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

ExxonMobil
Production

June 23, 2014

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

UPS: 1Z V6F 140 13 9943 2846

U.S. Environmental Protection Agency
Region 9
NPDES/DMR, WTR-7
75 Hawthorne Street
San Francisco, California 94105-3901

Dear Sir or Madam:

ExxonMobil Production Company hereby submits the Second Quarter, 2014 Discharge Monitoring Report for the reporting period of March 1, 2014 through May 31, 2014, pursuant to ExxonMobil's Hondo Platform NPDES Permit No. CAG280000. There were no exceedances to report. Should you have any questions regarding this submittal, please contact Shelby Pennington (832) 425-4550.

Sincerely,

Shelby Pennington

Shelby G. Pennington
Regulatory Specialist
ExxonMobil Production Company

sgp/
Enclosures

c - Kate Huckelbridge - California Coastal Commission
Mr. Dave Panzer- BSSE, Pacific Region

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

NPDES Permit No. CAG280000
Hondo Platform Discharge Monitoring Report

bc - Mr. Troy Tranquada - SYU
OIMS TECH- Hondo Platform, RSO 06-5.0600.070.050

I:\USP\RSO\Compliance\Water\DMR\CALIFORNIA\HONDO\Hondo DMR LETTER.doc

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

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

FACILITY Platform Hondo
LOCATION OCS-P-0188

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

Form Approved
OMB No. 2000-0015

(2-16) CAG280000 — PERMIT NUMBER

(17-19) 002 — DISCHARGE NUMBER

PRODUCED WATER (002)

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2014	03	01	TO	2014	03	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

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

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

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

ND= NO DISCHARGE

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

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

Form Approved
OMB No. 2000-0015

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

FACILITY Platform Hondo
LOCATION OCS-P-0188

(2-16) PERMIT NUMBER: CAG280000

(17-19) DISCHARGE NUMBER: 002

PRODUCED WATER (002)

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2014	04	01	TO	2014	04	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Troy Tranquada
Operations Superintendent

TYPED OR PRINTED

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See Page 26 of 26 for Signed Certification Statement

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

DATE: YEAR / MO / DAY

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

ND= NO DISCHARGE

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

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

Form Approved
OMB No. 2000-0015

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

FACILITY Platform Hondo
LOCATION OCS-P-0188

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

PRODUCED WATER (002)

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2014	05	01	TO	2014	05	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE ☐ ***

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

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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

ND= NO DISCHARGE

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

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

Form Approved
OMB No. 2000-0015

NAME	Exxon Mobil Corporation
ADDRESS	Regulatory Compliance Group
	P.O. Box 4358-WGR
	Houston, TX 77210
FACILITY	Platform Hondo
LOCATION	OCS-P-0188

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

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2014	03	01	TO	2014	05	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

WELL TREATMENT, COMPLETION, & WORKOVER FLUIDS

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

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

See Attachment A

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

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

ATTACHMENT A

Exxon Mobil Corporation
Hondo Platform
CAG280000

003 Well Treatment, Completion, & Workover Fluid Information

Mar., 2014

Job Start Date	Job Stop Date	Job Type	Volume Discharged (bbls)	Sheen Observed? Y or N	Oil & Grease Result (mg/l)
Well Treatment fluids commingled and discharged at Harmony platform					

Apr., 2014

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

May, 2014

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

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

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

Form Approved
OMB No. 2000-0015

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

FACILITY Platform Hondo
LOCATION OCS-P-0188

(2-16) PERMIT NUMBER: CAG280000

(17-19) DISCHARGE NUMBER: 004

DECK DRAINAGE (004)

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2014	03	01	TO	2014	03	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE ☐ ***

NOTE: Read Instructions before completing this form.

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

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

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

Commingled with Produced Water and discharged at Harmony.

ND= NO DISCHARGE

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

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

Form Approved
OMB No. 2000-0015

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

FACILITY Platform Hondo
LOCATION OCS-P-0188

(2-16) PERMIT NUMBER: CAG280000

(17-19) DISCHARGE NUMBER: 004

DECK DRAINAGE (004)

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2014	04	01	TO	2014	04	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE ☐ ***

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

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

Commingled with Produced Water and discharged at Harmony.

ND= NO DISCHARGE

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

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

Form Approved
OMB No. 2000-0015

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

FACILITY Platform Hondo
LOCATION OCS-P-0188

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

DECK DRAINAGE (004)

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2014	05	01	TO	2014	05	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form.

