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

ExxonMobil
Production

December 22, 2014

Fourth Quarter, 2014 Report
Hondo Platform (OCS-P-0188)
NPDES General Permit No. CAG280000

UPS: 1Z V6F 140 13 9760 8375

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 for the reporting period of September, 1st 2014 through November 30th, 2014, pursuant to ExxonMobil's Hondo Platform NPDES Permit No. CAG280000. There were no exceedances to report for the quarter. Should you have any questions regarding this submittal, please contact Shelby Pennington (832) 625-4550.

Sincerely,

Shelby Pennington
Regulatory Specialist
ExxonMobil Production Company

/sgp
Enclosures

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE

NAME: EXXON MOBIL PLATFORM HONDO - CAG280000
ADDRESS: PO BOX 4358
HOUSTON, TX 77210

FACILITY: PLATFORM HONDO
LOCATION: LAT 34 23 26 63 LO
PACIFIC OCEAN, CA 93130

ATTN: Troy Tranquada

CAF001302	001C-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
9/1/2014	9/30/2014

DMR Mailing ZIP CODE: 77210-4358
MINOR
(SUBR FW)
Drilling Fluids and Cuttings
External Outfall

No Discharge X

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil based fluids, non-aqueous based drilling fluids and cuttings	SAMPLE MEASUREMENT		******		******	******	******	******			
51707 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. VALUE	******	Y=1;N=0	******	******	******	******		End Of Well	GRAB
Cadmium [Cd], in barite, dry weight	SAMPLE MEASUREMENT	******	******	******	******	******					
78244 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	3 DAILY MX	mg/kg		Once per Batch	GRAB
Mercury [Hg], in barite, dry weight	SAMPLE MEASUREMENT	******	******	******	******	******					
78245 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	1 DAILY MX	mg/kg		Once per Batch	GRAB
Drilling fluids, free oil	SAMPLE MEASUREMENT	******	******	******	******	******					
82589 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily when Discharging	GRAB
Drilling fluids, volume	SAMPLE MEASUREMENT	******			******	******	******	******			
82594 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. TOTAL	bbl	******	******	******	******		Daily	ESTIMA
Drilling fluids, volume	SAMPLE MEASUREMENT	******			******	******	******	******			
82594 EG 0 Effluent Gross	PERMIT REQUIREMENT	******	200000 YTD TOT	bbl	******	******	******	******		Annual	CALCTD
Drill cuttings, free oil	SAMPLE MEASUREMENT	******			******	******					
82595 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	occur/mo	******	******	Req. Mon. MO TOTAL	d		Daily	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Troy M. 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, 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 70 of 70 for Signed Certification Statement	(832)	625-4550	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

No Discharge

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

Form Approved
OMB No. 2040-0004

PERMITTEE
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ADDRESS: PO BOX 4358
HOUSTON, TX 77210

FACILITY: PLATFORM HONDO
LOCATION: LAT 34 23 26 63 LO
PACIFIC OCEAN, CA 93130
ATTN: Troy Tranquada

CAF001302	001C-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
9/1/2014	9/30/2014

DMR Mailing ZIP CODE: 77210-4358
MINOR
(SUBR FW)
Drilling Fluids and Cuttings
External Outfall

No Discharge X

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Drilling cuttings, volume	SAMPLE MEASUREMENT	******			******	******	******	******			
82596 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. TOTAL	bbl	******	******	******	******		Daily	ESTIMA
Drilling cuttings, volume	SAMPLE MEASUREMENT	******			******	******	******	******			
82596 EG 0 Effluent Gross	PERMIT REQUIREMENT	******	40000 YTD TOT	bbl	******	******	******	******		Annual	CALCTD
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	******	******	******		******	******				
TAB3E 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	3 MINIMUM	******	******	%		Contingent	GRAB
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	******	******	******		******	******				
TAB3E EG 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	3 MINIMUM	******	******	%		Contingent	GRAB
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	******	******	******		******	******				
TAB3E O 0 See Comments	PERMIT REQUIREMENT	******	******	******	3 MINIMUM	******	******	%		Contingent	GRAB

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
No Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE
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ADDRESS: PO BOX 4358
HOUSTON, TX 77210

FACILITY: PLATFORM HONDO
LOCATION: LAT 34 23 26 63 LO
PACIFIC OCEAN, CA 93130
ATTN: Troy Tranquada

CAF001302	002C-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
9/1/2014	9/30/2014

DMR Mailing ZIP CODE: 77210-4358
MINOR
(SUBR FW)
Produced Water Monthly
External Outfall

No Discharge X

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	******	******	******	******	ND	ND				
00552 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	29 MO AVG	42 DAILY MX	mg/L		Weekly	COMPOS
Produced water, flow	SAMPLE MEASUREMENT	ND	******		******	******	******	******			
82600 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Daily	ESTIMA
Produced water, flow	SAMPLE MEASUREMENT	ND	******		******	******	******	******			
82600 EG 0 Effluent Gross	PERMIT REQUIREMENT	33762500 YTD TOT	******	bbl/yr	******	******	******	******		Annual	CALCTD

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

Produced water is discharged at Harmony Platform after treatment

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

Form Approved
OMB No. 2040-0004

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ADDRESS: PO BOX 4358
HOUSTON, TX 77210

FACILITY: PLATFORM HONDO
LOCATION: LAT 34 23 26 63 LO
PACIFIC OCEAN, CA 93130
ATTN: Troy Tranquada

CAF001302	003C-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
9/1/2014	9/30/2014

DMR Mailing ZIP CODE: 77210-4358
MINOR
(SUBR FW)
Well Treatment, Completion and Workover Fluid
External Outfall

No Discharge X

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

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(832)	625-4550	
			AREA Code	NUMBER	MM/DD/YYYY

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

No Well Treatment, Completion, and workover fluids were utilized this quarter
*Attachment A-Chemical Inventory

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE

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ADDRESS: PO BOX 4358
HOUSTON, TX 77210

FACILITY: PLATFORM HONDO
LOCATION: LAT 34 23 26 63 LO
PACIFIC OCEAN, CA 93130
ATTN: Troy Tranquada

CAF001302	004C-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
9/1/2014	9/30/2014

DMR Mailing ZIP CODE: 77210-4358
MINOR
(SUBR FW)
Deck Drainage
External Outfall

No Discharge [X]

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

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

1. Deck Drainage is commingled with Produced Water prior to being commingled and discharged at Platform Harmony under Harmony's Produced Water effluent limitations and monitoring requirements.

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

Form Approved
OMB No. 2040-0004

PERMITTEE
NAME: EXXON MOBIL PLATFORM HONDO - CAG280000
ADDRESS: PO BOX 4358
HOUSTON, TX 77210

FACILITY: PLATFORM HONDO
LOCATION: LAT 34 23 26 63 LO
PACIFIC OCEAN, CA 93130
ATTN: Troy Tranquada

PERMIT NUMBER	DISCHARGE NUMBER
CAF001302	005C-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
9/1/2014	9/30/2014

DMR Mailing ZIP CODE: 77210-4358
MINOR
(SUBR FW)
Domestic and Sanitary Waste
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate, domestic	SAMPLE MEASUREMENT	71	******		******	******	******	******			
51667 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA
Sanitary waste, residual chlorine	SAMPLE MEASUREMENT	******	******	******	******	2	0				
82605 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	1 MINIMUM	10 MAXIMUM	mg/L		Monthly	GRAB
Sanitary waste, flow	SAMPLE MEASUREMENT	43	******		******	******	******	******			
82606 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA
Sanitary waste, solids	SAMPLE MEASUREMENT	******	ND		******	******	******	******			
82607 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	#/mo	******	******	******	******		Daily	VISUAL
Domestic waste, foam and floating solids	SAMPLE MEASUREMENT	******	0		******	******	******	******			
82608 RW 0 Receiving Water	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	#/mo	******	******	******	******		Daily	VISUAL

