PACIFIC OPERATORS OFFSHORE, LLC

June 16, 2014

Mr. Jared Blumenfeld, Regional Administrator
Environmental Protection Agency
Region 9, Attention: W-5-3
75 Hawthorne Street
San Francisco CA 94105-3901

Re: Discharge Monitoring Report – Pacific Offshore Operators LLC Platforms Hogan and Houchin NPDES Permit No. CAG280000

Dear Mr. Blumenfeld,

This letter and its attachments constitute the above captioned Discharge Monitoring Report (DMR). This DMR reporting period covers the months of March, April, and May 2014 for Platforms Hogan and Houchin for all quarterly NPDES discharges.

In addition to the enclosed DMR forms, we herewith include the following attachments for each applicable discharge. All produced water, deck drains, and fire water associated with both platforms are discharged at Platform Hogan through the produced water discharge.

The new General Permit became effective March 1, 2014. The new permit monthly NPDES requirements are included in the DMR for sampling completed for this DMR period.

Platform Hogan
Attachment 1: EPA DMR form (3320-1)

Attachment 2: A listing of the chemical inventory for miscellaneous discharges (specifically non-contact cooling water and fire water). There were no chemicals used that were associated with these discharges.

Platform Houchin
Attachment 1: EPA DMR form (3320-1)

Attachment 2: A listing of the chemical inventory for miscellaneous discharges (specifically non-contact cooling water and fire water). There were no chemicals used that were associated with these discharges.

Actual laboratory reports and analytical records are stored in our office and are available on request, as directed by your staff. Annual cumulative totals listed in the DMR include volumes from March 2014 through February 2015.

1145 EUGENIA PLACE, SUITE 200 • CARPINTERIA, CALIFORNIA 93013 • 805 899-3144 • FAX 805 899-3166

Drilling Muds and Cuttings (001):
There were no drilling related discharges for either platform during this DMR period.

Produced Water (002):
Platform Houchin commingles deck drains and produced water with production fluids from Platform Hogan and sends them to an onshore treatment facility. The treated produced water is then returned to Platform Hogan and the combined water is discharged at Hogan.

An EPA Plumes dilution of 1374:1 was derived using the average flow rate from the previous DMR period, as defined in Part V of the permit. This dilution calculated for the reporting quarter was applied to the quarterly testing results which are reported in the DMR as a post-dilution value for comparison to the permit limits listed in Appendix B of the new NPDES permit, effective March 1, 2014.

Well Treatment, Completion and Workover Fluids (003):

There were no well treatment, completion and workover fluid jobs performed during this quarter.

Deck Drains and Fire Water (004,008):

Occasionally, fire water from the deluge system enters the deck drains, which then commingles with produced water discharges. The monitoring activities for deck drains and fire water are covered under produced water monitoring for both Hogan and Houchin.

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 significant penalties exist for submitting false information. Should you have any questions or require any additional information, please contact me at (805) 899-3144 x230 or by email at *alberts@pacops.com*.

Sincerely,

Clement M. Alberts
Environmental Coordinator

Cc: Ms. Allison Dettmer, Manager
Energy and Ocean Resources Unit
California Coastal Commission
45 Fremont, Suite 2000
San Francisco CA 94105-2219

Ms. Susan Zaleski
Office of Environmental Evaluation
Bureau of Ocean Energy Management,
Regulation, and Enforcement
Pacific OCS Office
770 Paseo Camarillo
Camarillo, CA 93010-6064

Pacific Operators Offshore
1145 Eugenia Place, Suite 200
Carpinteria, Ca 93013

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

WELL DISCHARGE MONITORING REPORT (Well DMR)

CAG280000	001
PERMIT NO.	DISCHARGE NO.

Approved Form
OMB No. 2000-0015

PLATFORM HOGAN
LOCATION: 34° 20' 16" N, 119° 32' 29" W

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14	03	01	To: 14	05	31

DRILLING FLUIDS AND DRILL CUTTINGS (001)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
DRILLING FLUIDS VOLUME Well # N / A March	Sample Measurement		No Discharge	Barrels/ Well							
	Permit Requirement		Report							1/well 1/day	Estimate
Well # N / A April	Sample Measurement		No Discharge	Barrels/ Well							
	Permit Requirement		Report							1/well 1/day	Estimate
Well # N / A May	Sample Measurement		No Discharge	Barrels/ Well							
	Permit Requirement		Report							1/well 1/day	Estimate
Well # N / A **Quarterly Total** 03/01/13 - 05/31/14	Sample Measurement		0	Barrels/ Quarter					0		
	Permit Requirement		Report								
Annual Cumulative Volume Limit 03/01/14 - 02/28/15	Sample Measurement		0	Barrels/ Year					0		
	Permit Requirement		118,000								

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Clement M. Alberts Environmental Coordinator	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 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO $10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)	CMA	(805) 899-3144	06 20 2014
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT	Area Code Number	MONTH/DAY/YEAR

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

Annual cumulative volume limit is applied to the cumulative volumes for the period of March 2014 through February 2015.

Pacific Operators Offshore
1145 Eugenia Place, Suite 200
Carpinteria, Ca 93013

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

WELL DISCHARGE MONITORING REPORT (Well DMR)

CAG280000	001
PERMIT NO.	DISCHARGE NO

Approved Form
OMB No. 2000-0015

PLATFORM HOGAN
LOCATION: 34° 20' 16" N, 119° 32' 29" W

MONITORING PERIOD	
YR MO DAY	YR MO DAY
From: 14 03 01	To: 14 05 31

DRILLING FLUIDS AND DRILL CUTTINGS (001)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
DRILL CUTTINGS VOLUME Well # N / A March	Sample Measurement		No Discharge	Barrels/ Month							
	Permit Requirement		Report							1/well 1/day	Estimate Grab.
Well # N / A April	Sample Measurement		No Discharge	Barrels/ Month							
	Permit Requirement		Report							1/well 1/day	Estimate Grab
Well # N / A May	Sample Measurement		No Discharge	Barrels/ Month							
	Permit Requirement		Report							1/well 1/day	Estimate Grab
Well # N / A **Quarterly Total** 03/01/13 - 05/31/14	Sample Measurement		0	Barrels/ Quarter					0		
	Permit Requirement		Report								
Annual Cumulative Volume Limit 03/01/14 - 02/28/15	Sample Measurement		0	Barrels/ Year							
	Permit Requirement		34,000								

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	MONTH/DAY/YEAR

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

Annual cumulative volume limit is applied to the cumulative volumes for the period of March 2014 through February 2015.

Pacific Operators Offshore
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

WELL DISCHARGE MONITORING REPORT (Well DMR)

CAG280000	001
PERMIT NO.	DISCHARGE NO.

Approved Form
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PLATFORM HOGAN
LOCATION: 34° 20' 16" N, 119° 32' 29" W

MONITORING PERIOD	
YR MO DAY	YR MO DAY
From: 14 03 01	To: 14 05 31

DRILLING FLUIDS AND DRILL CUTTINGS (001)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
DRILL FLUIDS/CUTTINGS FREE OIL Well # N / A March	Sample Measurement				**No Discharge**			# Days Sheen Observed			
	Permit Requirement				Negative Static Sheen Test/Free Oil					1/well 1/day	Visual Visual
Well # N / A April	Sample Measurement				**No Discharge**			# Days Sheen Observed			
	Permit Requirement				Negative Static Sheen Test/Free Oil					1/well 1/day	Visual Visual
Well # N / A May	Sample Measurement				**No Discharge**			# Days Sheen Observed			
	Permit Requirement				Negative Static Sheen Test/Free Oil					1/well 1/day	Visual Visual

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TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT	Area Code Number	MONTH/DAY/YEAR

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

WELL DISCHARGE MONITORING REPORT (Well DMR)

CAG280000	001
PERMIT NO.	DISCHARGE NO

Approved Form
OMB No. 2000-0015

PLATFORM HOGAN
LOCATION: 34° 20' 16" N, 119° 32' 29" W

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From:	14	03	01	To: 14	05 31

DRILLING FLUIDS AND DRILL CUTTINGS (001)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration		NO. EX.	Frequency Analysis	Sample Type
		Average	Maximum	Units	Maximum	Units			
DRILLING FLUIDS TOXICITY Well # N / A	Sample Measurement				N /A	% by Volume			
	Permit Requirement				LC50 > 3% SPP			(0-80%) Well Footage	Grab
DRILLING FLUIDS TOXICITY Well # N / A	Sample Measurement				N /A	% by Volume			
	Permit Requirement				LC50 > 3% SPP			(80-100%) Well Footage	Grab
BARITE MERCURY	Sample Measurement				N /A	mg / kg			
	Permit Requirement				1.0			Stock Barite	Grab
BARITE CADMIUM	Sample Measurement				N /A	mg / kg			
	Permit Requirement				3.0			Stock Barite	Grab
DRILL FLUIDS CHEMICAL INVENTORY Well # N / A					N /A				
					Report			Each Mud System	
No. DAYS DISCHARGE FOR EACH DRILLING FLUID					N /A				
					Report			# Days Each	
PROHIBITED DISCHARGE 1. Oil-based Fluids					No Discharge			N/A	
2. Diesel Oil 3. Non-aqueous based drilling fluids or cuttings					No Discharge			N/A	

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

N / A: No discharge of drilling fluids.

