eni us operating
eni us operating co. inc.
1200 Smith Street, Suite 1700
Houston, TX 77002
Tel. 713-393-6100 Fax 713-393-6205

11/19/13

2013 SEP 25 12:20 CWEB

23 September, 2013

Mr. Maurice L. Horsey, IV
Chief: Municipal and Industrial Enforcement Section
Clean Water Enforcement Branch
United States Environmental Protection Agency Region 4
Atlanta Federal Center
61 Forsyth Street
Atlanta, Georgia 30303-8960

Re: Discharge Monitoring Report Submittal: 2nd Quarter 2013: period ending 6/30/2013
National Pollutant Discharge Elimination System Permit No. GEG 460778 and GEG460779

Dear Mr. Horsey;

Eni US Operating Co, Inc. (Eni) has this morning received your letter of 10 September 2013 (attached) and is pleased to re-submit submit 2nd Quarter 2013 (period ending 30 June 2013) Discharge Monitoring Reports for the above-referenced facilities.

Thank you for directing our attention to this matter. Please contact me at (832) 325-1721 if there are any questions or if you need any additional information.

Very truly yours,

Robert A. Hines

Robert A. Hines
Environmental Protection Manager
Eni U.S. Operating Co., Inc.

Attachments – No activity Report for 2Q 2013
DMR for activity GEG460778

Cc: Ms. Mary Mattox: US EPA Region IV Municipal and Industrial Enforcement Section
Clean Water Enforcement Branch

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 4
ATLANTA FEDERAL CENTER
61 FORSYTH STREET
ATLANTA, GEORGIA 30303-8960

SEP 10 2013

CERTIFIED MAIL: 7012 1010 0001 8097 1037
RETURN RECEIPT REQUESTED

Mr. Bob Hines
ENI DC
1201 Louisiana Street
Suite 3500
Houston, Texas 77002

Re: National Pollutant Discharge Elimination System Permit Nos.: GEG460778 and GEG460779

Dear Mr. Hines:

The purpose of this letter is to inform you that your company is in violation of the Clean Water Act (CWA) and the National Pollutant Discharge Elimination System permit(s) for the above referenced facility. Each permit requires the submission of Discharge Monitoring Reports (DMRs) on a quarterly basis.

DMRs referencing permit numbers GEG460778 and GEG460779, for quarters ending June 30, 2013, have not been received by our office. Please submit the overdue DMRs within 10 days of receipt of this letter. Keep in mind that DMRs are required to be submitted to the U.S. Environmental Protection Agency Region 4 within **30 days** of the end of each quarter.

Until such time as you achieve compliance, you are considered to be in violation of and subject to enforcement action pursuant to Section 309 of the CWA. This Section provides for the issuance of administrative penalties and compliance orders and/or the initiation of civil and/or criminal actions.

Enclosed is a document entitled *U.S. EPA Small Business Resources-Information Sheet* for your use and to assist you in understanding the compliance assistance resources and tools available to you. However, any decision to seek compliance assistance at this time does not relieve you of your obligation to the EPA, does not create any new rights or defenses and will not affect the EPA's decision to pursue enforcement action. In addition, the Securities and Exchange Commission (SEC) requires it registrants to periodically disclose environmental legal proceedings in statements filed with the SEC. To assist you, the EPA has also enclosed a document entitled *Notice of Securities and Exchange Commission Registrants' Duty to Disclose Environmental Legal Proceedings.*

MW 11/7/13

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

NAME: ENI US OPERATING CO. INC.
1201 LOUISIANA STREET, SUITE 3500
HOUSTON, TX 77002

FACILITY: TRANSOCEAN DEEPWATER PATHFINDER

LOCATION: DESOTO CANYON 618 #1

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER	DRILLING FLUIDS
GEG46 0778	001 1	AQUEOUS