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

1. Chlorine not required if properly operating a USCG approval marine sanitation device.
2. 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 dechlorination

*Attachment C Analytical Information

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE

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ADDRESS: PO BOX 4358
HOUSTON, TX 77210

FACILITY: PLATFORM HONDO
LOCATION: LAT 34 23 26 63 LO
PACIFIC OCEAN, CA 93130
ATTN: Troy Tranquada

CAF001302	006C-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
9/1/2014	9/30/2014

DMR Mailing ZIP CODE: 77210-4358
MINOR
(SUBR FW)
Blowout Preventer Fluid
External Outfall

No Discharge X

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Troy M. 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, 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 70 of 70 for Signed Certification Statement SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(832) AREA Code	625-4550 NUMBER	MM/DD/YYYY

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

No Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE

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ADDRESS: PO BOX 4358
HOUSTON, TX 77210

FACILITY: PLATFORM HONDO
LOCATION: LAT 34 23 26 63 LO
PACIFIC OCEAN, CA 93130
ATTN: Troy Tranquada

CAF001302	007C-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
9/1/2014	9/30/2014

DMR Mailing ZIP CODE: 77210-4358
MINOR
(SUBR FW)
Desalination Unit Discharge
External Outfall

No Discharge ☐

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE

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ADDRESS: PO BOX 4358
HOUSTON, TX 77210

FACILITY: PLATFORM HONDO
LOCATION: LAT 34 23 26 63 LO
PACIFIC OCEAN, CA 93130
ATTN: Troy Tranquada

CAF001302	008C-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
9/1/2014	9/30/2014

DMR Mailing ZIP CODE: 77210-4358
MINOR
(SUBR FW)
Fire Control System Water
External Outfall

No Discharge ☐

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

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Attachment B-Chemical Inventory

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

PERMITTEE

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LOCATION: LAT 34 23 26 63 LO
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CAF001302	009C-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
9/1/2014	9/30/2014

DMR Mailing ZIP CODE: 77210-4358
MINOR
(SUBR FW)
Non-Contact Cooling Water
External Outfall

No Discharge X

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Troy M. 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, 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 70 of 70 for Signed Certification Statement	(832)	625-4550	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Cooling Water is not utilized at Hondo Platform

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

Form Approved
OMB No. 2040-0004

PERMITTEE
NAME: EXXON MOBIL PLATFORM HONDO - CAG280000
ADDRESS: PO BOX 4358
HOUSTON, TX 77210

FACILITY: PLATFORM HONDO
LOCATION: LAT 34 23 26 63 LO
PACIFIC OCEAN, CA 93130
ATTN: Troy Tranquada

CAF001302	010C-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
9/1/2014	9/30/2014

DMR Mailing ZIP CODE: 77210-4358
MINOR
(SUBR FW)
Ballast and Storage Displacement Water
External Outfall

No Discharge [X]

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Troy M. 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, 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 70 of 70 for Signed Certification Statement	(832)	625-4550	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
No Discharge

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

Form Approved
OMB No. 2040-0004

PERMITTEE
NAME: EXXON MOBIL PLATFORM HONDO - CAG280000
ADDRESS: PO BOX 4358
HOUSTON, TX 77210

FACILITY: PLATFORM HONDO
LOCATION: LAT 34 23 26 63 LO
PACIFIC OCEAN, CA 93130
ATTN: Troy Tranquada

PERMIT NUMBER	DISCHARGE NUMBER
CAF001302	011C-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
9/1/2014	9/30/2014

DMR Mailing ZIP CODE: 77210-4358
MINOR
(SUBR FW)
Bilge Water
External Outfall

No Discharge X

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Troy M. 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, 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 70 of 70 for Signed Certification Statement SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(832) AREA Code	625-4550 NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
No discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE

NAME: EXXON MOBIL PLATFORM HONDO - CAG280000
ADDRESS: PO BOX 4358
HOUSTON, TX 77210

FACILITY: PLATFORM HONDO
LOCATION: LAT 34 23 26 63 LO
PACIFIC OCEAN, CA 93130
ATTN: Troy Tranquada

CAF001302	012C-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
9/1/2014	9/30/2014

DMR Mailing ZIP CODE: 77210-4358
MINOR
(SUBR FW)
Boiler Blowdown
External Outfall

No Discharge X

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Troy M. 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, 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 70 of 70 for Signed Certification Statement	(832)	625-4550	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

No discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE

NAME: EXXON MOBIL PLATFORM HONDO - CAG280000
ADDRESS: PO BOX 4358
HOUSTON, TX 77210

FACILITY: PLATFORM HONDO
LOCATION: LAT 34 23 26 63 LO
PACIFIC OCEAN, CA 93130
ATTN: Troy Tranquada

PERMIT NUMBER	DISCHARGE NUMBER
CAF001302	013C-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
9/1/2014	9/30/2014

DMR Mailing ZIP CODE: 77210-4358
MINOR
(SUBR FW)
Test Fluids
External Outfall

No Discharge X

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Troy M. 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, 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 70 of 70 for Signed Certification Statement			
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(832)	625-4550	
			AREA Code	NUMBER	MM/DD/YYYY

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

No Discharge

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

Form Approved
OMB No. 2040-0004

PERMITTEE
NAME: EXXON MOBIL PLATFORM HONDO - CAG280000
ADDRESS: PO BOX 4358
HOUSTON, TX 77210

FACILITY: PLATFORM HONDO
LOCATION: LAT 34 23 26 63 LO
PACIFIC OCEAN, CA 93130
ATTN: Troy Tranquada

CAF001302	014C-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
9/1/2014	9/30/2014

DMR Mailing ZIP CODE: 77210-4358
MINOR
(SUBR FW)
Diatomaceous Earth Filter Media
External Outfall

No Discharge [X]

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Troy M. 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, 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 70 of 70 for Signed Certification Statement	(832)	625-4550	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

No Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE

NAME: EXXON MOBIL PLATFORM HONDO - CAG280000

ADDRESS: PO BOX 4358
HOUSTON, TX 77210

FACILITY: PLATFORM HONDO

LOCATION: LAT 34 23 26 63 LO
PACIFIC OCEAN, CA 93130

ATTN: Troy Tranquada

PERMIT NUMBER	DISCHARGE NUMBER
CAF001302	015C-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
9/1/2014	9/30/2014

DMR Mailing ZIP CODE: 77210-4358
MINOR
(SUBR FW)
Bulk Transfer Material Overflow
External Outfall

No Discharge X

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

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

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

No Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE

NAME: EXXON MOBIL PLATFORM HONDO - CAG280000
ADDRESS: PO BOX 4358
HOUSTON, TX 77210

FACILITY: PLATFORM HONDO
LOCATION: LAT 34 23 26 63 LO
PACIFIC OCEAN, CA 93130

ATTN: Troy Tranquada

CAF001302	016C-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
9/1/2014	9/30/2014

DMR Mailing ZIP CODE: 77210-4358
MINOR
(SUBR FW)
Uncontaminated Water
External Outfall

No Discharge X

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Troy M. 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, 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 70 of 70 for Signed Certification Statement	(832)	625-4550	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

No Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE

NAME: EXXON MOBIL PLATFORM HONDO - CAG280000
ADDRESS: PO BOX 4358
HOUSTON, TX 77210

FACILITY: PLATFORM HONDO
LOCATION: LAT 34 23 26 63 LO
PACIFIC OCEAN, CA 93130

ATTN: Troy Tranquada

CAF001302	017C-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
9/1/2014	9/30/2014