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CAG280000	002
PERMIT NO	DISCHARGE NO

Approved Form
OMB No. 2000-0015

PLATFORM HOGAN
LOCATION: 34° 20' 16" N, 119° 32' 29" W

MONITORING PERIOD	
YR MO DAY	YR MO DAY
From: 14 03 01	To: 14 05 31

PRODUCED WATER (002)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
PRODUCED WATER FLOW RATE March	Sample Measurement	2,384		Monthly Average bbl/Day					0	1/day	Estimate
	Permit Requirement									1/day	Estimate
April	Sample Measurement	3,322		Monthly Average bbl/Day					0	1/day	Estimate
	Permit Requirement									1/day	Estimate
May	Sample Measurement	2,709		Monthly Average bbl/Day					0	1/day	Estimate
	Permit Requirement									1/day	Estimate
QUARTERLY AVERAGE Volume 03/01/13 - 05/31/14		2,805		Quarterly Average bbl/Day					0	1/quarter	Estimate
										1/quarter	Estimate
ANNUAL CUMULATIVE **Volume** 03/01/14 - 02/28/15	Sample Measurement		257,551	Barrels/ Year					0	1/quarter	Estimate
	Permit[1] Requirement		13,900,000							1/quarter	Estimate

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TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT	Area Code Number	MONTH/DAY/YEAR

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

[1] Annual cumulative volume limit is applied to the cumulative volumes for the period of March 2014 through February 2015.

Pacific Operators Offshore
1145 Eugenia Place, Suite 200
Carpinteria, Ca 93013

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CAG280000	002
PERMIT NO.	DISCHARGE NO

Approved Form
OMB No. 2000-0015

PLATFORM HOGAN
LOCATION: 34° 20' 16" N, 119° 32' 29" W

MONITORING PERIOD	
YR MO DAY	YR MO DAY
From: 14 03 01	To: 14 05 31

PRODUCED WATER (002)
Enforceable Limits

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
		Average	Maximum	Units	Minimum	Monthly Average	Daily Maximum	Units			
PRODUCED WATER OIL & GREASE	Sample Measurement					16.5	21.0	mg/L	0	1/week	Grab
March	Permit Requirement					29.0	42.0			1/week	Grab/ Composite
	Sample Measurement					13.6	18.0	mg/L	0	1/week	Grab
April	Permit Requirement					29.0	42.0			1/week	Grab/ Composite
	Sample Measurement					15.8	20.0	mg/L	0	1/week	Grab
May	Permit Requirement					29.0	42.0			1/week	Grab/ Composite
PRODUCED WATER MONTHLY BENZENE						0.00087	0.00087	mg/L	0	1 / month	Grab
March						0.0059	0.0176			1 / month	Grab
						0.00093	0.00093	mg/L	0	1 / month	Grab
April						0.0059	0.0176			1 / month	Grab
						0.00113	0.00113	mg/L	0	1 / month	Grab
May						0.0059	0.0176			1 / month	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	MONTH/DAY/YEAR

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

Pacific Operators Offshore
1145 Eugenia Place, Suite 200
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CAG280000	002
PERMIT NO.	DISCHARGE NO

Approved Form
OMB No. 2000-0015

PLATFORM HOGAN
LOCATION: 34° 20' 16" N, 119° 32' 29" W

MONITORING PERIOD	
YR MO DAY	YR MO DAY
From: 14 03 01	To: 14 05 31

PRODUCED WATER (002)
Enforceable Limits

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
PRODUCED WATER QUARTERLY CONSTITUENTS	Sample Measurement					PASS			0	Composite	Grab
3-SPECIES TOXICITY	Permit Requirement					Pass / Fail				Composite	Grab
PRODUCED WATER ANNUAL CONSTITUENTS	Sample Measurement					0.00200	0.00200	mg/L	0	1 / year	Grab
COPPER	Permit Requirement					N / A	N / A			1 / year	Grab
	Sample Measurement					NODI(B)	NODI(B)	mg/L	0	1 / year	Grab
HEXAVALENT CHROMIUM	Permit Requirement					N / A	N / A			1 / year	Grab
	Sample Measurement					NODI(B)	NODI(B)	mg/L	0	1 / year	Grab
BENZO(a)PYRENE	Permit Requirement					N / A	N / A			1 / year	Grab
	Sample Measurement					NODI(B)	NODI(B)	mg/L	0	1 / year	Grab
BENZO(b)FLUORANTHENE	Permit Requirement					N / A	N / A			1 / year	Grab
	Sample Measurement					NODI(B)	NODI(B)	mg/L	0	1 / year	Grab
BENZO(k)FLUORANTHENE	Permit Requirement					N / A	N / A			1 / year	Grab
	Sample Measurement					NODI(B)	NODI(B)	mg/L	0	1 / year	Grab
DIBENZO(a,h)ANTHRACENE	Permit Requirement					N / A	N / A			1 / year	Grab

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TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT	Area Code Number	MONTH/DAY/YEAR

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)
Results are post-dilution.
N / A: There are no limits listed in the new permit, effective March 1, 2014, Appendix B.
NODI(B): below MDL . The maximum value of the analytical result is less than the laboratory's MDL (below detection level).
NODI(Q): equal to or above the MDL, but less than the ML or PQL.

Pacific Operators Offshore
1145 Eugenia Place, Suite 200
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CAG280000	003
PERMIT NO	DISCHARGE NO

Approved Form
OMB No. 2000-0015

PLATFORM HOGAN
LOCATION: 34° 20' 16" N, 119° 32' 29" W

MONITORING PERIOD	
YR MO DAY	YR MO DAY
From: 14 03 01	To: 14 05 31

WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS (003)
(Commingled with produced water)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS FLOW (Commingled with produced water) March	Sample Measurement		N / A	Barrels / Job							
	Permit Requirement		Report							1 /job	Estimate
April	Sample Measurement		N / A	Barrels / Job							
	Permit Requirement		Report							1 /job	Estimate
May	Sample Measurement		N / A	Barrels / Job							
	Permit Requirement		Report							1 /job	Estimate
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS OIL AND GREASE (Commingled with produced water)						MONTHLY AVERAGE	DAILY MAXIMUM				
March	Sample Measurement					N / A	N / A	mg/L			
	Permit Requirement					29.0	42.0			1/job	Grab
April	Sample Measurement					N / A	N / A	mg/L			
	Permit Requirement					29.0	42.0			1/job	Grab
May	Sample Measurement					N / A	N / A	mg/L			
	Permit Requirement					29.0	42.0			1/job	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Clement M. Alberts Environmental Coordinator	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 18 U.S.C. § 1001 AND 33 U.S.C. § 1319 (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO $10,000 AND ON MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS).		(805) 899-3144	06 20 2014
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT	Area Code Number	MONTH/DAY/YEAR

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

N / A: No separate discharge. WTCF are commingled with produced water.

Pacific Operators Offshore
1145 Eugenia Place, Suite 200
Carpinteria, Ca 93013

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CAG280000	003
PERMIT NO.	DISCHARGE NO

Approved Form
OMB No. 2000-0015

PLATFORM HOGAN
LOCATION: 34° 20' 16" N, 119° 32' 29" W

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14	03	01	To: 14	05	31

WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS (003)
(Commingled with produced water)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS TYPE AND TOTAL NUMBER OF JOBS	Sample Measurement		0	Number of Jobs							
	Permit Requirement		Report								
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS STATIC SHEEN March	Sample Measurement				N / A			# Times Sheen Observed			
	Permit Requirement				Negative Static Sheen Test - # Times observed-None					1/discharge	Grab
April	Sample Measurement				N / A			# Times Sheen Observed			
	Permit Requirement				Negative Static Sheen Test - # Times observed-None					1/discharge	Grab
May	Sample Measurement				N / A			# Times Sheen Observed			
	Permit Requirement				Negative Static Sheen Test - # Times observed-None					1/discharge	Grab
	Sample Measurement										
	Permit Requirement										
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS **Chemical Inventory** March - May	Sample Measurement				N / A						
	Permit Requirement				Report					1/job	Report
	Sample Measurement										
	Permit Requirement										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Clement M. Alberts Environmental Coordinator	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 18 U.S.C. § 1001 AND 33 U.S.C. § 1319 (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO $10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS).		(805) 899-3144	06 20 2014
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT	Area Code Number	MONTH/DAY/YEAR

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

N / A: No WTCF this quarter.