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

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

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

Commingled with Produced Water and discharged at Harmony.

ND= NO DISCHARGE

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

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

Form Approved
OMB No. 2000-0015

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

FACILITY Platform Hondo
LOCATION OCS-P-0188

(2-16) CAG280000 — PERMIT NUMBER

(17-19) 005 — DISCHARGE NUMBER

DOMESTIC & SANITARY WASTES (005)

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2014	03	01	TO	2014	03	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
SANITARY WASTE FLOW RATE	SAMPLE MEASUREMENT	32	****	BBL/ DAY	****	****	****	****	0	01/01	ESTIMATE
	PERMIT REQUIREMENT	REPORT	****		****	****	****			MONTHLY	ESTIMATE
SANITARY WASTE SOLIDS ≤ 9 PERSONS	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			DAILY	VISUAL
SANITARY WASTE RESIDUAL CHLORINE BEFORE DE-CHLORINATOR *	SAMPLE MEASUREMENT	****	****	****	1.2	****	****	MG/L	0	01/30	GRAB
	PERMIT REQUIREMENT	****	****		1.0 DAILY MN	****	****			MONTHLY	GRAB
SANITARY WASTE RESIDUAL CHLORINE AFTER DE-CHLORINATOR *	SAMPLE MEASUREMENT	****	****	****	****	****	0	MG/L	0	01/30	GRAB
	PERMIT REQUIREMENT	****	****		****	****	10 DAILY MAX			MONTHLY	GRAB
DOMESTIC WASTE FLOW RATE	SAMPLE MEASUREMENT	53	****	BBL/ DAY	****	****	****	****	0	01/01	ESTIMATE
	PERMIT REQUIREMENT	REPORT	****		****	****	****			MONTHLY	ESTIMATE
DOMESTIC WASTE FOAM OR FLOATING SOLIDS	SAMPLE MEASUREMENT	****	****	****	****	****	0	# DAYS	0	01/01	VISUAL
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			DAILY	VISUAL

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

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

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

Attachment C - Analytical Information

ND= NO DISCHARGE

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

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

Form Approved
OMB No. 2000-0015

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

FACILITY Platform Hondo
LOCATION OCS-P-0188

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

DOMESTIC & SANITARY WASTES (005)

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2014	04	01	TO	2014	04	30
	(20-21)	(22-23)	(24-26)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE ☐ ***

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PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
SANITARY WASTE FLOW RATE	SAMPLE MEASUREMENT	34	****	BBL/ DAY	****	****	****	****	0	01/01	ESTIMATE
	PERMIT REQUIREMENT	REPORT	****		****	****	****			MONTHLY	ESTIMATE
SANITARY WASTE SOLIDS ≤ 9 PERSONS	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			DAILY	VISUAL
SANITARY WASTE RESIDUAL CHLORINE BEFORE DE-CHLORINATOR *	SAMPLE MEASUREMENT	****	****	****	4.72	****	****	MG/L	0	01/30	GRAB
	PERMIT REQUIREMENT	****	****		1.0 DAILY MN	****	****			MONTHLY	GRAB
SANITARY WASTE RESIDUAL CHLORINE AFTER DE-CHLORINATOR *	SAMPLE MEASUREMENT	****	****	****	****	****	1	MG/L	0	01/30	GRAB
	PERMIT REQUIREMENT	****	****		****	****	10 DAILY MAX			MONTHLY	GRAB
DOMESTIC WASTE FLOW RATE	SAMPLE MEASUREMENT	57	****	BBL/ DAY	****	****	****	****	0	01/01	ESTIMATE
	PERMIT REQUIREMENT	REPORT	****		****	****	****			MONTHLY	ESTIMATE
DOMESTIC WASTE FOAM OR FLOATING SOLIDS	SAMPLE MEASUREMENT	****	****	****	****	****	0	# DAYS	0	01/01	VISUAL
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			DAILY	VISUAL

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

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

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

Attachment C - Analytical Information

ND= NO DISCHARGE

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

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

Form Approved
OMB No. 2000-0015

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

FACILITY Platform Hondo
LOCATION OCS-P-0188

(2-16) PERMIT NUMBER: CAG280000

(17-19) DISCHARGE NUMBER: 005

DOMESTIC & SANITARY WASTES (005)