DMR Mailing ZIP CODE: 77210-4358
MINOR
(SUBR FW)
Water Flooding Discharges
External Outfall

No Discharge X

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

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

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

No Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE
NAME: EXXON MOBIL PLATFORM HONDO - CAG280000
ADDRESS: PO BOX 4358
HOUSTON, TX 77210

FACILITY: PLATFORM HONDO
LOCATION: LAT 34 23 26 63 LO
PACIFIC OCEAN, CA 93130
ATTN: Troy Tranquada

CAF001302	018C-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
9/1/2014	9/30/2014

DMR Mailing ZIP CODE: 77210-4358
MINOR
(SUBR FW)
Laboratory Waste
External Outfall

No Discharge X

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Troy M. 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, 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 70 of 70 for Signed Certification Statement			
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(832)	625-4550	
			AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE

NAME: EXXON MOBIL PLATFORM HONDO - CAG280000
ADDRESS: PO BOX 4358
HOUSTON, TX 77210

FACILITY: PLATFORM HONDO
LOCATION: LAT 34 23 26 63 LO
PACIFIC OCEAN, CA 93130

ATTN: Troy Tranquada

PERMIT NUMBER	DISCHARGE NUMBER
CAF001302	019C-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
9/1/2014	9/30/2014

DMR Mailing ZIP CODE: 77210-4358
MINOR
(SUBR FW)
Excess Cement Slurry
External Outfall

No Discharge X

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	******	******	******	******	ND				
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	******	******	******	******	******	ND				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT	ND	******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA
Flow	SAMPLE MEASUREMENT	ND	******		******	******	******	******			
74076 EG 0 Effluent Gross	PERMIT REQUIREMENT	4000 YTD TOT	******	bbl/yr	******	******	******	******		Annual	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Troy M. 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, 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 70 of 70 for Signed Certification Statement	(832)	625-4550	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

No Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE

NAME: EXXON MOBIL PLATFORM HONDO - CAG280000
ADDRESS: PO BOX 4358
HOUSTON, TX 77210

FACILITY: PLATFORM HONDO
LOCATION: LAT 34 23 26 63 LO
PACIFIC OCEAN, CA 93130
ATTN: Troy Tranquada

PERMIT NUMBER	DISCHARGE NUMBER
CAF001302	020C-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
9/1/2014	9/30/2014

DMR Mailing ZIP CODE: 77210-4358
MINOR
(SUBR FW)
Muds, Cuttings and Cement at Sea Floor
External Outfall

No Discharge X

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Troy M. 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, 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 70 of 70 for Signed Certification Statement	(832)	625-4550	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

No discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE

NAME: EXXON MOBIL PLATFORM HONDO - CAG280000
ADDRESS: PO BOX 4358
HOUSTON, TX 77210

FACILITY: PLATFORM HONDO
LOCATION: LAT 34 23 26 63 LO
PACIFIC OCEAN, CA 93130
ATTN: Troy Tranquada

CAF001302	021C-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
9/1/2014	9/30/2014

DMR Mailing ZIP CODE: 77210-4358
MINOR
(SUBR FW)
Hydrotest Water
External Outfall

No Discharge X

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Troy M. 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, 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 70 of 70 for Signed Certification Statement SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(832) AREA Code	625-4550 NUMBER	MM/DD/YYYY

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

No Discharge

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

Form Approved
OMB No. 2040-0004

PERMITTEE
NAME: EXXON MOBIL PLATFORM HONDO - CAG280000
ADDRESS: PO BOX 4358
HOUSTON, TX 77210

FACILITY: PLATFORM HONDO
LOCATION: LAT 34 23 26 63 LO
PACIFIC OCEAN, CA 93130
ATTN: Troy Tranquada

CAF001302	022C-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
9/1/2014	9/30/2014

DMR Mailing ZIP CODE: 77210-4358
MINOR
(SUBR FW)
H2S Gas Processing Waste Water
External Outfall

No Discharge [X]

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Troy M. 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, 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 70 of 70 for Signed Certification Statement	(832)	625-4550	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
No Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE

NAME: EXXON MOBIL PLATFORM HONDO - CAG280000
ADDRESS: PO BOX 4358
HOUSTON, TX 77210

FACILITY: PLATFORM HONDO
LOCATION: LAT 34 23 26 63 LO
PACIFIC OCEAN, CA 93130
ATTN: Troy Tranquada

CAF001302	001C-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/1/2014	10/31/2014

DMR Mailing ZIP CODE: 77210-4358
MINOR
(SUBR FW)
Drilling Fluids and Cuttings
External Outfall

No Discharge X

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil based fluids, non-aqueous based drilling fluids and cuttings	SAMPLE MEASUREMENT		******		******	******	******	******			
51707 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. VALUE	******	Y=1;N=0	******	******	******	******		End Of Well	GRAB
Cadmium [Cd], in barite, dry weight	SAMPLE MEASUREMENT	******	******	******	******	******					
78244 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	3 DAILY MX	mg/kg		Once per Batch	GRAB
Mercury [Hg], in barite, dry weight	SAMPLE MEASUREMENT	******	******	******	******	******					
78245 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	1 DAILY MX	mg/kg		Once per Batch	GRAB
Drilling fluids, free oil	SAMPLE MEASUREMENT	******	******	******	******	******					
82589 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily when Discharging	GRAB
Drilling fluids, volume	SAMPLE MEASUREMENT	******			******	******	******	******			
82594 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. TOTAL	bbl	******	******	******	******		Daily	ESTIMA
Drilling fluids, volume	SAMPLE MEASUREMENT	******			******	******	******	******			
82594 EG 0 Effluent Gross	PERMIT REQUIREMENT	******	200000 YTD TOT	bbl	******	******	******	******		Annual	CALCTD
Drill cuttings, free oil	SAMPLE MEASUREMENT	******			******	******					
82595 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	occur/mo	******	******	Req. Mon. MO TOTAL	d		Daily	GRAB

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

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

No Discharge

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

Form Approved
OMB No. 2040-0004

PERMITTEE
NAME: EXXON MOBIL PLATFORM HONDO - CAG280000
ADDRESS: PO BOX 4358
HOUSTON, TX 77210

FACILITY: PLATFORM HONDO
LOCATION: LAT 34 23 26 63 LO
PACIFIC OCEAN, CA 93130
ATTN: Troy Tranquada

PERMIT NUMBER	DISCHARGE NUMBER
CAF001302	001C-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/1/2014	10/31/2014

DMR Mailing ZIP CODE: 77210-4358
MINOR
(SUBR FW)
Drilling Fluids and Cuttings
External Outfall

No Discharge X

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Drilling cuttings, volume	SAMPLE MEASUREMENT	******			******	******	******	******			
82596 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. TOTAL	bbl	******	******	******	******		Daily	ESTIMA
Drilling cuttings, volume	SAMPLE MEASUREMENT	******			******	******	******	******			
82596 EG 0 Effluent Gross	PERMIT REQUIREMENT	******	40000 YTD TOT	bbl	******	******	******	******		Annual	CALCTD
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	******	******	******		******	******				
TAB3E 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	3 MINIMUM	******	******	%		Contingent	GRAB
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	******	******	******		******	******				
TAB3E EG 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	3 MINIMUM	******	******	%		Contingent	GRAB
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	******	******	******		******	******				
TAB3E O 0 See Comments	PERMIT REQUIREMENT	******	******	******	3 MINIMUM	******	******	%		Contingent	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(832) AREA Code	625-4550 NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
No Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE

NAME: EXXON MOBIL PLATFORM HONDO - CAG280000
ADDRESS: PO BOX 4358
HOUSTON, TX 77210

FACILITY: PLATFORM HONDO
LOCATION: LAT 34 23 26 63 LO
PACIFIC OCEAN, CA 93130

ATTN: Troy Tranquada

CAF001302	002C-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/1/2014	10/31/2014

DMR Mailing ZIP CODE: 77210-4358
MINOR
(SUBR FW)
Produced Water Monthly
External Outfall

No Discharge X

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	******	******	******	******	ND					
00552 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	29 MO AVG	42 DAILY MX	mg/L		Weekly	COMPOS
Produced water, flow	SAMPLE MEASUREMENT	ND	******		******	******	******	******			
82600 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Daily	ESTIMA
Produced water, flow	SAMPLE MEASUREMENT	ND	******		******	******	******	******			
82600 EG 0 Effluent Gross	PERMIT REQUIREMENT	33762500 YTD TOT	******	bbl/yr	******	******	******	******		Annual	CALCTD

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	MM/DD/YYYY

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

Produced water is discharged at Harmony Platform after treatment

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

Form Approved
OMB No. 2040-0004

PERMITTEE
NAME: EXXON MOBIL PLATFORM HONDO - CAG280000
ADDRESS: PO BOX 4358
HOUSTON, TX 77210

FACILITY: PLATFORM HONDO
LOCATION: LAT 34 23 26 63 LO
PACIFIC OCEAN, CA 93130
ATTN: Troy Tranquada

CAF001302	003C-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/1/2014	10/31/2014

DMR Mailing ZIP CODE: 77210-4358
MINOR
(SUBR FW)
Well Treatment, Completion and Workover Fluid
External Outfall

No Discharge X

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

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

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

No Well Treatment, Completion, and workover fluids were utilized this quarter
***Attachment A-Chemical Inventory**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE

NAME: EXXON MOBIL PLATFORM HONDO - CAG280000
ADDRESS: PO BOX 4358
HOUSTON, TX 77210

FACILITY: PLATFORM HONDO
LOCATION: LAT 34 23 26 63 LO
PACIFIC OCEAN, CA 93130
ATTN: Troy Tranquada

CAF001302	004C-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/1/2014	10/31/2014

DMR Mailing ZIP CODE: 77210-4358
MINOR
(SUBR FW)
Deck Drainage
External Outfall

No Discharge X

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(832)	625-4550	
			AREA Code	NUMBER	MM/DD/YYYY

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

1. Deck Drainage is commingled with Produced Water prior to being commingled and discharged at Platform Harmony under Harmony's Produced Water effluent limitations and monitoring requirements.

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

Form Approved
OMB No. 2040-0004

PERMITTEE
NAME: EXXON MOBIL PLATFORM HONDO - CAG280000
ADDRESS: PO BOX 4358
HOUSTON, TX 77210

FACILITY: PLATFORM HONDO
LOCATION: LAT 34 23 26 63 LO
PACIFIC OCEAN, CA 93130
ATTN: Troy Tranquada

CAF001302	005C-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/1/2014	10/31/2014

DMR Mailing ZIP CODE: 77210-4358
MINOR
(SUBR FW)
Domestic and Sanitary Waste
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate, domestic	SAMPLE MEASUREMENT	74	******		******	******	******	******			
51667 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA
Sanitary waste, residual chlorine	SAMPLE MEASUREMENT	******	******	******	******	3	1				
82605 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	1 MINIMUM	10 MAXIMUM	mg/L		Monthly	GRAB
Sanitary waste, flow	SAMPLE MEASUREMENT	44	******		******	******	******	******			
82606 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA
Sanitary waste, solids	SAMPLE MEASUREMENT	******	ND		******	******	******	******			
82607 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	#/mo	******	******	******	******		Daily	VISUAL
Domestic waste, foam and floating solids	SAMPLE MEASUREMENT	******	0		******	******	******	******			
82608 RW 0 Receiving Water	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	#/mo	******	******	******	******		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		See Page 70 of 70 for Signed Certification Statement	TELEPHONE		DATE
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TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

1. Chlorine not required if properly operating a USCG approval marine sanitation device.
2. 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 dechlorination

*Attachment C Analytical Information

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE

NAME: EXXON MOBIL PLATFORM HONDO - CAG280000
ADDRESS: PO BOX 4358
HOUSTON, TX 77210

FACILITY: PLATFORM HONDO
LOCATION: LAT 34 23 26 63 LO
PACIFIC OCEAN, CA 93130

ATTN: Troy Tranquada

PERMIT NUMBER	DISCHARGE NUMBER
CAF001302	006C-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/1/2014	10/31/2014

DMR Mailing ZIP CODE: 77210-4358
MINOR
(SUBR FW)
Blowout Preventer Fluid
External Outfall

No Discharge X

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Troy M. 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, 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 70 of 70 for Signed Certification Statement	(832)	625-4550	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE

NAME: EXXON MOBIL PLATFORM HONDO - CAG280000
ADDRESS: PO BOX 4358
HOUSTON, TX 77210

FACILITY: PLATFORM HONDO
LOCATION: LAT 34 23 26 63 LO
PACIFIC OCEAN, CA 93130

ATTN: Troy Tranquada

CAF001302	007C-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/1/2014	10/31/2014

DMR Mailing ZIP CODE: 77210-4358
MINOR
(SUBR FW)
Desalination Unit Discharge
External Outfall

No Discharge ☐

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

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE

NAME: EXXON MOBIL PLATFORM HONDO - CAG280000
ADDRESS: PO BOX 4358
HOUSTON, TX 77210

FACILITY: PLATFORM HONDO
LOCATION: LAT 34 23 26 63 LO
PACIFIC OCEAN, CA 93130

ATTN: Troy Tranquada

CAF001302	008C-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/1/2014	10/31/2014

DMR Mailing ZIP CODE: 77210-4358
MINOR
(SUBR FW)
Fire Control System Water
External Outfall

No Discharge ☐

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		See Page 70 of 70 for Signed Certification Statement	TELEPHONE		DATE
Troy M. 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, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(832)	625-4550	
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

Attachment B- Chemical Inventory

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE

NAME: EXXON MOBIL PLATFORM HONDO - CAG280000
ADDRESS: PO BOX 4358
HOUSTON, TX 77210

FACILITY: PLATFORM HONDO
LOCATION: LAT 34 23 26 63 LO
PACIFIC OCEAN, CA 93130
ATTN: Troy Tranquada

PERMIT NUMBER	DISCHARGE NUMBER
CAF001302	009C-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/1/2014	10/31/2014

DMR Mailing ZIP CODE: 77210-4358
MINOR
(SUBR FW)
Non-Contact Cooling Water
External Outfall

No Discharge X

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

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

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

Cooling Water is not utilized at Hondo Platform

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

Form Approved
OMB No. 2040-0004

PERMITTEE
NAME: EXXON MOBIL PLATFORM HONDO - CAG280000
ADDRESS: PO BOX 4358
HOUSTON, TX 77210

FACILITY: PLATFORM HONDO
LOCATION: LAT 34 23 26 63 LO
PACIFIC OCEAN, CA 93130
ATTN: Troy Tranquada

PERMIT NUMBER	DISCHARGE NUMBER
CAF001302	010C-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/1/2014	10/31/2014

DMR Mailing ZIP CODE: 77210-4358
MINOR
(SUBR FW)
Ballast and Storage Displacement Water
External Outfall

No Discharge X

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Troy M. 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, 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 70 of 70 for Signed Certification Statement SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(832) AREA Code	625-4550 NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
No Discharge