Pacific Operators Offshore
1145 Eugenia Place, Suite 200
Carpinteria, Ca 93013

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CAG280000	004
PERMIT NO.	DISCHARGE NO.

Approved Form
OMB No. 2000-0015

PLATFORM HOGAN
LOCATION: 34° 20' 16" N, 119° 32' 29" W

MONITORING PERIOD	
YR MO DAY	YR MO DAY
From: 14 03 01	To: 14 05 31

DECK DRAINAGE (004)
(Commingled with produced water)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
			Average	Units	Minimum	Average	Maximum	Units			
DECK DRAINAGE VOLUME-FLOW RATE (commingled with produced water) March	Sample Measurement		N /A	Mo. Avg. bbl/day						1/month	Estimate
	Permit Requirement		Report							1/month	Estimate
April	Sample Measurement		N /A	Mo. Avg. bbl/day						1/month	Estimate
	Permit Requirement		Report							1/month	Estimate
May	Sample Measurement		N /A	Mo. Avg. bbl/day						1/month	Estimate
	Permit Requirement		Report							1/month	Estimate
DECK DRAINAGE FREE OIL March	Sample Measurement		N / A	# Days Sheen Observed	N / A					1/day	Visual Daylight
	Permit Requirement		No Sheen		No free oil/visual sheen on the receiving water.					1/day	Visual Daylight
April	Sample Measurement		N / A	# Days Sheen Observed	N / A					1/day	Visual Daylight
	Permit Requirement		No Sheen		No free oil/visual sheen on the receiving water.					1/day	Visual Daylight
May	Sample Measurement		N / A	# Days Sheen Observed	N / A					1/day	Visual Daylight
	Permit Requirement		No Sheen		No free oil/visual sheen on the receiving water.					1/day	Visual Daylight

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Clement M. Alberts Environmental Coordinator	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 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO $10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)		(805) 899-3144	06 20 2014
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT	Area Code Number	MONTH/DAY/YEAR

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

N / A: Deck drains are commingled and discharged with produced water (refer to produced water reporting requirements).

Pacific Operators Offshore
1145 Eugenia Place, Suite 200
Carpinteria, Ca 93013

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CAG280000	005
PERMIT NO.	DISCHARGE NO.

Approved Form
OMB No. 2000-0015

PLATFORM HOGAN
LOCATION: 34° 20' 16" N, 119° 32' 29" W

MONITORING PERIOD	
YR MO DAY	YR MO DAY
From: 14 03 01	To: 14 05 31

SANITARY & DOMESTIC WASTES (005)
(Commingled)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration (4 cerd only)				NO. EX.	Frequency Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
SANITARY & DOMESTIC WASTES FLOW RATE (Commingled) March	Sample Measurement	5.0		Monthly Average bbl/day					0	1/day	Estimate
	Permit Requirement	Report								1/month	Estimate
April	Sample Measurement	4.0		Monthly Average bbl/day					0	1/day	Estimate
	Permit Requirement	Report								1/month	Estimate
May	Sample Measurement	5.0		Monthly Average bbl/day					0	1/day	Estimate
	Permit Requirement	Report								1/month	Estimate
SANITARY & DOMESTIC WASTES FOAM & FLOATING SOLIDS (Commingled) March	Sample Measurement		0	# days observed	No foam or floating solids in the receiving waters.				0	1/day	Visual - Daylight
	Permit Requirement		None		No foam or floating solids in the receiving waters.					1/day	Visual - Daylight
April	Sample Measurement		0	# days observed	No foam or floating solids in the receiving waters.				0	1/day	Visual - Daylight
	Permit Requirement		None		No foam or floating solids in the receiving waters.					1/day	Visual - Daylight
May	Sample Measurement		0	# days observed	No foam or floating solids in the receiving waters.				0	1/day	Visual - Daylight
	Permit Requirement		None		No foam or floating solids in the receiving waters.					1/day	Visual - Daylight

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Clement M. Alberts Environmental Coordinator	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 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO $10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)		(805) 899-3144	06 20 2014
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT	Area Code Number	MONTH/DAY/YEAR

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

Pacific Operators Offshore
1145 Eugenia Place, Suite 200
Carpinteria, Ca 93013

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CAG280000	005
PERMIT NO.	DISCHARGE NO.

Approved Form
OMB No. 2000-0015

PLATFORM HOGAN
LOCATION: 34° 20' 16" N, 119° 32' 29" W

MONITORING PERIOD	
YR MO DAY	YR MO DAY
From: 14 03 01	To: 14 05 31

SANITARY & DOMESTIC WASTES (005)
(Commingled)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
SANITARY & DOMESTIC WASTE RESIDUAL CHLORINE [1] March	Sample Measurement				N /A	N /A	N /A	mg/l	0		
	Permit Requirement				1 mg/l	N /A	10 mg/l			Monthly	Grab
April	Sample Measurement				N /A	N /A	N /A	mg/l	0		
	Permit Requirement				1 mg/l	N /A	10 mg/l			Monthly	Grab
May	Sample Measurement				N /A	N /A	N /A	mg/l	0		
	Permit Requirement				1 mg/l	N /A	10 mg/l			Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Clement M. Alberts Environmental Coordinator	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 18 U.S.C. § 1001 AND 33 U.S.C. § 1319 (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO $10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS).		(805) 899-3144	06 20 2014
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT	Area Code Number	MONTH/DAY/YEAR

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

[1] The sewage treatment unit is a marine sanitation device that complies with pollution control standards and regulations under Section 312 of the Clean Water Act. Thus, it is deemed to be in compliance with permit limitations for sanitary waste discharges (as per Condition II.E.1 Footnote 2 of CAG280000)

Pacific Operators Offshore
1145 Eugenia Place, Suite 200
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CAG280000	008
PERMIT NO.	DISCHARGE NO.

Approved Form
OMB No. 2000-0015

PLATFORM HOGAN
LOCATION: 34° 20' 16" N, 119° 32' 29" W

MONITORING PERIOD	
YR MO DAY	YR MO DAY
From: 14 03 01	To: 14 05 31

FIRE CONTROL WATER (008)
(Deluge commingled with deck drains)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
			Average	Units	Minimum	Average	Maximum	Units			
FIRE CONTROL SYSTEM TEST WATER (008) - FOAM **FLOATING SOLIDS** March	Sample Measurement		N /A	# Days Observed	N /A				0	1/day	Visual - Daylight
	Permit Requirement		None		No floating solids in the receiving water. No foam in the receiving water					1/day	Visual - Daylight
April	Sample Measurement		N /A	# Days Observed	N /A				0	1/day	Visual - Daylight
	Permit Requirement		None		No floating solids in the receiving water No foam in the receiving water					1/day	Visual - Daylight
May	Sample Measurement		N /A	# Days Observed	N /A				0	1/day	Visual - Daylight
	Permit Requirement		None		No floating solids in the receiving water. No foam in the receiving water					1/day	Visual - Daylight
						Monthly Average	Daily Maximum				
FIRE CONTROL SYSTEM TEST WATER (008) CHLORINE[1] March - May	Sample Measurement					N / A	N / A	mg/L			
	Permit Requirement					N / A	N / A				
FIRE CONTROL SYSTEM TEST WATER **Chemical Inventory** March - May	Permit Requirement				Refer to Attachment 2			ug/L	0	1/month	List
	Sample Measurement				Report					1/month	List
	Permit Requirement										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
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TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT	Area Code Number	MONTH/DAY/YEAR

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)
N / A: Deluge is commingled with deck drains and discharged with produced water. Fire water is not chlorinated. No other chemicals are added (refer to Attachment #2).
[1] RP analysis required if chlorination is initiated.

Pacific Operators Offshore
1145 Eugenia Place, Suite 200
Carpinteria, Ca 93013

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CAG280000	009
PERMIT NO.	DISCHARGE NO.

