ExxonMobil Production
P.O. Box 4358
Houston, TX 77210-4358

ExxonMobil
Production

November 20, 2014

Fourth Quarter, 2014 Report
Heritage Platform (OCS-P-0182)
NPDES General Permit No. CAG280000

UPS: 1Z V6F 140 13 9030 9166

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 hereby submits the fourth quarter, 2014 Discharge Monitoring Report (DMR) for the reporting period of August 1, 2014 through October 31, 2014, pursuant to ExxonMobil's Heritage Platform NPDES Permit No. CAG280000. There were no exceedances to report. Should you have any questions regarding this submittal, please contact Shelby Pennington at (832) 625-4550.

Sincerely,

Shelby G. Pennington
Regulatory Specialist
ExxonMobil Production Company

/sgp
Enclosures

c - Kate Huckelbrdge - California Coastal Commission
Mr. James Salmons- BSEE, 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 Heritage
LOCATION OCS-P-0182

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

PRODUCED WATER (002)

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2014	08	01	TO	2014	08	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	ND	****	BBL/DAY	****	****	****	****			
	PERMIT REQUIREMENT	MONTHLY AVERAGE	****		****	****	****			DAILY	ESTIMATE
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	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		
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)*

ND= NO DISCHARGE

PERMITTEE NAME/ADDRESS
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FACILITY Platform Heritage
LOCATION OCS-P-0182

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

PRODUCED WATER (002)

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2014	09	01	TO	2014	09	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	AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
PRODUCED WATER FLOW RATE	SAMPLE MEASUREMENT	ND	****	BBL/DAY	****	****	****	****			
	PERMIT REQUIREMENT	MONTHLY AVERAGE	****		****	****	****			DAILY	ESTIMATE
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

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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
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P.O. Box 4358-WGR
Houston, TX 77210

FACILITY Platform Heritage
LOCATION OCS-P-0182

(2-16) CAG280000 — PERMIT NUMBER

(17-19) 002 — DISCHARGE NUMBER

PRODUCED WATER (002)

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2014	10	01	TO	2014	10	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	ND	****	BBL/DAY	****	****	****	****			
	PERMIT REQUIREMENT	MONTHLY AVERAGE	****		****	****	****			DAILY	ESTIMATE
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
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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)*

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OMB No. 2000-0015

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ADDRESS	Regulatory Compliance Group
	P.O. Box 4358-WGR
	Houston, TX 77210
FACILITY	Platform Heritage
LOCATION	OCS-P-0182

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

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2014	08	01	TO	2014	10	31
	(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) 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)
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 A

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)*

ATTACHMENT A

CAG280000

Exxon Mobil Corporation
Heritage Platform

003 Well Treatment, Completion, & Workover Fluid Information

August, 2014

Job Start Date	Job Stop Date	Job Type	Volume Discharged (bbls)	Sheen Observed? Y or N	Oil & Grease Result (mg/l)
No chemicals utilized					

September, 2014

Job Start Date	Job Stop Date	Job Type	Volume Discharged (bbls)	Sheen Observed? Y or N	Oil & Grease Result (mg/l)
No chemicals utilized					

October, 2014

Job Start Date	Job Stop Date	Job Type	Volume Discharged (bbls)	Sheen Observed? Y or N	Oil & Grease Result (mg/l)
No chemicals utilized					

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 Heritage
LOCATION OCS-P-0182

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

DECK DRAINAGE (004)

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2014	08	01	TO	2014	08	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)*
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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
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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)*

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FACILITY Platform Heritage
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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	09	01	TO	2014	09	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	****	****	****	****			
	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)*

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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	10	01	TO	2014	10	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)
DECK DRAINAGE FLOW RATE	SAMPLE MEASUREMENT	ND	****	BBL/ DAY	****	****	****	****	0		
	PERMIT REQUIREMENT	REPORT	****		****	****	****			MONTHLY	ESTIMATE
DECK DRAINAGE FREE OIL	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS	0		
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			DAILY	VISUAL