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	4	01	2013	TO	6	30	2013

NO DISCHARGE ☑

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
DRILLING FLUID, END OF WELL, 96-HR LC50	SAMPLE MEASUREMENT	------	------	------		------	------	(20)			
04311 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	------	------	------	30000 DAILY MN	------	------	PPM		SEE PERMIT	GRAB
DRILLING FLUID 96-HR LC50	SAMPLE MEASUREMENT	------	------	------			------	(20)			
04312 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	------	------	------	30000 DAILY MN	30000 MO AVG	------	PPM		ONCE/ MONTH	GRAB
CADMIUM (CD), IN BARITE, DRY WEIGHT	SAMPLE MEASUREMENT	------	------	------	------	------		(69)			
78244 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	------	------	------	------	------	3.0 QRTR MAX	MG/KG		SEE PERMIT	CK REQ
MERCURY (HG), IN BARITE, DRY WEIGHT	SAMPLE MEASUREMENT	------	------	------	------	------		(69)			
78245 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	------	------	------	------	------	1.0 QRTR MAX	MG/KG		SEE PERMIT	CK REQ
DRILLING FLUIDS, FREE OIL	SAMPLE MEASUREMENT	------	------	------	------	------		(1M)			
82589 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	------	------	------	------	------	0 QTR TOTAL	# DAYS		ONCE PER WEEK	VISUAL
DRILLING FLUIDS, DISCHARGE RATE	SAMPLE MEASUREMENT	------		(99)	------	------	------	------			
82592 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	------	1000 MX HR RT	BBL/HR	------	------	------	------		DAILY	ESTIMA
DRILLING FLUIDS, VOLUME	SAMPLE MEASUREMENT			(1N)	------	------	------	------			
82594 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	REPORT QRTR AVG	REPORT MO TOTAL	BBL	------	------	------	------		ONCE/ MONTH	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE
ROBERT A. HINES ENVIRONMENTAL PROTECTION MANAGER	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.	Robert A. Hines SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	832 325 1721 AREA CODE / NUMBER	4 25 2013 MO DAY YEAR
TYPED OR PRINTED				

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

11/7/13

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

NAME: ENI US OPERATING CO. INC.
1201 LOUISIANA STREET, SUITE 3500
HOUSTON, TX 77002

FACILITY: TRANSOCEAN DEEPWATER PATHFINDER

LOCATION: DESOTO CANYON 618 #1

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER
GEG46 0778	002 1

DRILL CUTTINGS
AQUEOUS FLUIDS

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	4	01	2013	TO	6	30	2013

NO DISCHARGE ☑

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
DRILL CUTTINGS, END OF WELL, 96-HR LC50 04311 1 0 0 See Comments Below	SAMPLE MEASUREMENT	------	------	------		------	------	(20)			
	PERMIT REQUIREMENT	------	------	------	30000 DAILY MN	------	------	PPM		SEE PERMIT	GRAB
DRILL CUTTINGS 96-HR LC50 04312 1 0 0 See Comments Below	SAMPLE MEASUREMENT	------	------	------			------	(20)			
	PERMIT REQUIREMENT	------	------	------	30000 DAILY MN	30000 MO AVG	------	PPM		ONCE/ MONTH	GRAB
CADMIUM (CD), IN BARITE, DRY WEIGHT 78244 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	------	------	------	------	------		(69)			
	PERMIT REQUIREMENT	------	------	------	------	------	3.0 QRTR MAX	MG/KG		SEE PERMIT	CK REQ
MERCURY (HG), IN BARITE, DRY WEIGHT 78245 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	------	------	------	------	------		(69)			
	PERMIT REQUIREMENT	------	------	------	------	------	1.0 QRTR MAX	MG/KG		SEE PERMIT	CK REQ
DRILL CUTTINGS, FREE OIL 82595 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	------	------	------	------	------		(1M)			
	PERMIT REQUIREMENT	------	------	------	------	------	0 QTR TOTAL	# DAYS		ONCE/ WEEK	VISUAL
DRILL CUTTINGS, VOLUME 82596 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT			(1N)	------	------	------	------			
	PERMIT REQUIREMENT	REPORT QRTR AVG	REPORT MO TOTAL	BBL	------	------	------	------		ONCE/ MONTH	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
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TYPED OR PRINTED				