Approved Form
OMB No. 2000-0015

PLATFORM HOGAN
LOCATION: 34° 20' 16" N, 119° 32' 29" W

MONITORING PERIOD	
YR MO DAY	YR MO DAY
From: 14 03 01	To: 14 05 31

NON-CONTACT COOLING WATER (009)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
			Average	Units	Minimum	Average	Maximum	Units			
NON-CONTACT COOLING WATER (009) - FLOW VOLUME	Sample Measurement		No Discharge	Barrels/ Day							
March	Permit Requirement		Report							1/month	Estimate
	Sample Measurement		No Discharge	Barrels/ Day							
April	Permit Requirement		Report							1/month	Estimate
	Sample Measurement		No Discharge	Barrels/ Day							
May	Permit Requirement		Report							1/month	Estimate
NON-CONTACT COOLING WATER (009) - FOAM **FLOATING SOLIDS**	Sample Measurement		No Discharge	# Days Observed	No Discharge						
March	Permit Requirement		None		No floating solids in the receiving water. No foam in the receiving water					1/day	Visual - Daylight
	Sample Measurement		No Discharge	# Days Observed	No Discharge						
April	Permit Requirement		None		No floating solids in the receiving water. No foam in the receiving water.					1/day	Visual - Daylight
	Sample Measurement		No Discharge	# Days Observed	No Discharge						
May	Permit Requirement		None		No floating solids in the receiving water No foam in the receiving water					1/day	Visual - Daylight

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Clement M. Alberts Environmental Coordinator	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 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO $10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)	Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT	(805) 899-3144	06 20 2014
TYPED OR PRINTED			Area Code Number	MONTH/DAY/YEAR

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

Pacific Operators Offshore
1145 Eugenia Place, Suite 200
Carpinteria, Ca 93013

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CAG280000	009
PERMIT NO.	DISCHARGE NO.

Approved Form
OMB No. 2000-0015

PLATFORM HOGAN
LOCATION: 34° 20' 16" N, 119° 32' 29" W

MONITORING PERIOD	
YR MO DAY	YR MO DAY
From: 14 03 01	To: 14 05 31

NON-CONTACT COOLING WATER (009)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
			Average	Units	Minimum	Average	Maximum	Units			
NON-CONTACT COOLING WATER (009) - CHLORINE[1]	Sample Measurement					**No Discharge**	**No Discharge**	mg/L			
March	Permit Requirement					N / A	N / A			1/month	Grab
	Sample Measurement					**No Discharge**	**No Discharge**	mg/L			
April	Permit Requirement					N / A	N / A			1/month	Grab
	Sample Measurement					**No Discharge**	**No Discharge**	mg/L			
May	Permit Requirement					N / A	N / A			1/month	Grab
NON-CONTACT COOLING WATER (009) CHEMICAL INVENTORY	Sample Measurement				Refer to Attachment 2					1/month	List
	Permit Requirement				**Report**					1/month	List

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	MONTH/DAY/YEAR

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

[1] RP analysis required if chlorination is initiated.

Pacific Operators Offshore
1145 Eugenia Place, Suite 200
Carpinteria, Ca 93013

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CAG280000	019
PERMIT NO.	DISCHARGE NO.

Approved Form
OMB No. 2000-0015

PLATFORM HOGAN
LOCATION: 34° 20' 16" N, 119° 32' 29" W

MONITORING PERIOD	
YR MO DAY	YR MO DAY
From: 14 03 01	To: 14 05 31

EXCESS CEMENT SLURRY (019)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
			Average	Units	Minimum	Average	Maximum	Units			
EXCESS CEMENT SLURRY [019] FLOW VOLUME	Sample Measurement		No Discharge	Monthly Average* bbl/day							
March	Permit Requirement		Report							1/month	Estimate
	Sample Measurement		No Discharge	Monthly Average* bbl/day							
April	Permit Requirement		Report							1/month	Estimate
	Sample Measurement		No Discharge	Monthly Average* bbl/day							
May	Permit Requirement		Report							1/month	Estimate
ANNUAL CUMULATIVE VOLUME [1]	Sample Measurement		0	Barrels/ Year							
03/31/14 - 02/28/15	Permit Requirement		3,300								
EXCESS CEMENT SLURRY [019] SHEEN TEST/FREE OIL FOAM, FLOATING SOLIDS	Sample Measurement		No Discharge	# Days Sheen Observed	No Discharge						
March	Permit Requirement		None		No foam or floating solids No Oil					1/well 1/day	Visual Rec. Water
	Sample Measurement		No Discharge	# Days Sheen Observed	No Discharge						
April	Permit Requirement		None		No foam or floating solids No Oil					1/well 1/day	Visual Rec. Water
	Sample Measurement		No Discharge	# Days Sheen Observed	No Discharge						
May	Permit Requirement		None		No foam or floating solids No Oil					1/well 1/day	Visual Rec. Water

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	MONTH/DAY/YEAR

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

[1] Annual cumulative volume limit is applied to the cumulative volumes for the period of March 2014 through February 2015.

Pacific Operators Offshore
1145 Eugenia Place, Suite 200
Carpinteria, Ca 93013

PLATFORM HOGAN
LOCATION: 34° 20' 16" N, 119° 32' 29" W

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Approved Form
OMB No. 2000-0015

CAG280000	006,007,010,011,012,013,014
PERMIT NO.	DISCHARGE NO.

MONITORING PERIOD	
YR MO DAY	YR MO DAY
From: 14 03 01	To: 14 05 31

Blowout Preventer Fluids
Desalination Unit
Ballast/Storage Displacement
Bilge Water
Boiler Blowdown
Test Fluids
Diatomaceous Earth Filter Media

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
(006) Blowout Preventer Fluids FREE OIL, FOAM, FLOATING SOLIDS March - May	Sample Measurement				No Discharge						
	Permit Requirement				No free oil or floating solids in the receiving water No foam, in other than trace amounts, in the receiving water					1/month 1/discharge	Visual Rec. Water
(007) Desalination Unit FOAM, FLOATING SOLIDS March - May	Sample Measurement				No Discharge						
	Permit Requirement				No floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water					1/month 1/discharge	Visual Rec. Water
(010) Ballast/Storage Displacement Water - FLOW RATE FREE OIL, FOAM, FLOATING SOLIDS March - May	Sample Measurement	No Discharge		Monthly Average bbl/day	No Discharge						
	Permit Requirement	Report			No free oil or floating solids in the receiving water No foam, in other than trace amounts, in the receiving water					1/month 1/discharge	Estimate / Visual Daylight
(011) Bilge Water FLOW RATE March - May	Sample Measurement	No Discharge		Monthly Average bbl/day	No Discharge						
	Permit Requirement	Report			No free oil or floating solids in the receiving water No foam, in other than trace amounts, in the receiving water					1/month 1/discharge	Estimate
(012) Boiler Blowdown FOAM, FLOATING SOLIDS March - May	Sample Measurement				No Discharge						
	Permit Requirement				No floating solids in the receiving water No foam, in other than trace amounts, in the receiving water					1/month 1/discharge	Visual Rec. Water
(013) Test Fluids * FLOW RATE FREE OIL, FOAM, FLOATING SOLIDS March - May	Sample Measurement	No Discharge		Monthly Average bbl/day	No Discharge						
	Permit Requirement	Report			No free oil or floating solids in the receiving water No foam, in other than trace amounts, in the receiving water					1/month 1/discharge	Estimate / Visual Daylight
(014) Diatomaceous Earth Filter Media FREE OIL, FOAM, FLOATING SOLIDS March - May	Sample Measurement				No Discharge						
	Permit Requirement				No free oil or floating solids in the receiving water No foam, in other than trace amounts, in the receiving water					1/month 1/discharge	Visual Rec. Water

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Clement M. Alberts Environmental Coordinator	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 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO $10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)		(805) 899-3144	06 20 2014
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT	Area Code Number	MONTH/DAY/YEAR

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

* See Attachment 2 for Chemical Inventory, if discharged.

Pacific Operators Offshore
1145 Eugenia Place, Suite 200
Carpinteria, Ca 93013

PLATFORM HOGAN
LOCATION: 34° 20' 16" N, 119° 32' 29" W

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CAG280000	015, 016, 017, 018, 020, 021
PERMIT NO.	DISCHARGE NO.