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

Form Approved
OMB No. 2040-0004

PERMITTEE
NAME: EXXON MOBIL PLATFORM HONDO - CAG280000
ADDRESS: PO BOX 4358
HOUSTON, TX 77210

FACILITY: PLATFORM HONDO
LOCATION: LAT 34 23 26 63 LO
PACIFIC OCEAN, CA 93130
ATTN: Troy Tranquada

PERMIT NUMBER	DISCHARGE NUMBER
CAF001302	011C-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/1/2014	10/31/2014

DMR Mailing ZIP CODE: 77210-4358
MINOR
(SUBR FW)
Bilge Water
External Outfall

No Discharge X

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Troy M. 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, 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 70 of 70 for Signed Certification Statement			
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(832)	625-4550	
			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
No Discharge

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

Form Approved
OMB No. 2040-0004

PERMITTEE
NAME: EXXON MOBIL PLATFORM HONDO - CAG280000
ADDRESS: PO BOX 4358
HOUSTON, TX 77210

FACILITY: PLATFORM HONDO
LOCATION: LAT 34 23 26 63 LO
PACIFIC OCEAN, CA 93130
ATTN: Troy Tranquada

PERMIT NUMBER	DISCHARGE NUMBER
CAF001302	012C-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/1/2014	10/31/2014

DMR Mailing ZIP CODE: 77210-4358
MINOR
(SUBR FW)
Boiler Blowdown
External Outfall

No Discharge [X]

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Troy M. 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, 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 70 of 70 for Signed Certification Statement SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(832) AREA Code	625-4550 NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
No Discharge

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

Form Approved
OMB No. 2040-0004

PERMITTEE
NAME: EXXON MOBIL PLATFORM HONDO - CAG280000
ADDRESS: PO BOX 4358
HOUSTON, TX 77210

FACILITY: PLATFORM HONDO
LOCATION: LAT 34 23 26 63 LO
PACIFIC OCEAN, CA 93130
ATTN: Troy Tranquada

PERMIT NUMBER	DISCHARGE NUMBER
CAF001302	013C-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/1/2014	10/31/2014

DMR Mailing ZIP CODE: 77210-4358
MINOR
(SUBR FW)
Test Fluids
External Outfall

No Discharge X

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Troy M. 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, 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 70 of 70 for Signed Certification Statement SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(832) AREA Code	625-4550 NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
No Discharge

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

Form Approved
OMB No. 2040-0004

PERMITTEE
NAME: EXXON MOBIL PLATFORM HONDO - CAG280000
ADDRESS: PO BOX 4358
HOUSTON, TX 77210

FACILITY: PLATFORM HONDO
LOCATION: LAT 34 23 26 63 LO
PACIFIC OCEAN, CA 93130
ATTN: Troy Tranquada

CAF001302	014C-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/1/2014	10/31/2014

DMR Mailing ZIP CODE: 77210-4358
MINOR
(SUBR FW)
Diatomaceous Earth Filter Media
External Outfall

No Discharge [X]

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

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
No Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE

NAME: EXXON MOBIL PLATFORM HONDO - CAG280000
ADDRESS: PO BOX 4358
HOUSTON, TX 77210

FACILITY: PLATFORM HONDO
LOCATION: LAT 34 23 26 63 LO
PACIFIC OCEAN, CA 93130

ATTN: Troy Tranquada

PERMIT NUMBER	DISCHARGE NUMBER
CAF001302	015C-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/1/2014	10/31/2014

DMR Mailing ZIP CODE: 77210-4358
MINOR
(SUBR FW)
Bulk Transfer Material Overflow
External Outfall

No Discharge X

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

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

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

No Discharge

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

Form Approved
OMB No. 2040-0004

PERMITTEE
NAME: EXXON MOBIL PLATFORM HONDO - CAG280000
ADDRESS: PO BOX 4358
HOUSTON, TX 77210

FACILITY: PLATFORM HONDO
LOCATION: LAT 34 23 26 63 LO
PACIFIC OCEAN, CA 93130
ATTN: Troy Tranquada

PERMIT NUMBER	DISCHARGE NUMBER
CAF001302	016C-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/1/2014	10/31/2014

DMR Mailing ZIP CODE: 77210-4358
MINOR
(SUBR FW)
Uncontaminated Water
External Outfall

No Discharge X

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

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

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

No discharge

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

Form Approved
OMB No. 2040-0004

PERMITTEE
NAME: EXXON MOBIL PLATFORM HONDO - CAG280000
ADDRESS: PO BOX 4358
HOUSTON, TX 77210

FACILITY: PLATFORM HONDO
LOCATION: LAT 34 23 26 63 LO
PACIFIC OCEAN, CA 93130
ATTN: Troy Tranquada

CAF001302	017C-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/1/2014	10/31/2014

DMR Mailing ZIP CODE: 77210-4358
MINOR
(SUBR FW)
Water Flooding Discharges
External Outfall

No Discharge [X]

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

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
No Discharge

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

Form Approved
OMB No. 2040-0004

PERMITTEE
NAME: EXXON MOBIL PLATFORM HONDO - CAG280000
ADDRESS: PO BOX 4358
HOUSTON, TX 77210

FACILITY: PLATFORM HONDO
LOCATION: LAT 34 23 26 63 LO
PACIFIC OCEAN, CA 93130
ATTN: Troy Tranquada

CAF001302	018C-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/1/2014	10/31/2014

DMR Mailing ZIP CODE: 77210-4358
MINOR
(SUBR FW)
Laboratory Waste
External Outfall

No Discharge [X]

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Troy M. 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, 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 70 of 70 for Signed Certification Statement	(832)	625-4550	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

No discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE

NAME: EXXON MOBIL PLATFORM HONDO - CAG280000
ADDRESS: PO BOX 4358
HOUSTON, TX 77210

FACILITY: PLATFORM HONDO
LOCATION: LAT 34 23 26 63 LO
PACIFIC OCEAN, CA 93130

ATTN: Troy Tranquada

PERMIT NUMBER	DISCHARGE NUMBER
CAF001302	019C-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/1/2014	10/31/2014

DMR Mailing ZIP CODE: 77210-4358
MINOR
(SUBR FW)
Excess Cement Slurry
External Outfall

No Discharge X

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	******	******	******	******	ND				
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	******	******	******	******	******	ND				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT	ND	******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA
Flow	SAMPLE MEASUREMENT		******		******	******	******	******			
74076 EG 0 Effluent Gross	PERMIT REQUIREMENT	4000 YTD TOT	******	bbl/yr	******	******	******	******		Annual	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Troy M. 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, 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 70 of 70 for Signed Certification Statement SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(832) AREA Code	625-4550 NUMBER	MM/DD/YYYY

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

No Discharge

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

Form Approved
OMB No. 2040-0004

PERMITTEE
NAME: EXXON MOBIL PLATFORM HONDO - CAG280000
ADDRESS: PO BOX 4358
HOUSTON, TX 77210

FACILITY: PLATFORM HONDO
LOCATION: LAT 34 23 26 63 LO
PACIFIC OCEAN, CA 93130
ATTN: Troy Tranquada

CAF001302	020C-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/1/2014	10/31/2014

DMR Mailing ZIP CODE: 77210-4358
MINOR
(SUBR FW)
Muds, Cuttings and Cement at Sea Floor
External Outfall

No Discharge [X]

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

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
No discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE

NAME: EXXON MOBIL PLATFORM HONDO - CAG280000
ADDRESS: PO BOX 4358
HOUSTON, TX 77210

FACILITY: PLATFORM HONDO
LOCATION: LAT 34 23 26 63 LO
PACIFIC OCEAN, CA 93130
ATTN: Troy Tranquada

PERMIT NUMBER	DISCHARGE NUMBER
CAF001302	021C-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/1/2014	10/31/2014