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mc 11/7/13

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

NAME: ENI US OPERATING CO. INC.
1201 LOUISIANA STREET, SUITE 3500
HOUSTON, TX 77002

FACILITY: TRANSOCEAN DEEPWATER PATHFINDER

LOCATION: DESOTO CANYON 618 #1

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER	
GEG46 0778	003 1	DRILL CUTTINGS NAF

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	4	01	2013	TO	6	30	2013

NO DISCHARGE ☑

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
DRILL CUTTINGS, END OF WELL, 96-HR LC50	SAMPLE MEASUREMENT	-------	-------	-----		-------	-------	(20)			
04311 1 0 0 Gross Effluent Value	PERMIT REQUIREMENT	-------	-------	-----	30000 MINIMUM	-------	-------	PPM		SEE PERMIT	GRAB
DRILL CUTTINGS 96-HR LC50	SAMPLE MEASUREMENT	-------	-------	-----			-------	(20))			
04312 1 0 0 Gross Effluent Value	PERMIT REQUIREMENT	-------	-------	-----	30000 MINIMUM	30000 MO AVG	-------	PPM		ONCE/ MONTH	GRAB
STOCK BASE FLUID PAH	SAMPLE MEASUREMENT	-------	-------	-----	-------	-------		(1U)			
51114 1 0 0 Gross Effluent Value	PERMIT REQUIREMENT	-------	-------	-----	-------	-------	0.00001 QRTR MAX	RATIO		SEE PERMIT	CK REQ
STOCK BASE FLUID SEDIMENT TOXICITY	SAMPLE MEASUREMENT	-------	-------	-----	-------	-------		(1U)			
51115 1 0 0 Gross Effluent Value	PERMIT REQUIREMENT	-------	-------	-----	-------	-------	1:0 QRTR MAX	RATIO		SEE PERMIT	CK REQ
STOCK BASE FLUID BIODEGREDATION RATE	SAMPLE MEASUREMENT	-------	-------	-----	-------	-------		(1U)			
51116 1 0 0 Gross Effluent Value	PERMIT REQUIREMENT	-------	-------	-----	-------	-------	1:0 QRTR MAX	RATIO		SEE PERMIT	CK REQ
DRILL CUTTINGS, SEDIMENT TOXICITY	SAMPLE MEASUREMENT	-------	-------	-----	-------	-------		(1U)			
51117 1 0 0 Gross Effluent Value	PERMIT REQUIREMENT	-------	-------	-----	-------	-------	1:0 QRTR MAX	RATIO		SEE PERMIT	CK REQ
DRILL CUTTINGS, FORMATION OIL	SAMPLE MEASUREMENT	-------	-------	-----	-------	-------		(9A)			
51118 P 0 0 See Comments Below	PERMIT REQUIREMENT	-------	-------	-----	-------	-------	0 QRTR MAX	PASS=0 FAIL=1		SEE PERMIT	CK REQ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
ROBERT A. HINES
ENVIRONMENTAL PROTECTION MANAGER
TYPED OR PRINTED

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

Robert A. Hines
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 832 NUMBER 325 1721

DATE: 6 25 2013 (MO DAY YEAR)

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

P=GC/MS, Q=RPE, R=OLEFINS, S=ESTERS. FOR LC50, REPORT LOWEST MONTHLY AVG. R&S: PERCENT=G. NAF/100 G. WET CUTTINGS. If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

11/7/13

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

DRILL CUTTINGS
NAF

NAME: ENI US OPERATING CO. INC.
1201 LOUISIANA STREET, SUITE 3500
HOUSTON, TX 77002

FACILITY: TRANSOCEAN DEEPWATER PATHFINDER

LOCATION: DESOTO CANYON 618 #1

GEG46 0778	003 1
PERMIT COVERAGE NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	4	01	2013	TO	6	30	2013