MONITORING PERIOD	
YR MO DAY	YR MO DAY
From: 14 03 01	To: 14 05 31

Approved Form
OMB No. 2000-0015

Bulk Water Transfer Overflow
Uncontaminated Water
Water Flooding Discharges
Laboratory Wastes
Muds, Cuttings, Cement at Sea
Hydrotest Water

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
			Average	Units	Minimum	Average	Maximum	Units			
[015] Bulk Transfer Water Overflow FOAM, FLOATING SOLIDS	Sample Measurement				No Discharge						
March - May	Permit Requirement				No floating solids in the receiving water No foam, in other than trace amounts, in the receiving water					1/month 1/discharge	Visual Rec. Water
[016] Uncontaminated Water FOAM, FLOATING SOLIDS	Sample Measurement				No Discharge						
March - May	Permit Requirement				No floating solids in the receiving water No foam, in other than trace amounts, in the receiving water					1/month 1/discharge	Visual Rec. Water
[017] Water Flooding Discharges FREE OIL, FOAM, FLOATING SOLIDS*	Sample Measurement				No Discharge						
March - May	Permit Requirement				No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water					1/month 1/discharge	Visual Rec. Water
[018] Laboratory Wastes FREE OIL, FOAM, FLOATING SOLIDS [commingled with produced water]	Sample Measurement				N / A (refer to produced water requirements)				0	1/month 1/discharge	Visual Rec. Water
March - May	Permit Requirement				No free oil or floating solids in the receiving water No foam, in other than trace amounts, in the receiving water					1/month 1/discharge	Visual Rec. Water
(020) Muds, Cuttings, Cement at Sea Floor FLOOR FREE OIL, FOAM, FLOATING SOLIDS	Sample Measurement				No Discharge						
March - May	Permit Requirement				No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water					1/month 1/discharge	Visual Rec. Water
[021] Hydrotest Water * FLOW RATE /FREE OIL, FOAM FLOATING SOLIDS	Sample Measurement	No Discharge		Monthly Average bbl/day	No Discharge						
March - May	Permit Requirement	Report			No free oil or floating solids in the receiving water No foam, in other than trace amounts, in the receiving water					1/month 1/discharge	Estimate / Visual Daylight
(021) HYDROTEST WATER CHLORINE[1]	Sample Measurement					No Discharge	No Discharge	µg/L			
March - May	Permit Requirement					* 7.5	* 13			1/month 1/discharge	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	MONTH/DAY/YEAR

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

* See Attachment 2 for Chemical Inventory, if discharged.

[1] RP analysis required if chlorination is initiated.

Pacific Operators Offshore
1145 Eugenia Place, Suite 200
Carpinteria, Ca 93013

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CAG280000	022
PERMIT NO.	DISCHARGE NO.

Approved Form
OMB No. 2000-0015

PLATFORM HOGAN
LOCATION: 34° 20' 16" N, 119° 32' 29" W

MONITORING PERIOD	
YR MO DAY	YR MO DAY
From: 14 03 01	To: 14 05 31

H2S Gas Processing Waste Water
Surfactants, Detergents, Dispersants

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
(022) H2S Gas Processing Waste Water FLOW RATE	Sample Measurement	No Discharge		Monthly Average bbl/day						1/discharge	Estimate
March - May	Permit Requirement	Report								1/discharge	Estimate
(022) H2S Gas Processing Waste Water FREE OIL, FOAM, FLOATING SOLIDS	Sample Measurement				No Discharge					1/discharge	Visual - Daylight
March - May	Permit Requirement				No free oil or floating solids in the receiving water No foam, in other than trace amounts, in the receiving water					1/discharge	Visual - Daylight
Surfactants, Detergents, Dispersants	Sample Measurement				Minimized				0		
	Permit Requirement				Minimize						

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Clement M. Alberts Environmental Coordinator	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 18 U.S.C. § 1001 AND 33 U.S.C. § 1319 (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO $10,000 AND ON MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS).		(805) 899-3144	06 20 2014
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT	Area Code Number	MONTH/DAY/YEAR

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

ATTACHMENT 2
PLATFORMS HOGAN
MISCELLANEOUS DISCHARGES
CHEMICAL INVENTORY
March 1, 2014 through May 31, 2014

Fluid Type	Volume (Monthly avg bbls per day	Product Name	Chemical Quantity (Monthly avg gal per day)	End-of-Pipe (mg/l)	Post-dilution (mg/l)
009 Non-contact Cooling Water	No Discharge	No Discharge	N / A	N / A	No Discharge
008 Fire Control System Water	N / A	None	N / A	N / A	N / A
013 Test Fluids	No Discharge	No Discharge	N / A	N / A	No Discharge
017 Water Flooding Discharges	No Discharge	No Discharge	N / A	N / A	No Discharge
021 Hydrotest Water	No Discharge	No Discharge	N / A	N / A	No Discharge

N / A: No treatment chemicals used.

Pacific Operators Offshore
1145 Eugenia Place, Suite 200
Carpinteria, Ca 93013

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

WELL DISCHARGE MONITORING REPORT (Well DMR)

CAG280000	001
PERMIT NO.	DISCHARGE NO

Approved Form
OMB No. 2000-0015

PLATFORM HOUCHIN
LOCATION: 34° 20' 6" N, 119° 33' 8" W

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From:	14	03	01	To:	14 05 31

DRILLING FLUIDS AND DRILL CUTTINGS (001)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
DRILLING FLUIDS VOLUME Well # N / A March	Sample Measurement		No Discharge	Barrels/ Well							
	Permit Requirement		Report							1/well 1/day	Estimate
Well # N / A April	Sample Measurement		No Discharge	Barrels/ Well							
	Permit Requirement		Report							1/well 1/day	Estimate
Well # N / A May	Sample Measurement		No Discharge	Barrels/ Well							
	Permit Requirement		Report							1/well 1/day	Estimate
Quarterly Total 03/01/14 - 05/31/14	Sample Measurement		No Discharge	Barrels/ Quarter					0		
	Permit Requirement		Report								
Annual Cumulative Volume Limit [1] 03/01/14 - 02/28/15	Sample Measurement		0	Barrels/ Year					0		
	Permit Requirement		118,000								
	Sample Measurement										
	Permit Requirement										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Clement M. Alberts Environmental Coordinator	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 18 U.S.C. § 1001 AND 33 U.S.C. § 1319 (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO $10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS).	Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT	(805) 899-3144 Area Code Number	06 20 2014 MONTH/DAY/YEAR

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)
[1] Annual cumulative volume limit will be applied to the cumulative volumes from March 2014 through February 2015.

Pacific Operators Offshore
1145 Eugenia Place, Suite 200
Carpinteria, Ca 93013

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

WELL DISCHARGE MONITORING REPORT (Well DMR)

CAG280000	001
PERMIT NO.	DISCHARGE NO.

Approved Form
OMB No. 2000-0015

PLATFORM HOUCHIN
LOCATION: 34° 20' 6" N, 119° 33' 8" W

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14	03	01	To: 14	05	31

DRILLING FLUIDS AND DRILL CUTTINGS (001)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
DRILL CUTTINGS VOLUME Well # N / A March	Sample Measurement		No Discharge	Barrels/ Month							
	Permit Requirement		Report							1/well 1/day	Estimate
Well # N / A April	Sample Measurement		No Discharge	Barrels/ Month							
	Permit Requirement		Report							1/well 1/day	Estimate
Well # N / A May	Sample Measurement		No Discharge	Barrels/ Month							
	Permit Requirement		Report							1/well 1/day	Estimate
Quarterly Total 03/01/14 - 05/31/14	Sample Measurement		No Discharge	Barrels/ Quarter					0		
	Permit Requirement		Report								
	Sample Measurement										
	Permit Requirement										
Annual Cumulative Volume Limit [1] 03/01/14 - 02/28/15	Sample Measurement		0	Barrels/ Year					0		
	Permit Requirement		34,000								
	Sample Measurement										
	Permit Requirement										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE
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COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)
[1] Annual cumulative volume limit will be applied to the cumulative volumes from March 2014 through February 2015.

Pacific Operators Offshore
1145 Eugenia Place, Suite 200
Carpinteria, Ca 93013

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

WELL DISCHARGE MONITORING REPORT (Well DMR)

CAG280000	001
PERMIT NO.	DISCHARGE NO.