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

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PERMITTEE NAME/ADDRESS
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(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
CAG280000	005

DOMESTIC & SANITARY WASTES (005)

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2014	08	01	TO	2014	08	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)
SANITARY WASTE FLOW RATE	SAMPLE MEASUREMENT	51	****	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	****	****	****	2.0	****	****	MG/L	0	04/30	GRAB
	PERMIT REQUIREMENT	****	****		1.0 DAILY MN	****	****			MONTHLY	GRAB
SANITARY WASTE * RESIDUAL CHLORINE Downstream of De-chlorinator	SAMPLE MEASUREMENT	****	****	****	****	****	0.1	MG/L	0	04/30	GRAB
	PERMIT REQUIREMENT	****	****		****	****	10 DAILY MAX			MONTHLY	GRAB
DOMESTIC WASTE FLOW RATE	SAMPLE MEASUREMENT	86	****	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

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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)*

* 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.

Attachment C - Analytical Information

ND = NO DISCHARGE

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

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Form Approved
OMB No. 2000-0015

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FACILITY Platform Heritage
LOCATION OCS-P-0182

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
CAG280000	005

DOMESTIC & SANITARY WASTES (005)

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2014	09	01	TO	2014	09	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) 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)
SANITARY WASTE FLOW RATE	SAMPLE MEASUREMENT	55	****	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	****	****	****	2.1	****	****	MG/L	0	04/30	GRAB
	PERMIT REQUIREMENT	****	****		1.0 DAILY MN	****	****			MONTHLY	GRAB
SANITARY WASTE * RESIDUAL CHLORINE Downstream of De-chlorinator	SAMPLE MEASUREMENT	****	****	****	****	****	0.9	MG/L	0	04/30	GRAB
	PERMIT REQUIREMENT	****	****		****	****	10 DAILY MAX			MONTHLY	GRAB
DOMESTIC WASTE FLOW RATE	SAMPLE MEASUREMENT	92	****	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.

Attachment C - Analytical Information

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 Heritage
LOCATION	OCS-P-0182

(2-16)	(17-19)
CAG280000	005
PERMIT NUMBER	DISCHARGE NUMBER

DOMESTIC & SANITARY WASTES (005)

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2014	10	01	TO	2014	10	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)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	QUANTITY OR LOADING (54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	QUALITY OR CONCENTRATION (46-53) AVERAGE	QUALITY OR CONCENTRATION (54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
SANITARY WASTE FLOW RATE	SAMPLE MEASUREMENT	52	****	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	05/30	GRAB
	PERMIT REQUIREMENT	****	****		1.0 DAILY MN	****	****			MONTHLY	GRAB
SANITARY WASTE * RESIDUAL CHLORINE Downstream of De-chlorinator	SAMPLE MEASUREMENT	****	****	****	****	****	0.6	MG/L	0	05/30	GRAB
	PERMIT REQUIREMENT	****	****		****	****	10 DAILY MAX			MONTHLY	GRAB
DOMESTIC WASTE FLOW RATE	SAMPLE MEASUREMENT	89	****	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.

Attachment C - Analytical Information

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 Heritage
LOCATION OCS-P-0182

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

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2014	08	01	TO	2014	08	31
	(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			DAILY	VISUAL
007 DESALINATION UNIT, FOAM OR FLOATING SOLIDS	SAMPLE MEASUREMENT	****	****	****	****	****	0	# DAYS	0	01/01	VISUAL
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			DAILY	VISUAL
008 FIRE CONTROL SYSTEM WATER, FOAM OR FLOATING SOLIDS	SAMPLE MEASUREMENT	****	****	****	****	****	0	# DAYS	0	01/01	VISUAL
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			DAILY	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			DAILY	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 Heritage
LOCATION	OCS-P-0182