NO DISCHARGE ☑

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
DRILL CUTTINGS, FORMATION OIL 51118 Q 0 0 See Comments Below	SAMPLE MEASUREMENT							(9A)			
	PERMIT REQUIREMENT						0 WKLY MAX	PASS=0 FAIL=1		ONCE/ WEEK	GRAB
DRILL CUTTINGS BASE FLUIDS RETAINED 51120 R 0 0 See Comments Below	SAMPLE MEASUREMENT							(23)			
	PERMIT REQUIREMENT					6.9 QRTR AVG		PERCENT		SEE PERMIT	GRAB
DRILL CUTTINGS BASE FLUIDS RETAINED 51120 S 0 0 See Comments Below	SAMPLE MEASUREMENT							(23)			
	PERMIT REQUIREMENT					19.4 QRTR AVG		PERCENT		SEE PERMIT	GRAB
CADMIUM (CD), IN BARITE, DRY WEIGHT 78244 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT							(69)			
	PERMIT REQUIREMENT						3.0 QRTR MAX	MG/KG		SEE PERMIT	CK REQ
MERCURY (HG), IN BARITE, DRY WEIGHT 78245 1 0 0 Effluent Gross value	SAMPLE MEASUREMENT							(69)			
	PERMIT REQUIREMENT						1.0 QRTR MAX	MG/KG		SEE PERMIT	CK REQ
DRILL CUTTINGS, FREE OIL 82595 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT							(1M)			
	PERMIT REQUIREMENT						0 QTR TOTAL	# DAYS		ONCE/ WEEK	VISUAL
DRILL CUTTINGS, VOLUME 82596 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT			(1N)							
	PERMIT REQUIREMENT	REPORT QRTR AVG	REPORT MO TOTAL	BBL						ONCE/ MONTH	ESTIMA

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

P=GC/MS, Q=RPE, R=OLEFINS, S=ESTERS. FOR LC50, REPORT LOWEST MONTHLY AVG. R&S: PERCENT=G. NAF/100 G. WET CUTTINGS. If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

11/7/13

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

PRODUCED WATER

NAME: ENI US OPERATING CO. INC.
1201 LOUISIANA STREET, SUITE 3500
HOUSTON, TX 77002

FACILITY: TRANSOCEAN DEEPWATER PATHFINDER

LOCATION: DESOTO CANYON 618 #1

GEG46 0778	004 1
PERMIT COVERAGE NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	4	01	2013	TO	6	30	2013

NO DISCHARGE ☑

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
NOEC STATRE 7DAY CHR MYSID. BAHIA TBP3E 1 0 0 See Comments Below	SAMPLE MEASUREMENT							(23)			
	PERMIT REQUIREMENT				REPORT MINIMUM			PERCENT		SEE PERMIT	CK REQ
NOEC STATRE 7DAY CHR MENIDIA TBP6B 1 0 0 See Comments Below	SAMPLE MEASUREMENT							(23)			
	PERMIT REQUIREMENT				REPORT MINIMUM			PERCENT		SEE PERMIT	CK REQ
CRITICAL DILUTION FACTOR 80093 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT							(1U)			
	PERMIT REQUIREMENT				REPORT MO MIN			RATIO		SEE PERMIT	CK REQ
PRODUCED WATER, OIL AND GREASE 82599 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT							(19)			
	PERMIT REQUIREMENT					29.0 MO AVG	42.0 DAILY MX	MG/L		ONCE/ MONTH	GRAB
PRODUCED WATER, FLOW 82600 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT			(1T)							
	PERMIT REQUIREMENT		REPORT QRTR MAX	BBL/DAY						ONCE/ MONTH	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
ROBERT A. HINES
ENVIRONMENTAL PROTECTION MANAGER
TYPED OR PRINTED

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

Robert A. Hines
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 832 NUMBER 212 1721