DMR Mailing ZIP CODE: 77210-4358
MINOR
(SUBR FW)
Hydrotest Water
External Outfall

No Discharge X

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

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

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

1. Chemical Inventory, refer to Attachment X.
2. If chlorine is initiated, an RP analysis is required over a 12 month monitoring period.
3. Submit RP analysis per permit requirement after sampling is completed.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE
NAME: EXXON MOBIL PLATFORM HONDO - CAG280000
ADDRESS: PO BOX 4358
HOUSTON, TX 77210

FACILITY: PLATFORM HONDO
LOCATION: LAT 34 23 26 63 LO
PACIFIC OCEAN, CA 93130
ATTN: Troy Tranquada

CAF001302	022C-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/1/2014	10/31/2014

DMR Mailing ZIP CODE: 77210-4358
MINOR
(SUBR FW)
H2S Gas Processing Waste Water
External Outfall

No Discharge X

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

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE
NAME: EXXON MOBIL PLATFORM HONDO - CAG280000
ADDRESS: PO BOX 4358
HOUSTON, TX 77210

FACILITY: PLATFORM HONDO
LOCATION: LAT 34 23 26 63 LO
PACIFIC OCEAN, CA 93130
ATTN: Troy Tranquada

CAF001302	001C-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/1/2014	11/30/2014

DMR Mailing ZIP CODE: 77210-4358
MINOR
(SUBR FW)
Drilling Fluids and Cuttings
External Outfall

No Discharge X

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil based fluids, non-aqueous based drilling fluids and cuttings	SAMPLE MEASUREMENT		******		******	******	******	******			
51707 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. VALUE	******	Y=1;N=0	******	******	******	******		End Of Well	GRAB
Cadmium [Cd], in barite, dry weight	SAMPLE MEASUREMENT	******	******	******	******	******					
78244 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	3 DAILY MX	mg/kg		Once per Batch	GRAB
Mercury [Hg], in barite, dry weight	SAMPLE MEASUREMENT	******	******	******	******	******					
78245 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	1 DAILY MX	mg/kg		Once per Batch	GRAB
Drilling fluids, free oil	SAMPLE MEASUREMENT	******	******	******	******	******					
82589 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily when Discharging	GRAB
Drilling fluids, volume	SAMPLE MEASUREMENT	******			******	******	******	******			
82594 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. TOTAL	bbl	******	******	******	******		Daily	ESTIMA
Drilling fluids, volume	SAMPLE MEASUREMENT	******			******	******	******	******			
82594 EG 0 Effluent Gross	PERMIT REQUIREMENT	******	200000 YTD TOT	bbl	******	******	******	******		Annual	CALCTD
Drill cuttings, free oil	SAMPLE MEASUREMENT	******			******	******					
82595 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	occur/mo	******	******	Req. Mon. MO TOTAL	d		Daily	GRAB

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

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

No Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE

NAME: EXXON MOBIL PLATFORM HONDO - CAG280000
ADDRESS: PO BOX 4358
HOUSTON, TX 77210

FACILITY: PLATFORM HONDO
LOCATION: LAT 34 23 26 63 LO
PACIFIC OCEAN, CA 93130

ATTN: Troy Tranquada

CAF001302	001C-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/1/2014	11/30/2014

DMR Mailing ZIP CODE: 77210-4358
MINOR
(SUBR FW)
Drilling Fluids and Cuttings
External Outfall

No Discharge X

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Drilling cuttings, volume	SAMPLE MEASUREMENT	******			******	******	******	******			
82596 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. TOTAL	bbl	******	******	******	******		Daily	ESTIMA
Drilling cuttings, volume	SAMPLE MEASUREMENT	******			******	******	******	******			
82596 EG 0 Effluent Gross	PERMIT REQUIREMENT	******	40000 YTD TOT	bbl	******	******	******	******		Annual	CALCTD
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	******	******	******		******	******				
TAB3E 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	3 MINIMUM	******	******	%		Contingent	GRAB
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	******	******	******		******	******				
TAB3E EG 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	3 MINIMUM	******	******	%		Contingent	GRAB
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	******	******	******		******	******				
TAB3E O 0 See Comments	PERMIT REQUIREMENT	******	******	******	3 MINIMUM	******	******	%		Contingent	GRAB

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

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

1. Drilling fluids & Drill Cuttings Volume annual cumulative from Mar 1st thru Feb 28th each year.
2. Drill fluid & Chemical inventory-all mud system, --> refer to Attachment X.
3. Drilling fluid and cutting, free oil refers to Free oil static sheen test.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE

NAME: EXXON MOBIL PLATFORM HONDO - CAG280000
ADDRESS: PO BOX 4358
HOUSTON, TX 77210

FACILITY: PLATFORM HONDO
LOCATION: LAT 34 23 26 63 LO
PACIFIC OCEAN, CA 93130

ATTN: Troy Tranquada

CAF001302	002C-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/1/2014	11/30/2014

DMR Mailing ZIP CODE: 77210-4358
MINOR
(SUBR FW)
Produced Water Monthly
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	******	******	******	******						
00552 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	29 MO AVG	42 DAILY MX	mg/L		Weekly	COMPOS
Produced water, flow	SAMPLE MEASUREMENT	ND	******		******	******	******	******			
82600 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Daily	ESTIMA
Produced water, flow	SAMPLE MEASUREMENT		******		******	******	******	******			
82600 EG 0 Effluent Gross	PERMIT REQUIREMENT	33762500 YTD TOT	******	bbl/yr	******	******	******	******		Annual	CALCTD

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Produced water is discharged at Harmony Platform after treatment

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

Form Approved
OMB No. 2040-0004

PERMITTEE
NAME: EXXON MOBIL PLATFORM HONDO - CAG280000
ADDRESS: PO BOX 4358
HOUSTON, TX 77210

FACILITY: PLATFORM HONDO
LOCATION: LAT 34 23 26 63 LO
PACIFIC OCEAN, CA 93130
ATTN: Troy Tranquada

CAF001302	003C-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/1/2014	11/30/2014

DMR Mailing ZIP CODE: 77210-4358
MINOR
(SUBR FW)
Well Treatment, Completion and Workover Fluid
External Outfall

No Discharge ☐

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

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

No Well Treatment, Completion, and workover fluids were utilized this quarter
***Attachment A-Chemical Inventory**

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

Form Approved
OMB No. 2040-0004

PERMITTEE
NAME: EXXON MOBIL PLATFORM HONDO - CAG280000
ADDRESS: PO BOX 4358
HOUSTON, TX 77210

FACILITY: PLATFORM HONDO
LOCATION: LAT 34 23 26 63 LO
PACIFIC OCEAN, CA 93130
ATTN: Troy Tranquada

CAF001302	004C-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/1/2014	11/30/2014

DMR Mailing ZIP CODE: 77210-4358
MINOR
(SUBR FW)
Deck Drainage
External Outfall

No Discharge X

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

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

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

1. Deck Drainage is commingled with Produced Water prior to being commingled and discharged at Platform Harmony under Harmony's Produced Water effluent limitations and monitoring requirements.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE
NAME: EXXON MOBIL PLATFORM HONDO - CAG280000
ADDRESS: PO BOX 4358
HOUSTON, TX 77210

FACILITY: PLATFORM HONDO
LOCATION: LAT 34 23 26 63 LO
PACIFIC OCEAN, CA 93130
ATTN: Troy Tranquada

PERMIT NUMBER	DISCHARGE NUMBER
CAF001302	005C-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/1/2014	11/30/2014