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

MISCELLANEOUS DISCHARGES

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2014	08	01	TO	2014	08	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)*
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			DAILY	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			DAILY	VISUAL
012 BOILER BLOWDOWN, FOAM OR FLOATING SOLIDS	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			DAILY	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	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 Heritage
LOCATION OCS-P-0182

(2-16) PERMIT NUMBER: CAG280000

(17-19) DISCHARGE NUMBER: 006-022

MISCELLANEOUS DISCHARGES

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2014	08	01	TO	2014	08	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			DAILY	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			DAILY	VISUAL
015 BULK TRANSFER MATERIAL OVERFLOW, FOAM OR FLOATING SOLIDS	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			DAILY	VISUAL
016 UNCONTAMINATED WATER, FOAM OR FLOATING SOLIDS	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			DAILY	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 Heritage
LOCATION OCS-P-0182

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

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2014	08	01	TO	2014	08	31
	(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) (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			DAILY	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			DAILY	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			DAILY	VISUAL
020 MUD, CUTTINGS, & CEMENT AT SEAFLOOR, 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			
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 Heritage
LOCATION OCS-P-0182

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

MISCELLANEOUS DISCHARGES

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2014	08	01	TO	2014	08	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)
020 MUD, CUTTINGS, & CEMENT AT SEAFLOOR, FOAM OR FL SOLIDS	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			DAILY	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			DAILY	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			CONTINGENT	VISUAL
022 H_2S GAS PROCESSING WATER, FOAM OR FLOATING SOLIDS	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	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)

Attachment B- 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 Heritage
LOCATION	OCS-P-0182

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

MISCELLANEOUS DISCHARGES

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2014	09	01	TO	2014	09	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	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			DAILY	VISUAL
007 DESALINATION UNIT, FOAM OR FLOATING SOLIDS	SAMPLE MEASUREMENT	****	****	****	****	****	0	# DAYS	0	01/01	VISUAL
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			DAILY	VISUAL
008 FIRE CONTROL SYSTEM WATER, FOAM OR FLOATING SOLIDS	SAMPLE MEASUREMENT	****	****	****	****	****	0	# DAYS	0	01/01	VISUAL
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			DAILY	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			DAILY	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 Heritage
LOCATION OCS-P-0182

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

MISCELLANEOUS DISCHARGES

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2014	09	01	TO	2014	09	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)
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			DAILY	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			DAILY	VISUAL
012 BOILER BLOWDOWN, FOAM OR FLOATING SOLIDS	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			DAILY	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 Heritage
LOCATION OCS-P-0182

(2-16) PERMIT NUMBER: CAG280000

(17-19) DISCHARGE NUMBER: 006-022

MISCELLANEOUS DISCHARGES

	MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2014	09	01	TO	2014	09	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	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			DAILY	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			DAILY	VISUAL
015 BULK TRANSFER MATERIAL OVERFLOW, FOAM OR FLOATING SOLIDS	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			DAILY	VISUAL
016 UNCONTAMINATED WATER, FOAM OR FLOATING SOLIDS	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			DAILY	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	(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)

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 Heritage
LOCATION OCS-P-0182

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

MISCELLANEOUS DISCHARGES

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2014	09	01	TO	2014	09	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)
017 WATER FLOODING DISCHARGES, FOAM OR FLOATING SOLIDS	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			DAILY	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			DAILY	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			DAILY	VISUAL
020 MUD, CUTTINGS, & CEMENT AT SEAFLOOR, 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	(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)

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 Heritage
LOCATION OCS-P-0182

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

MISCELLANEOUS DISCHARGES

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2014	09	01	TO	2014	09	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)
020 MUD, CUTTINGS, & CEMENT AT SEAFLOOR, FOAM OR FL SOLIDS	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			DAILY	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			DAILY	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			CONTINGENT	VISUAL
022 H_2S GAS PROCESSING WATER, FOAM OR FLOATING SOLIDS	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	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)