DATE: MO DAY YEAR 6 25 2013

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

mw 11/7/13

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

DECK DRAINAGE

NAME: ENI US OPERATING CO. INC.
1201 LOUISIANA STREET, SUITE 3500
HOUSTON, TX 77002

FACILITY: TRANSOCEAN DEEPWATER PATHFINDER

LOCATION: DESOTO CANYON 618 #1

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER
GEG46 0778	005 1

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	4	01	2013	TO	6	30	2013

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
DECK DRAINAGE, FREE OIL 82597 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	------	------	------	------	------	0	(1M)	0	01/01	VI
	PERMIT REQUIREMENT	------	------	------	------	------	0 MO.TOTAL	# DAYS		SEE PERMIT	VISUAL
	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
ROBERT A. HINES ENVIRONMENTAL PROTECTION MANAGER	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.	832 212 1721	6 25 2013
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

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mc 11/7/13

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

TCW FLUIDS

NAME: ENI US OPERATING CO. INC.
1201 LOUISIANA STREET, SUITE 3500
HOUSTON, TX 77002

FACILITY: TRANSOCEAN DEEPWATER PATHFINDER

LOCATION: DESOTO CANYON 618 #1

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER
GEG46 0778	006 1

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	4	01	2013	TO	6	30	2013

NO DISCHARGE ☐

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OIL & GREASE	SAMPLE MEASUREMENT					12	18	(19)	0	03/30	GR
00556 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT					29.0 MO AVG	42.0 DAILY MX	MG/L		ONCE/ MONTH	GRAB
WELL FLUIDS, FREE OIL	SAMPLE MEASUREMENT						0	(1M)	0	01/01	VI
82603 1 0 0 See Comments Below	PERMIT REQUIREMENT						0 MO TOTAL	# DAYS		SEE PERMIT	VISUAL
WELL FLUIDS, VOLUME	SAMPLE MEASUREMENT	5612	7583	(1N)					0	01/01	ES
82604 1 0 0 Effluent Gross value	PERMIT REQUIREMENT	REPORT QRTR/AVG	REPORT MO TOTAL	BBL						ONCE/ MONTH	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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ENVIRONMENTAL PROTECTION MANAGER
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 832 NUMBER 212 1721

DATE: 6 25 2013 (MO DAY YEAR)

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

MW 11/7/13

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

SANITARY WASTE

NAME: ENI US OPERATING CO. INC.
1201 LOUISIANA STREET, SUITE 3500
HOUSTON, TX 77002

FACILITY: TRANSOCEAN DEEPWATER PATHFINDER

LOCATION: DESOTO CANYON 618 #1

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER
GEG46 0778	007 1

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	4	01	2013	TO	6	30	2013

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
SANITARY WASTE, RESIDUAL CHLORINE 82605 P 0 0 See Comments Below	SAMPLE MEASUREMENT	-------	-------	-------	NODI=9	-------	-------	(19)			
	PERMIT REQUIREMENT	-------	-------	-------	1.0 DAILY MN	-------	-------	MG/L		ONCE/ MONTH	GRAB
SANITARY WASTE, SOLIDS 82607 P 0 0 See Comments Below	SAMPLE MEASUREMENT	-------	-------	-------	-------	-------	0	(1M)	0	01/01	VI
	PERMIT REQUIREMENT	-------	-------	-------	-------	-------	0 MO TOTAL	# DAYS		DAILY	VISUAL
MARINE SANITATION DEVICE USED 61944 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	-------	0	(94)	-------	-------	-------	-------	0	01/30	CT
	PERMIT REQUIREMENT	-------	REPORT VALUE	0=YES 1=NO	-------	-------	-------	-------		ONCE/ MONTH	CERTIF
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
ROBERT A. HINES ENVIRONMENTAL PROTECTION MANAGER	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.	Robert A Hines SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE: 832 NUMBER: 325 1721	6 25 2013 MO DAY YEAR
TYPED OR PRINTED				

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B. TWO HAMWORTHY ST 8 SUPER TRIDENT CERTIFIED MARINE SANITATION DEVICES ARE IN USE, BUT WEEKLY TOTAL RESIDUAL CHLORINE TESTS ARE CONDUCTED TO DEMONSTRATE COMPLIANCE. UNITS ARE CERTIFED TO MEET THE EFFLUENT STANDARDS AS PROVIDED FOR IN RESOLUTION MEPC.2(VI) AND DISCHARGE IN COMPLIANCE WITH REGULATION 9 AND 10 OF ANNEX IV OF THE CONVENTION.