DMR Mailing ZIP CODE: 77210-4358
MINOR
(SUBR FW)
Domestic and Sanitary Waste
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate, domestic	SAMPLE MEASUREMENT	69	******		******	******	******	******			
51667 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA
Sanitary waste, residual chlorine	SAMPLE MEASUREMENT	******	******	******	******	1	1				
82605 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	1 MINIMUM	10 MAXIMUM	mg/L		Monthly	GRAB
Sanitary waste, flow	SAMPLE MEASUREMENT	42	******		******	******	******	******			
82606 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA
Sanitary waste, solids	SAMPLE MEASUREMENT	******	ND		******	******	******	******			
82607 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	#/mo	******	******	******	******		Daily	VISUAL
Domestic waste, foam and floating solids	SAMPLE MEASUREMENT	******	0		******	******	******	******			
82608 RW 0 Receiving Water	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	#/mo	******	******	******	******		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(832) AREA Code	625-4550 NUMBER	MM/DD/YYYY

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

1. Chlorine not required if properly operating a USCG approval marine sanitation device.
2. Because a de-chlorinator is installed to remove residual chlorine prior to discharge, compliance with the minimum
***Attachment C Analytical Information**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE
NAME: EXXON MOBIL PLATFORM HONDO - CAG280000
ADDRESS: PO BOX 4358
HOUSTON, TX 77210

FACILITY: PLATFORM HONDO
LOCATION: LAT 34 23 26 63 LO
PACIFIC OCEAN, CA 93130
ATTN: Troy Tranquada

PERMIT NUMBER	DISCHARGE NUMBER
CAF001302	006C-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/1/2014	11/30/2014

DMR Mailing ZIP CODE: 77210-4358
MINOR
(SUBR FW)
Blowout Preventer Fluid
External Outfall

No Discharge X

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Troy M. 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, 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 70 of 70 for Signed Certification Statement SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(832)	625-4550	
			AREA Code	NUMBER	MM/DD/YYYY

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

No discharge

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

Form Approved
OMB No. 2040-0004

PERMITTEE
NAME: EXXON MOBIL PLATFORM HONDO - CAG280000
ADDRESS: PO BOX 4358
HOUSTON, TX 77210

FACILITY: PLATFORM HONDO
LOCATION: LAT 34 23 26 63 LO
PACIFIC OCEAN, CA 93130
ATTN: Troy Tranquada

CAF001302	007C-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/1/2014	11/30/2014

DMR Mailing ZIP CODE: 77210-4358
MINOR
(SUBR FW)
Desalination Unit Discharge
External Outfall

No Discharge X

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Troy M. 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, 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 70 of 70 for Signed Certification Statement	(832)	625-4550	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

No discharge

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

Form Approved
OMB No. 2040-0004

PERMITTEE
NAME: EXXON MOBIL PLATFORM HONDO - CAG280000
ADDRESS: PO BOX 4358
HOUSTON, TX 77210

FACILITY: PLATFORM HONDO
LOCATION: LAT 34 23 26 63 LO
PACIFIC OCEAN, CA 93130
ATTN: Troy Tranquada

CAF001302	008C-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/1/2014	11/30/2014

DMR Mailing ZIP CODE: 77210-4358
MINOR
(SUBR FW)
Fire Control System Water
External Outfall

No Discharge ☐

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		See Page 70 of 70 for Signed Certification Statement	TELEPHONE		DATE
Troy M. 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, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(832)	625-4550	
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Attachment B- Chemical Inventory

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

Form Approved
OMB No. 2040-0004

PERMITTEE
NAME: EXXON MOBIL PLATFORM HONDO - CAG280000
ADDRESS: PO BOX 4358
HOUSTON, TX 77210

FACILITY: PLATFORM HONDO
LOCATION: LAT 34 23 26 63 LO
PACIFIC OCEAN, CA 93130
ATTN: Troy Tranquada

CAF001302	009C-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/1/2014	11/30/2014

DMR Mailing ZIP CODE: 77210-4358
MINOR
(SUBR FW)
Non-Contact Cooling Water
External Outfall

No Discharge X

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Troy M. 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, 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 70 of 70 for Signed Certification Statement	(832)	625-4550	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Cooling Water is not utilized at Hondo Platform

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE

NAME: EXXON MOBIL PLATFORM HONDO - CAG280000
ADDRESS: PO BOX 4358
HOUSTON, TX 77210

FACILITY: PLATFORM HONDO
LOCATION: LAT 34 23 26 63 LO
PACIFIC OCEAN, CA 93130
ATTN: Troy Tranquada

CAF001302	010C-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/1/2014	11/30/2014

DMR Mailing ZIP CODE: 77210-4358
MINOR
(SUBR FW)
Ballast and Storage Displacement Water
External Outfall

No Discharge X

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Troy M. 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, 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 70 of 70 for Signed Certification Statement	(832)	625-4550	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

No discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE

NAME: EXXON MOBIL PLATFORM HONDO - CAG280000
ADDRESS: PO BOX 4358
HOUSTON, TX 77210

FACILITY: PLATFORM HONDO
LOCATION: LAT 34 23 26 63 LO
PACIFIC OCEAN, CA 93130
ATTN: Troy Tranquada

CAF001302	011C-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/1/2014	11/30/2014

DMR Mailing ZIP CODE: 77210-4358
MINOR
(SUBR FW)
Bilge Water
External Outfall

No Discharge X

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Troy M. 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, 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 70 of 70 for Signed Certification Statement			
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(832)	625-4550	
			AREA Code	NUMBER	MM/DD/YYYY

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

No Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE

NAME: EXXON MOBIL PLATFORM HONDO - CAG280000
ADDRESS: PO BOX 4358
HOUSTON, TX 77210

FACILITY: PLATFORM HONDO
LOCATION: LAT 34 23 26 63 LO
PACIFIC OCEAN, CA 93130

ATTN: Troy Tranquada

PERMIT NUMBER	DISCHARGE NUMBER
CAF001302	012C-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/1/2014	11/30/2014

DMR Mailing ZIP CODE: 77210-4358
MINOR
(SUBR FW)
Boiler Blowdown
External Outfall

No Discharge X

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Troy M. 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, 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 70 of 70 for Signed Certification Statement	(832)	625-4550	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

No Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE

NAME: EXXON MOBIL PLATFORM HONDO - CAG280000
ADDRESS: PO BOX 4358
HOUSTON, TX 77210

FACILITY: PLATFORM HONDO
LOCATION: LAT 34 23 26 63 LO
PACIFIC OCEAN, CA 93130

ATTN: Troy Tranquada

PERMIT NUMBER	DISCHARGE NUMBER
CAF001302	013C-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/1/2014	10/31/2014

DMR Mailing ZIP CODE: 77210-4358
MINOR
(SUBR FW)
Test Fluids
External Outfall

No Discharge X

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Troy M. 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, 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 70 of 70 for Signed Certification Statement	(832)	625-4550	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

No Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE

NAME: EXXON MOBIL PLATFORM HONDO - CAG280000
ADDRESS: PO BOX 4358
HOUSTON, TX 77210

FACILITY: PLATFORM HONDO
LOCATION: LAT 34 23 26 63 LO
PACIFIC OCEAN, CA 93130
ATTN: Troy Tranquada

CAF001302	014C-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/1/2014	11/30/2014

DMR Mailing ZIP CODE: 77210-4358
MINOR
(SUBR FW)
Diatomaceous Earth Filter Media
External Outfall

No Discharge X

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Troy M. 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, 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 70 of 70 for Signed Certification Statement	(832)	625-4550	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