Approved Form
OMB No. 2000-0015

PLATFORM HOUCHIN
LOCATION: 34° 20' 6" N, 119° 33' 8" W

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From:	14	03	01	To:	14 05 31

DRILLING FLUIDS AND DRILL CUTTINGS (001)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration		NO. EX.	Frequency Analysis	Sample Type
		Average	Maximum	Units	Maximum	Units			
DRILL FLUIDS/CUTTINGS FREE OIL Well # NA March	Sample Measurement				**No Discharge**	# Days Sheen Observed			
	Permit Requirement				Negative Static Sheen Test/Free Oil			1/well 1/day	Visual Visual
Well # N / A April	Sample Measurement				**No Discharge**	# Days Sheen Observed			
	Permit Requirement				Negative Static Sheen Test/Free Oil			1/well 1/day	Visual Visual
Well # N / A May	Sample Measurement				**No Discharge**	# Days Sheen Observed			
	Permit Requirement				Negative Static Sheen Test/Free Oil			1/well 1/day	Visual Visual
	Sample Measurement								
	Permit Requirement								
	Sample Measurement								
	Permit Requirement								
	Sample Measurement								
	Permit Requirement								
	Sample Measurement								
	Permit Requirement								

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
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TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT	Area Code Number	MONTH/DAY/YEAR

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

Pacific Operators Offshore
1145 Eugenia Place, Suite 200
Carpinteria, Ca 93013

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

WELL DISCHARGE MONITORING REPORT (Well DMR)

CAG280000	001
PERMIT NO.	DISCHARGE NO.

Approved Form
OMB No. 2000-0015

PLATFORM HOUCHIN
LOCATION: 34° 20' 6" N, 119° 33' 8" W

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From:	14	03	01	To:	14 05 31

DRILLING FLUIDS AND DRILL CUTTINGS (001)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration		NO. EX.	Frequency Analysis	Sample Type
		Average	Maximum	Units	Maximum	Units			
DRILLING FLUIDS TOXICITY Well # NA Mud Type: Sample Date:	Sample Measurement				N /A	% by Volume			
	Permit Requirement				LC50 > 3% SPP			(0-80%) Well Footage	Grab
DRILLING FLUIDS TOXICITY Well # NA Mud Type: Sample Date:	Sample Measurement				N /A	% by Volume			
	Permit Requirement				LC50 > 3% SPP			(80-100%) Well Footage	Grab
BARITE MERCURY	Sample Measurement				N /A	mg / kg			
	Permit Requirement				1.0			Stock Barite	Grab
BARITE CADMIUM	Sample Measurement				N /A	mg / kg			
	Permit Requirement				3.0			Stock Barite	Grab
DRILL FLUIDS CHEMICAL INVENTORY Well # NA	Sample Measurement				N /A				
	Permit Requirement				Report			Each Mud System	
No. DAYS DISCHARGE FOR EACH DRILLING FLUID Mud Type:	Sample Measurement				N /A				
	Permit Requirement				Report			# Days Each	
PROHIBITED DISCHARGE 1. Oil-based Fluids					N /A				
2. Diesel Oil 3. Non-aqueous based drilling fluids or cuttings					No Discharge			N/A	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE
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TYPED OR PRINTED	Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT	Area Code Number	MONTH/DAY/YEAR

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

N / A: No discharge of drilling fluids.

Pacific Operators Offshore
1145 Eugenia Place, Suite 200
Carpinteria, Ca 93013

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CAG280000	002
PERMIT NO.	DISCHARGE NO.

Approved Form
OMB No. 2000-0015

PLATFORM HOUCHIN
LOCATION: 34° 20' 6" N, 119° 33' 8" W

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14	03	01	To: 14	05	31

PRODUCED WATER (002)
(Commingled and discharged at Platform Hogan)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
PRODUCED WATER FLOW RATE [1]	Sample Measurement	N / A		Monthly Average bbl/Day							
March - May	Permit Requirement									1/day	Estimate
QUARTERLY AVERAGE Volume	Sample Measurement	N / A		Quarterly Average bbl/Day							
	Permit Requirement									1/quarter	Estimate
ANNUAL CUMULATIVE **Volume**	Sample Measurement		N / A	Barrels/ Year							
03/01/14 - 02/28/15	Permit [1] Requirement		13,900,000								
PRODUCED WATER OIL & GREASE	Sample Measurement					N / A	N / A	mg/L			
	Permit Requirement					29.0	42.0			1/week	Grab
Enforceable Limits:											
PRODUCED WATER CONSTITUENTS						N / A	N / A				
										1/month for 1 year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Clement M. Alberts Environmental Coordinator	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 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO $10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)		(805) 899-3144	06 20 2014
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT	Area Code Number	MONTH/DAY/YEAR

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

[1] No discharge at Houchin. Houchin's produced water is commingled and discharged at Platform Hogan (refer to Hogan DMR).

Pacific Operators Offshore
1145 Eugenia Place, Suite 200
Carpinteria, Ca 93013

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CAG280000	003
PERMIT NO.	DISCHARGE NO.

Approved Form
OMB No. 2000-0015

PLATFORM HOUCHIN
LOCATION: 34° 20' 6" N, 119° 33' 8" W

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From:	14	03	01	To: 14	05 31

WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS (003)
(Commingled with produced water)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS FLOW (Commingled with produced water) March	Sample Measurement		N / A	Barrels / Job							
	Permit Requirement		Report								
April	Sample Measurement		N / A	Barrels / Job							
	Permit Requirement		Report								
May	Sample Measurement		N / A	Barrels / Job							
	Permit Requirement		Report								
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS OIL AND GREASE (Commingled with produced water)						MONTHLY AVERAGE	DAILY MAXIMUM				
March	Sample Measurement					N / A	N / A	mg/L			
	Permit Requirement					29.0	42.0			1/job	Grab
April	Sample Measurement					N / A	N / A	mg/L			
	Permit Requirement					29.0	42.0			1/job	Grab
May	Sample Measurement					N / A	N / A	mg/L			
	Permit Requirement					29.0	42.0			1/job	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Clement M. Alberts Environmental Coordinator	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 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO $10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)		(805) 899-3144	06 20 2014
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT	Area Code Number	MONTH/DAY/YEAR

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

N / A: No separate discharge. WTCF are commingled with produced water and discharged at Platform Hogan.

Pacific Operators Offshore
1145 Eugenia Place, Suite 200
Carpinteria, Ca 93013

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CAG280000	003
PERMIT NO.	DISCHARGE NO.

Approved Form
OMB No. 2000-0015

PLATFORM HOUCHIN
LOCATION: 34° 20' 6" N, 119° 33' 8" W

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14	03	01	To: 14	05	31

WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS (003)
(Commingled with produced water)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS, TYPE AND TOTAL NUMBER OF JOBS March - May	Sample Measurement		0	Number of Jobs							
	Permit Requirement		Report								
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS STATIC SHEEN March - May	Sample Measurement					N / A		# Times Sheen Observed			
	Permit Requirement					Negative Static Sheen Test - # Times observed				1/discharge	Grab
	Sample Measurement										
	Permit Requirement										
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS **Chemical Inventory** March - May	Sample Measurement					N / A					
	Permit Requirement					Report				1/job.	Report
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
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TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT	Area Code Number	MONTH/DAY/YEAR

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

N / A: No WTCF this quarter.

Pacific Operators Offshore
1145 Eugenia Place, Suite 200
Carpinteria, Ca 93013

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CAG280000	004
PERMIT NO.	DISCHARGE NO.

Approved Form
OMB No. 2000-0015

PLATFORM HOUCHIN
LOCATION: 34° 20' 6" N, 119° 33' 8" W

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From:	14	03	01	To:	14 05 31

DECK DRAINAGE (004)
(commingled with produced water at Hogan)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
			Average	Units	Minimum	Average	Maximum	Units			
DECK DRAINAGE VOLUME-FLOW RATE [1]	Sample Measurement		N /A	Mo. Avg. bbl/day							
March	Permit Requirement		Report							1/month	Estimate
	Sample Measurement		N /A	Mo. Avg. bbl/day							
April	Permit Requirement		Report							1/month	Estimate
	Sample Measurement		N /A	Mo. Avg. bbl/day							
May	Permit Requirement		Report							1/month	Estimate
DECK DRAINAGE FREE OIL	Sample Measurement		N / A	# Days Sheen Observed	N / A						
March	Permit Requirement		No Sheen		No free oil/visual sheen on the receiving water.					1/day	Visual - Daylight
	Sample Measurement		N / A	# Days Sheen Observed	N / A						
April	Permit Requirement		No Sheen		No free oil/visual sheen on the receiving water.					1/day	Visual - Daylight
	Sample Measurement		N / A	# Days Sheen Observed	N / A						
May	Permit Requirement		No Sheen		No free oil/visual sheen on the receiving water.					1/day	Visual - Daylight

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	MONTH/DAY/YEAR

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

[1] Deck drain volumes are commingled with production and discharged at Platform Hogan.