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2014	05	01	TO	2014	05	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
SANITARY WASTE FLOW RATE	SAMPLE MEASUREMENT	35	****	BBL/ DAY	****	****	****	****	0	01/01	ESTIMATE
	PERMIT REQUIREMENT	REPORT	****		****	****	****			MONTHLY	ESTIMATE
SANITARY WASTE SOLIDS ≤ 9 PERSONS	SAMPLE MEASUREMENT	****	****	****	****	****	ND	# DAYS			
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			DAILY	VISUAL
SANITARY WASTE RESIDUAL CHLORINE BEFORE DE-CHLORINATOR *	SAMPLE MEASUREMENT	****	****	****	2.2	****	****	MG/L	1*	01/30	GRAB
	PERMIT REQUIREMENT	****	****		1.0 DAILY MN	****	****			MONTHLY	GRAB
SANITARY WASTE RESIDUAL CHLORINE AFTER DE-CHLORINATOR *	SAMPLE MEASUREMENT	****	****	****	****	****	1	MG/L	0	01/30	GRAB
	PERMIT REQUIREMENT	****	****		****	****	10 DAILY MAX			MONTHLY	GRAB
DOMESTIC WASTE FLOW RATE	SAMPLE MEASUREMENT	58	****	BBL/ DAY	****	****	****	****	0	01/01	ESTIMATE
	PERMIT REQUIREMENT	REPORT	****		****	****	****			MONTHLY	ESTIMATE
DOMESTIC WASTE FOAM OR FLOATING SOLIDS	SAMPLE MEASUREMENT	****	****	****	****	****	0	# DAYS	0	01/01	VISUAL
	PERMIT REQUIREMENT	****	****		****	****	REPORT TOTAL			DAILY	VISUAL

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

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

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

*Attachment C - Analytical Information *Attachment D- Sanitation Chlorine Exceedance

ND= NO DISCHARGE

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

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

Form Approved
OMB No. 2000-0015

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

FACILITY Platform Hondo
LOCATION OCS-P-0188

(2-16) PERMIT NUMBER: CAG280000

(17-19) DISCHARGE NUMBER: 006-022

MISCELLANEOUS DISCHARGES

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2014	03	01	TO	2014	03	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Troy Tranquada
Operations Superintendent

TYPED OR PRINTED

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

See Page 26 of 26 for Signed Certification Statement

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

DATE: YEAR, MO, DAY

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

ND = NO DISCHARGE

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

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

Form Approved
OMB No. 2000-0015

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

FACILITY Platform Hondo
LOCATION OCS-P-0188

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

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2014	03	01	TO	2014	03	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MISCELLANEOUS DISCHARGES

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

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

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

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

ND = NO DISCHARGE

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

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

Form Approved
OMB No. 2000-0015

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

FACILITY Platform Hondo
LOCATION OCS-P-0188

(2-16) PERMIT NUMBER: CAG280000

(17-19) DISCHARGE NUMBER: 006-022

MISCELLANEOUS DISCHARGES

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2014	03	01	TO	2014	03	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE ☐ ***

NOTE: Read Instructions before completing this form.

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

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

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

ND = NO DISCHARGE

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

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

FACILITY Platform Hondo
LOCATION OCS-P-0188

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

Form Approved
OMB No. 2000-0015

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

MISCELLANEOUS DISCHARGES

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2014	03	01	TO	2014	03	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE ☐ ***

NOTE: Read Instructions before completing this form.

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Troy Tranquada
Operations Superintendent

TYPED OR PRINTED

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

See Page 26 of 26 for Signed Certification Statement

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

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

ND = NO DISCHARGE

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

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

Form Approved
OMB No. 2000-0015

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

FACILITY Platform Hondo
LOCATION OCS-P-0188

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

MISCELLANEOUS DISCHARGES

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2014	03	01	TO	2014	03	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE ☐ ***

NOTE: Read Instructions before completing this form.

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

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

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

See Attachment B - Miscellaneous Discharges Chemical Inventory Data

ND = NO DISCHARGE

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

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

Form Approved
OMB No. 2000-0015

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

FACILITY Platform Hondo
LOCATION OCS-P-0188

(2-16) CAG280000 — PERMIT NUMBER

(17-19) 006-022 — DISCHARGE NUMBER

MISCELLANEOUS DISCHARGES

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2014	04	01	TO	2014	04	30
	(20-21)	*(22-23)*	*(24-25)*		*(26-27)*	*(28-29)*	*(30-31)*

*** NO DISCHARGE ☐ ***

NOTE: Read Instructions before completing this form.