Attachment B - 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 Heritage
LOCATION OCS-P-0182

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

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2014	10	01	TO	2014	10	31
	(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) (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)
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			DAILY	VISUAL
007 DESALINATION UNIT, FOAM OR FLOATING SOLIDS	SAMPLE MEASUREMENT	****	****	****	****	****	0	# DAYS	0	01/01	VISUAL
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			DAILY	VISUAL
008 FIRE CONTROL SYSTEM WATER, FOAM OR FLOATING SOLIDS	SAMPLE MEASUREMENT	****	****	****	****	****	0	# DAYS	0	01/01	VISUAL
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			DAILY	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			DAILY	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		
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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)*

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 Heritage
LOCATION	OCS-P-0182

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

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2014	10	01	TO	2014	10	31
	(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			DAILY	VISUAL
011 BILGE WATER, FLOW RATE	SAMPLE MEASUREMENT	ND	****		****	****	****	****			
	PERMIT REQUIREMENT	REPORT	****	BBL/ DAY	****	****	****			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			DAILY	VISUAL
012 BOILER BLOWDOWN, FOAM OR FLOATING SOLIDS	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			DAILY	VISUAL
013 TEST FLUIDS, FLOW RATE	SAMPLE MEASUREMENT	ND	****		****	****	****	****			
	PERMIT REQUIREMENT	REPORT	****	BBL/ DAY	****	****	****			MONTHLY	ESTIMATE

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
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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
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FACILITY Platform Heritage
LOCATION OCS-P-0182

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

MISCELLANEOUS DISCHARGES

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2014	10	01	TO	2014	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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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)
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			DAILY	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			DAILY	VISUAL
015 BULK TRANSFER MATERIAL OVERFLOW, FOAM OR FLOATING SOLIDS	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			DAILY	VISUAL
016 UNCONTAMINATED WATER, FOAM OR FLOATING SOLIDS	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			DAILY	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	(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)

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 Heritage
LOCATION OCS-P-0182

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

MISCELLANEOUS DISCHARGES

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2014	10	01	TO	2014	10	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)
017 WATER FLOODING DISCHARGES, FOAM OR FLOATING SOLIDS	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			DAILY	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			DAILY	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			DAILY	VISUAL
020 MUD, CUTTINGS, & CEMENT AT SEAFLOOR, 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) AREA CODE	625-4550 NUMBER	YEAR	MO	DAY
TYPED OR PRINTED							

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 Heritage
LOCATION OCS-P-0182

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

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2014	10	01	TO	2014	10	31
	(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) (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)
020 MUD, CUTTINGS, & CEMENT AT SEAFLOOR, FOAM OR FL SOLIDS	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			DAILY	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			DAILY	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			CONTINGENT	VISUAL
022 H_2S GAS PROCESSING WATER, FOAM OR FLOATING SOLIDS	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	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) 625-4550 AREA CODE	NUMBER	YEAR	MO	DAY

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

Attachment B - Miscellaneous Discharges Chemical Inventory Data

ND = NO DISCHARGE

ATTACHMENT B

CAG280000

Exxon Mobil Corporation
Heritage Platform

Miscellaneous Discharges Chemical Inventory Data

August, 2014

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

September, 2014

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

October, 2014

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

ATTACHMENT C

CAG280000

Exxon Mobil Corporation
Heritage Platform

Analytical Information - August 1 - October 31, 2014

		Method			Laboratory			
Discharge #	Analysis	ID	Preparation Procedure	MDL (ug/l)	MDL (ug/l)	Standard Deviation	Replicates (n)	ML (ug/l)
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.

DISCHARGE MONITORING REPORT
CERTIFICATION STATEMENT

RE: NPDES Permit No. CAG280000
Platform Heritage - OCS-P-0182

Discharge Monitoring Report
For August 1, 2014-October 31, 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
ExxonMobil Production Company
(A division of Exxon Mobil Corporation)
(Title)

11/17/14
(Date)