No discharge

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

Form Approved
OMB No. 2040-0004

PERMITTEE
NAME: EXXON MOBIL PLATFORM HONDO - CAG280000
ADDRESS: PO BOX 4358
HOUSTON, TX 77210

FACILITY: PLATFORM HONDO
LOCATION: LAT 34 23 26 63 LO
PACIFIC OCEAN, CA 93130
ATTN: Troy Tranquada

CAF001302	015C-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/1/2014	11/30/2014

DMR Mailing ZIP CODE: 77210-4358
MINOR
(SUBR FW)
Bulk Transfer Material Overflow
External Outfall

No Discharge [X]

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Troy M. 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, 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 70 of 70 for Signed Certification Statement			
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(832)	625-4550	
			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
No discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE

NAME: EXXON MOBIL PLATFORM HONDO - CAG280000
ADDRESS: PO BOX 4358
HOUSTON, TX 77210

FACILITY: PLATFORM HONDO
LOCATION: LAT 34 23 26 63 LO
PACIFIC OCEAN, CA 93130
ATTN: Troy Tranquada

CAF001302	016C-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/1/2014	11/30/2014

DMR Mailing ZIP CODE: 77210-4358
MINOR
(SUBR FW)
Uncontaminated Water
External Outfall

No Discharge X

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Troy M. 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, 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 70 of 70 for Signed Certification Statement			
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(832) AREA Code	625-4550 NUMBER	MM/DD/YYYY

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

No discharge

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

Form Approved
OMB No. 2040-0004

PERMITTEE
NAME: EXXON MOBIL PLATFORM HONDO - CAG280000
ADDRESS: PO BOX 4358
HOUSTON, TX 77210

FACILITY: PLATFORM HONDO
LOCATION: LAT 34 23 26 63 LO
PACIFIC OCEAN, CA 93130
ATTN: Troy Tranquada

CAF001302	017C-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/1/2014	11/30/2014

DMR Mailing ZIP CODE: 77210-4358
MINOR
(SUBR FW)
Water Flooding Discharges
External Outfall

No Discharge X

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Troy M. 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, 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 70 of 70 for Signed Certification Statement	(832)	625-4550	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
No discharge

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

Form Approved
OMB No. 2040-0004

PERMITTEE
NAME: EXXON MOBIL PLATFORM HONDO - CAG280000
ADDRESS: PO BOX 4358
HOUSTON, TX 77210

FACILITY: PLATFORM HONDO
LOCATION: LAT 34 23 26 63 LO
PACIFIC OCEAN, CA 93130
ATTN: Troy Tranquada

CAF001302	018C-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/1/2014	11/30/2014

DMR Mailing ZIP CODE: 77210-4358
MINOR
(SUBR FW)
Laboratory Waste
External Outfall

No Discharge [X]

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Troy M. 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, 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 70 of 70 for Signed Certification Statement	(832)	625-4550	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
No Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE
NAME: EXXON MOBIL PLATFORM HONDO - CAG280000
ADDRESS: PO BOX 4358
HOUSTON, TX 77210

FACILITY: PLATFORM HONDO
LOCATION: LAT 34 23 26 63 LO
PACIFIC OCEAN, CA 93130
ATTN: Troy Tranquada

PERMIT NUMBER	DISCHARGE NUMBER
CAF001302	019C-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/1/2014	11/30/2014

DMR Mailing ZIP CODE: 77210-4358
MINOR
(SUBR FW)
Excess Cement Slurry
External Outfall

No Discharge X

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Free Oil Visual Sheen	SAMPLE MEASUREMENT	******	******	******	******	******	ND				
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam-visual/days	SAMPLE MEASUREMENT	******	******	******	******	******	ND				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT	ND	******		******	******	******	******			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	bbl/d	******	******	******	******		Monthly	ESTIMA
Flow	SAMPLE MEASUREMENT		******		******	******	******	******			
74076 EG 0 Effluent Gross	PERMIT REQUIREMENT	4000 YTD TOT	******	bbl/yr	******	******	******	******		Annual	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(832)	625-4550	
			AREA Code	NUMBER	MM/DD/YYYY

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

No Discharge

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

Form Approved
OMB No. 2040-0004

PERMITTEE
NAME: EXXON MOBIL PLATFORM HONDO - CAG280000
ADDRESS: PO BOX 4358
HOUSTON, TX 77210

FACILITY: PLATFORM HONDO
LOCATION: LAT 34 23 26 63 LO
PACIFIC OCEAN, CA 93130
ATTN: Troy Tranquada

CAF001302	020C-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/1/2014	11/30/2014

DMR Mailing ZIP CODE: 77210-4358
MINOR
(SUBR FW)
Muds, Cuttings and Cement at Sea Floor
External Outfall

No Discharge [X]

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Troy M. 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, 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 70 of 70 for Signed Certification Statement	(832)	625-4550	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
No Discharge

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

Form Approved
OMB No. 2040-0004

PERMITTEE
NAME: EXXON MOBIL PLATFORM HONDO - CAG280000
ADDRESS: PO BOX 4358
HOUSTON, TX 77210

FACILITY: PLATFORM HONDO
LOCATION: LAT 34 23 26 63 LO
PACIFIC OCEAN, CA 93130
ATTN: Troy Tranquada

PERMIT NUMBER	DISCHARGE NUMBER
CAF001302	021C-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/1/2014	11/30/2014

DMR Mailing ZIP CODE: 77210-4358
MINOR
(SUBR FW)
Hydrotest Water
External Outfall

No Discharge [X]

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Troy M. 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, 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 70 of 70 for Signed Certification Statement	(832)	625-4550	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
No Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE

NAME: EXXON MOBIL PLATFORM HONDO - CAG280000
ADDRESS: PO BOX 4358
HOUSTON, TX 77210

FACILITY: PLATFORM HONDO
LOCATION: LAT 34 23 26 63 LO
PACIFIC OCEAN, CA 93130
ATTN: Troy Tranquada

CAF001302	022C-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/1/2014	11/30/2014

DMR Mailing ZIP CODE: 77210-4358
MINOR
(SUBR FW)
H2S Gas Processing Waste Water
External Outfall

No Discharge X

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Troy M. 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, 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 70 of 70 for Signed Certification Statement	(832)	625-4550	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

No Discharge

DISCHARGE MONITORING REPORT
CERTIFICATION STATEMENT

RE: NPDES Permit No. CAG280000
Platform Hondo - OCS-P-0188

Discharge Monitoring Report
For September 1st 2014 – November 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
ExxonMobil Production Company
(A division of Exxon Mobil Corporation)
(Title)

12/18/14
(Date)

ATTACHMENT A

Exxon Mobil Corporation
Hondo Platform
CAG280000

003 Well Treatment, Completion, & Workover Fluid Information

September, 2014

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

October, 2014

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

November, 2014

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

ATTACHMENT B

ExxonMobil Corporation- Hondo Platform

CAG280000

Miscellaneous Discharges Chemical Inventory Data

September, 2014

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

November, 2014

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

ATTACHMENT C

ExxonMobil Corporation- Hondo Platform CAG280000

Analytical Information - September - November, 2014

Discharge #	Analysis	Method			Laboratory			
		ID	Preparation Procedure	MDL (ug/l)	MDL (ug/l)	Standard Deviation	Replicates (n)	ML (ug/l)
005	Residual Chlorine	*	*	*	*	*	*	*

* A Hach Pocket Colorimeter II test kit is used to measure total chlorine. The procedure is equivalent toStandard Method 4500-Cl G. The range of the test kit is 0.1 to 10 mg/l total chlorine.