Pacific Operators Offshore
1145 Eugenia Place, Suite 200
Carpinteria, Ca 93013

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CAG280000	005
PERMIT NO.	DISCHARGE NO.

Approved Form
OMB No. 2000-0015

PLATFORM HOUCHIN
LOCATION: 34° 20' 6" N, 119° 33' 8" W

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From:	14	03	01	To:	14 05 31

SANITARY & DOMESTIC WASTES (005)
(Commingled)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
SANITARY & DOMESTIC WASTE FLOW RATE (Commingled) March	Sample Measurement	4.0		Monthly Average bbl/day					0	1/day	Estimate
	Permit Requirement	Report								1/month	Estimate
April	Sample Measurement	5.0		Monthly Average bbl/day					0	1/day	Estimate
	Permit Requirement	Report								1/month	Estimate
May	Sample Measurement	4.0		Monthly Average bbl/day					0	1/day	Estimate
	Permit Requirement	Report								1/month	Estimate
SANITARY & DOMESTIC WASTES FOAM & FLOATING SOLIDS (Commingled) March	Sample Measurement		0	# days observed	No foam or floating solids in the receiving waters.				0	1/day	Visual - Daylight
	Permit Requirement		None		No foam or floating solids in the receiving waters.					1/day	Visual - Daylight
April	Sample Measurement		0	# days observed	No foam or floating solids in the receiving waters.				0	1/day	Visual - Daylight
	Permit Requirement		None		No foam or floating solids in the receiving waters.					1/day	Visual - Daylight
May	Sample Measurement		0	# days observed	No foam or floating solids in the receiving waters.				0	1/day	Visual - Daylight
	Permit Requirement		None		No foam or floating solids in the receiving waters.					1/day	Visual - Daylight

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Clement M. Alberts Environmental Coordinator	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 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO $10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)		(805) 899-3144	06 20 2014
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT	Area Code Number	MONTH/DAY/YEAR

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

Pacific Operators Offshore
1145 Eugenia Place, Suite 200
Carpinteria, Ca 93013

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CAG280000	005
PERMIT NO.	DISCHARGE NO.

Approved Form
OMB No. 2000-0015

PLATFORM HOUCHIN
LOCATION: 34° 20' 6" N, 119° 33' 8" W

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From:	14	03	01	To:	14 05 31

SANITARY & DOMESTIC WASTES (005)
(Commingled)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
		Average			Minimum	Average	Maximum	Units			
SANITARY & DOMESTIC WASTE RESIDUAL CHLORINE [1] (commingled) March	Sample Measurement				N/A	N/A	N/A	mg/l	0		
	Permit Requirement				1 mg/l	N/A	10 mg/l			Monthly	Grab
April	Sample Measurement				N/A	N/A	N/A	mg/l	0		
	Permit Requirement				1 mg/l	N/A	10 mg/l			Monthly	Grab
May	Sample Measurement				N/A	N/A	N/A	mg/l	0		
	Permit Requirement				1 mg/l	N/A	10 mg/l			Monthly	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	MONTH/DAY/YEAR

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

[1] The sewage treatment unit is a marine sanitation device that complies with pollution control standards and regulations under Section 312 of the Clean Water Act. Thus, it is deemed to be in compliance with permit limitations for sanitary waste discharges (as per Condition II.E.1 Footnote 2 of CAG280000)

Pacific Operators Offshore
1145 Eugenia Place, Suite 200
Carpinteria, Ca 93013

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CAG280000	008
PERMIT NO.	DISCHARGE NO.

Approved Form
OMB No. 2000-0015

PLATFORM HOUCHIN
LOCATION: 34° 20' 6" N, 119° 33' 8" W

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14	03	01	To: 14	05	31

FIRE CONTROL WATER (008)
(commingled with deck drains)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
			Average	Units	Minimum	Average	Maximum	Units			
FIRE CONTROL SYSTEM TEST WATER [1] (008) - FOAM, FLOATING SOLIDS March	Sample Measurement		N /A	# Days Observed	N /A				0	1/day	Visual - Daylight
	Permit Requirement		None		No floating solids in the receiving water. No foam in the receiving water.					1/day	Visual - Daylight
April	Sample Measurement		N /A	# Days Observed	N /A				0	1/day	Visual - Daylight
	Permit Requirement		None		No floating solids in the receiving water. No foam in the receiving water					1/day	Visual - Daylight
May	Sample Measurement		N /A	# Days Observed	N /A				0	1/day	Visual - Daylight
	Permit Requirement		None		No floating solids in the receiving water. No foam in the receiving water					1/day	Visual - Daylight
						Monthly Average	**Daily Maximum**				
FIRE CONTROL SYSTEM TEST WATER (008) CHLORINE [1,2] March - May	Sample Measurement					N / A	N / A	ug/L			
	Permit Requirement					N / A	N / A			1/month	Grab
	Sample Measurement										
	Permit Requirement										
FIRE CONTROL SYSTEM TEST WATER [1] **Chemical Inventory** March - May	Sample Measurement				Refer to Attachment 2				0	1/month	List
	Permit Requirement				Report					1/month	List

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	MONTH/DAY/YEAR

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)
[1] Fire water is commingled with deck drains and discharged with produced water at Platform Hogan and is not chlorinated or chemically treated.
[2] RP analysis required if chlorination is initiated.

Pacific Operators Offshore
1145 Eugenia Place, Suite 200
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CAG280000	009
PERMIT NO.	DISCHARGE NO.

Approved Form
OMB No. 2000-0015

PLATFORM HOUCHIN
LOCATION: 34° 20' 6" N, 119° 33' 8" W

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From:	14	03	01	To:	14 05 31

NON-CONTACT COOLING WATER (009)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
			Average	Units	Minimum	Average	Maximum	Units			
NON-CONTACT COOLING WATER (009) - FLOW VOLUME March	Sample Measurement		No Discharge	Barrels/ Day							
	Permit Requirement		Report							1/month	Estimate
April	Sample Measurement		No Discharge	Barrels/ Day							
	Permit Requirement		Report							1/month	Estimate
May	Sample Measurement		No Discharge	Barrels/ Day							
	Permit Requirement		Report							1/month	Estimate
NON-CONTACT COOLING WATER (009) - FOAM FLOATING SOLIDS March	Sample Measurement		No Discharge	# Days Observed	No Discharge						
	Permit Requirement		None		No floating solids in the receiving water No foam in the receiving water					1/day	Visual - Daylight
April	Sample Measurement		No Discharge	# Days Observed	No Discharge						
	Permit Requirement		None		No floating solids in the receiving water No foam in the receiving water					1/day	Visual - Daylight
May	Sample Measurement		No Discharge	# Days Observed	No Discharge						
	Permit Requirement		None		No floating solids in the receiving water. No foam in the receiving water					1/day	Visual - Daylight

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Clement M. Alberts Environmental Coordinator	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 18 U.S.C. § 1001 AND 33 U.S.C. § 1319 (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO $10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS).		(805) 899-3144	06 20 2014
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT	Area Code Number	MONTH/DAY/YEAR

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

Pacific Operators Offshore
1145 Eugenia Place, Suite 200
Carpinteria, Ca 93013

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CAG280000	009
PERMIT NO	DISCHARGE NO.

Approved Form
OMB No. 2000-0015

PLATFORM HOUCHIN
LOCATION: 34° 20' 6" N, 119° 33' 8" W

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From:	14	03	01	To:	14 05 31

NON-CONTACT COOLING WATER (009)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
			Average	Units	Minimum	Average	Maximum	Units			
NON-CONTACT COOLING WATER (009) - CHLORINE[1] March	Sample Measurement					No Discharge	No Discharge	ug/L			
	Permit Requirement					N / A	N / A			1/month	Grab
April	Sample Measurement					No Discharge	No Discharge	ug/L			
	Permit Requirement					N / A	N / A			1/month	Grab
May	Sample Measurement					No Discharge	No Discharge	ug/L			
	Permit Requirement					N / A	N / A			1/month	Grab
NON-CONTACT COOLING WATER (009) CHEMICAL INVENTORY March - May					N / A				0	1/month	List
					Report					1/month	List

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	MONTH/DAY/YEAR

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

[1] RP analysis required if chlorination is initiated.

Pacific Operators Offshore
1145 Eugenia Place, Suite 200
Carpinteria, Ca 93013

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CAG280000	019
PERMIT NO.	DISCHARGE NO.

