATER, FOAM OR FLOATING SOLIDS	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			01/DAY	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
Troy Tranquada Operations Superintendent	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SEE PAGE 26 OF 26 FOR SIGNED CERTIFICATION STATEMENT	(832) 625-4550			
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	YEAR	MO	DAY

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

Attachment C- Miscellaneous Discharges Chemical Inventory Data

ND = NO DISCHARGE

DISCHARGE MONITORING REPORT
CERTIFICATION STATEMENT

RE: **NPDES Permit No. CAG280000**
Platform Harmony - OCS-P-0190

Discharge Monitoring Report for
July 1st 2014 – September 30th 2014

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

Troy M. Tranquada
(Name)

(Signature)

Operations Superintendent
U.S. Production
ExxonMobil Production Company
(A division of Exxon Mobil Corporation)
(Title)

10/27/14
(Date)

ATTACHMENT A

ExxonMobil Corporation- Harmony Platform CAG280000

Analytical Information - July - September, 2014

		Method			Laboratory			
Discharge Number	Analysis	ID	Preparation Procedure	MDL (mg/l)	MDL (mg/l)	Standard Deviation	Replicates (n)	ML (mg/l)
002	Oil & Grease	EPA 1664	EPA 1664	Not given	1	0.33	7	5
005	Residual Chlorine	*	*	*	*	*	*	*

* A Hach Pocket Colorimeter test kit is used to measure total chlorine. The procedure is equivalent to Standard Method 4500-Cl G. The range of the test kit is 0 to 2.0 mg/l total chlorine. For results above 2.0 mg/l, sample dilution of 10:1 is used.

ATTACHMENT B

Exxon Mobil Corporation
Harmony Platform
CAG280000

003 Well Treatment, Completion, & Workover Fluid Information

July, 2014

Job Start Date	Job Stop Date	Job Type	Volume Discharged (bbls)	Oil & Grease Result (mg/l)
Well Treatment Fluids commingled with emulsion				
		Inventory is currently being modified		

August, 2014

Job Start Date	Job Stop Date	Job Type	Volume Discharged (bbls)	Oil & Grease Result (mg/l)
NONE TO REPORT FOR THIS MONITORING PERIOD				

September, 2014

Job Start Date	Job Stop Date	Job Type	Volume Discharged (bbls)	Oil & Grease Result (mg/l)
Well Treatment Fluids commingled with emulsion				
		Inventory is currently being modified		

ATTACHMENT C

ExxonMobil Corporation- Harmony Platform
CAG280000
Miscellaneous Discharges Chemical Inventory Data

July - September, 2014

	Constituent	Quantity	Concentration
008 Fire Control System Test Water	No Chemicals Added		
009 Noncontact Cooling Water	No Chemicals Added	700 lbs	31 PPM
013 Test Fluids	No Discharge		
017 Water Flooding Discharges	No Discharge		
021 Hydrotest Water	No Discharge		