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Troy Tranquada
Operations Superintendent

TYPED OR PRINTED

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

See Page 26 of 26 for Signed Certification Statement

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

DATE: YEAR / MO / DAY

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

ND = NO DISCHARGE

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

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

Form Approved
OMB No. 2000-0015

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

FACILITY Platform Hondo
LOCATION OCS-P-0188

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

MISCELLANEOUS DISCHARGES

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2014	04	01	TO	2014	04	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

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

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

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

ND = NO DISCHARGE

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

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

Form Approved
OMB No. 2000-0015

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

FACILITY Platform Hondo
LOCATION OCS-P-0188

(2-16) PERMIT NUMBER: CAG280000

(17-19) DISCHARGE NUMBER: 006-022

MISCELLANEOUS DISCHARGES

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2014	04	01	TO	2014	04	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Troy Tranquada
Operations Superintendent

TYPED OR PRINTED

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

See Page 26 of 26 for Signed Certification Statement

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

DATE: YEAR, MO, DAY

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

ND = NO DISCHARGE

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

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

Form Approved
OMB No. 2000-0015

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

FACILITY Platform Hondo
LOCATION OCS-P-0188

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

MISCELLANEOUS DISCHARGES

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2014	04	01	TO	2014	04	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form.

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

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

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

ND = NO DISCHARGE

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

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

Form Approved
OMB No. 2000-0015

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

FACILITY Platform Hondo
LOCATION OCS-P-0188

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

MISCELLANEOUS DISCHARGES

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2014	04	01	TO	2014	04	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE ☐ ***

NOTE: Read Instructions before completing this form.

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

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

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

See Attachment B - Miscellaneous Discharges Chemical Inventory Data

ND = NO DISCHARGE

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

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

Form Approved
OMB No. 2000-0015

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

FACILITY Platform Hondo
LOCATION OCS-P-0188

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

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2014	05	01	TO	2014	05	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MISCELLANEOUS DISCHARGES

*** NO DISCHARGE ☐ ***

NOTE: Read Instructions before completing this form.

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

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

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

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PERMITTEE NAME/ADDRESS
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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

FACILITY Platform Hondo
LOCATION OCS-P-0188

(2-16) PERMIT NUMBER: CAG280000

(17-19) DISCHARGE NUMBER: 006-022

MISCELLANEOUS DISCHARGES

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2014	05	01	TO	2014	05	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form.

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Troy Tranquada
Operations Superintendent

TYPED OR PRINTED

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

See Page 26 of 26 for Signed Certification Statement

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

DATE: YEAR | MO | DAY

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

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PERMITTEE NAME/ADDRESS
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Form Approved
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FACILITY Platform Hondo
LOCATION OCS-P-0188

(2-16) PERMIT NUMBER: CAG280000
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MISCELLANEOUS DISCHARGES

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2014	05	01	TO	2014	05	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE ☐ ***

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

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

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

See Page 26 of 26 for Signed Certification Statement

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

DATE: YEAR | MO | DAY

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

ND = NO DISCHARGE

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

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

Form Approved
OMB No. 2000-0015

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

FACILITY Platform Hondo
LOCATION OCS-P-0188

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

MISCELLANEOUS DISCHARGES

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2014	05	01	TO	2014	05	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE ☐ ***

NOTE: Read Instructions before completing this form.

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Troy Tranquada
Operations Superintendent

TYPED OR PRINTED

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

See Page 26 of 26 for Signed Certification Statement

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

DATE: YEAR / MO / DAY

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

ND = NO DISCHARGE

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

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

Form Approved
OMB No. 2000-0015

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

FACILITY Platform Hondo
LOCATION OCS-P-0188

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

MISCELLANEOUS DISCHARGES

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2014	05	01	TO	2014	05	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE ☐ ***

A Hach Pocket Colorimeter II test kit is used to measure total chlorine. Th

NOTE: Read Instructions before completing this form.

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

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

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

See Attachment B - Miscellaneous Discharges Chemical Inventory Data

ND = NO DISCHARGE

DISCHARGE MONITORING REPORT
CERTIFICATION STATEMENT

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

Discharge Monitoring Report
For March 1st 2014 – May 31st 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)

6/5/14
(Date)

ATTACHMENT B

ExxonMobil Corporation- Hondo Platform

CAG280000

Miscellaneous Discharges Chemical Inventory Data

Mar., 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		

Apr., 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		

May, 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 - March - May, 2014

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

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