Approved Form
OMB No. 2000-0015

PLATFORM HOUCHIN
LOCATION: 34° 20' 6" N, 119° 33' 8" W

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14	03	01	To: 14	05	31

EXCESS CEMENT SLURRY (019)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
			Average	Units	Minimum	Average	Maximum	Units			
EXCESS CEMENT SLURRY (019) FLOW VOLUME	Sample Measurement		No Discharge	Monthly Average							
March	Permit Requirement		Report	bbl/day						1/month	Estimate
	Sample Measurement		No Discharge	Monthly Average							
April	Permit Requirement		Report	bbl/day						1/month	Estimate
	Sample Measurement		No Discharge	Monthly Average							
May	Permit Requirement		Report	bbl/day						1/month	Estimate
ANNUAL CUMULATIVE VOLUME [1]	Sample Measurement		0	Barrels/ Year					0		
03/01/14 - 02/28/15	Permit Requirement		3,300								
EXCESS CEMENT SLURRY (019) SHEEN TEST/FREE OIL FOAM, FLOATING SOLIDS	Sample Measurement		No Discharge	# Days Sheen Observed	No Discharge						
March	Permit Requirement		None		No foam or floating solids No Oil					1/well 1/day	Visual Rec. Water
	Sample Measurement		No Discharge	# Days Sheen Observed	No Discharge						
April	Permit Requirement		None		No foam or floating solids No Oil					1/well 1/day	Visual Rec. Water
	Sample Measurement		No Discharge	# Days Sheen Observed	No Discharge						
May	Permit Requirement		None		No foam or floating solids No Oil					1/well 1/day	Visual Rec. Water

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Clement M. Alberts Environmental Coordinator	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 18 U.S.C. § 1001 AND 33 U.S.C. § 1319 (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO $10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS).		(805) 899-3144	06 20 2014
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT	Area Code Number	MONTH/DAY/YEAR

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

[1] Annual cumulative volume limit will be applied to the cumulative volumes from March 2014 through February 2015.

Pacific Operators Offshore
1145 Eugenia Place, Suite 200
Carpinteria, Ca 93013

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Approved Form
OMB No. 2000-0015

CAG280000	006,007,010,011,012,013,014
PERMIT NO.	DISCHARGE NO.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14	03	01	To: 14	05	31

PLATFORM HOUCHIN
LOCATION: 34° 20' 6" N, 119° 33' 8" W

Blowout Preventer Fluids
Desalination Unit
Ballast/Storage Displacement
Bilge Water
Boiler Blowdown
Test Fluids
Diatomaceous Earth Filter Media

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
[006] Blowout Preventer Fluids FREE OIL, FOAM, FLOATING SOLIDS March - May	Sample Measurement				No Discharge						
	Permit Requirement				No free oil or floating solids in the receiving water No foam, in other than trace amounts, in the receiving water					1/month 1/discharge	Visual Rec. Water
[007] Desalination Unit FOAM, FLOATING SOLIDS March - May	Sample Measurement				No Discharge						
	Permit Requirement				No floating solids in the receiving water No foam, in other than trace amounts, in the receiving water					1/month 1/discharge	Visual Rec. Water
[010] Ballast/Storage Displacement Water - FLOW RATE FREE OIL, FOAM, FLOATING SOLIDS March - May	Sample Measurement	No Discharge		Monthly Average bbl/day	No Discharge						
	Permit Requirement	Report			No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water					1/month 1/discharge	Estimate / Visual Daylight
[011] Bilge Water FLOW RATE March - May	Sample Measurement	No Discharge		Monthly Average bbl/day	No Discharge						
	Permit Requirement	Report			No floating solids in the receiving water No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Estimate
[012] Boiler Blowdown FOAM, FLOATING SOLIDS March - May	Sample Measurement				No Discharge						
	Permit Requirement				No floating solids in the receiving water No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Visual Rec. Water
[013] Test Fluids FLOW RATE FREE OIL, FOAM, FLOATING SOLIDS March - May	Sample Measurement	No Discharge		Monthly Average bbl/day	No Discharge						
	Permit Requirement	Report			No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water					1/month 1/discharge	Estimate / Visual Daylight
(014) Diatomaceous Earth Filter Media FREE OIL, FOAM, FLOATING SOLIDS March - May	Sample Measurement				No Discharge						
	Permit Requirement				No free oil or floating solids in the receiving water No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Visual Rec. Water

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	MONTH/DAY/YEAR

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

Pacific Operators Offshore
1145 Eugenia Place, Suite 200
Carpinteria, Ca 93013

PLATFORM HOUCHIN
LOCATION: 34° 20' 6" N, 119° 33' 8" W

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CAG280000	015, 016, 017, 018, 020, 021
PERMIT NO.	DISCHARGE NO.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From:	14	03	01	To: 14	05 31

Approved Form
OMB No. 2000-0015

Bulk Water Transfer Overflow
Uncontaminated Water
Water Flooding Discharges
Laboratory Wastes (commingled w/ produced water)
Muds, Cuttings, Cement at Sea
Hydrotest Water

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
			Average	Units	Minimum	Average	Maximum	Units			
(015) Bulk Transfer Water Overflow FOAM, FLOATING SOLIDS March - May	Sample Measurement				No Discharge						
	Permit Requirement				No floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water					1/month 1/discharge	Visual Rec. Water
(016) Uncontaminated Water FOAM, FLOATING SOLIDS March - May	Sample Measurement				No Discharge						
	Permit Requirement				No floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water					1/month 1/discharge	Visual Rec. Water
(017) Water Flooding Discharges FREE OIL, FOAM, FLOATING SOLIDS* March - May	Sample Measurement				No Discharge						
	Permit Requirement				No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water					1/month 1/discharge	Visual Rec. Water
(018) Laboratory Wastes FREE OIL, FOAM, FLOATING SOLIDS (commingled with produced water) March - May	Sample Measurement				N / A (refer to produced water requirements)				0	1/month 1/discharge	Visual Rec. Water
	Permit Requirement				No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water					1/month 1/discharge	Visual Rec. Water
(020) Muds, Cuttings, Cement at Sea FLOOR FREE OIL, FOAM, FLOATING SOLIDS March - May	Sample Measurement				No Discharge						
	Permit Requirement				No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water					1/month 1/discharge	Visual Rec. Water
(021) Hydrotest Water FLOW RATE /FREE OIL, FOAM FLOATING SOLIDS March - May	Sample Measurement	No Discharge		Monthly Average bbl/day	No Discharge						
	Permit Requirement	Report			No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water					1/month 1/discharge	Estimate / Visual Daylight
(021) HYDROTEST WATER CHLORINE[1] March - May	Sample Measurement					No Discharge	No Discharge	ug/L			
	Permit Requirement					7.5	13			1/month 1/discharge	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	MONTH/DAY/YEAR

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

[1] RP analysis required if chlorination is initiated.

Pacific Operators Offshore
1145 Eugenia Place, Suite 200
Carpinteria, Ca 93013

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CAG280000	022
PERMIT NO.	DISCHARGE NO.

Approved Form
OMB No. 2000-0015

PLATFORM HOUCHIN
LOCATION: 34° 20' 6" N, 119° 33' 8" W

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From:	14	03 01	To:	14	05 31

H2S Gas Processing Waste Water
Surfactants, Detergents, Dispersants

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
[022] H2S Gas Processing Waste Water FLOW RATE	Sample Measurement	No Discharge		Monthly Average							
March - May	Permit Requirement	Report		bbl/day						1/discharge	Estimate
[022] H2S Gas Processing Waste Water FREE OIL, FOAM, FLOATING SOLIDS	Sample Measurement				No Discharge						
March - May	Permit Requirement				No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water					1/discharge	Visual - Daylight
Surfactants, Detergents, Dispersants	Sample Measurement				Minimized				0		
March - May	Permit Requirement				Minimize						

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	MONTH/DAY/YEAR

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

ATTACHMENT 2
PLATFORMS HOUCHIN
MISCELLANEOUS DISCHARGES
CHEMICAL INVENTORY
March 1, 2014 through May 31, 2014

Fluid Type	Volume	Product Name	Chemical Quantity (Monthly avg gal per day)	End-of-Pipe (mg/l)	Post-dilution (mg/l)
009 Non-contact Cooling Water	No Discharge	No Discharge	N / A	N / A	No Discharge
008 Fire Control System Water	N / A	None	N / A	N / A	N / A
013 Test Fluids	No Discharge	No Discharge	N / A	N / A	No Discharge
017 Water Flooding Discharges	No Discharge	No Discharge	N / A	N / A	No Discharge
021 Hydrotest Water	No Discharge	No Discharge	N / A	N / A	No Discharge

N / A: No treatment chemicals used.