mw 11/8/13

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

DOMESTIC WASTE

NAME: ENI US OPERATING CO. INC.
1201 LOUISIANA STREET, SUITE 3500
HOUSTON, TX 77002

FACILITY: TRANSOCEAN DEEPWATER PATHFINDER

LOCATION: DESOTO CANYON 618 #1

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER
GEG46 0778	008 1

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	4	01	2013	TO	6	30	2013

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
DOMESTIC WASTE, SOLIDS 82608 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	------	------	-----	------	------	0	(1M)	0	01/01	VI
	PERMIT REQUIREMENT	------	------	-----	------	------	0 MO TOTAL	# DAYS		SEE PERMIT	VISUAL
	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
ROBERT A. HINES ENVIRONMENTAL PROTECTION MANAGER	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.	832 325 1721	6 25 2013
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

11/7/13

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

NAME: ENI US OPERATING CO. INC.
1201 LOUISIANA STREET, SUITE 3500
HOUSTON, TX 77002

FACILITY: TRANSOCEAN DEEPWATER PATHFINDER

LOCATION: DESOTO CANYON 618 #1

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER	
GEG46 0778	009 1	MISCELLANEOUS WASTES - NO CHEMICALS ADDED

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	4	01	2013	TO	6	30	2013

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
MISC. DISCHARGES, FREE OIL 49498 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT						0	(1M)	0	01/01	VI
	PERMIT REQUIREMENT						0 MO TOTAL	# DAYS		SEE PERMIT	VISUAL
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
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TYPED OR PRINTED				

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=8.

11/7/13

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

NAME: ENI US OPERATING CO. INC.
1201 LOUISIANA STREET, SUITE 3500
HOUSTON, TX 77002

FACILITY: TRANSOCEAN DEEPWATER PATHFINDER

LOCATION: DESOTO CANYON 618 #1

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER	MISCELLANEOUS WASTES CHEMICALS ADDED
GEG46 0778	010 1	

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	4	01	2013	TO	6	30	2013

NO DISCHARGE ☑

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
NOEC STATRE 7DAY CHR MYSID. BAHIA TBP3E P 0 0 See Comments Below	SAMPLE MEASUREMENT	-------	-------	-------			-------	(23)			
	PERMIT REQUIREMENT	-------	-------	-------	REPORT 7DA MIN	REPORT MO AV MN	-------	PERCENT		SEE PERMIT	CK REQ
NOEC STATRE 7DAY CHR MENIDIA TBP6B P 0 0 See Comments Below	SAMPLE MEASUREMENT	-------	-------	-------			-------	(23)			
	PERMIT REQUIREMENT	-------	-------	-------	REPORT 7DA MIN	REPORT MO AV MN	-------	PERCENT		SEE PERMIT	CK REQ
MISC. DISCHARGES, FREE OIL 49498 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	-------	-------	-------	-------	-------		(1M)			
	PERMIT REQUIREMENT	-------	-------	-------	-------	-------	0 MO TOTAL	# DAYS		SEE PERMIT	VISUAL
MISC. DISCHARGES, FLOW 74076 1 0 0 Effluent Gross value	SAMPLE MEASUREMENT	-------		(1T)	-------	-------	-------	-------			
	PERMIT REQUIREMENT	-------	REPORT QRTR MX	BBL/DAY	-------	-------	-------	-------		ONCE/ MONTH	ESTIMA
CRITICAL DILUTION FACTOR 80093 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	-------	-------	-------		-------	-------	(1U)			
	PERMIT REQUIREMENT	-------	-------	-------	REPORT MO MIN	-------	-------	RATIO		SEE PERMIT	CK REQ
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE
ROBERT A. HINES ENVIRONMENTAL PROTECTION MANAGER	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.	832 325 1721	6 25 2013
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

FOR NOEC, REPORT LOWEST MONTHLY AVG. If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

mw 11/7/13

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

REPORTS

NAME: ENI US OPERATING CO. INC.
1201 LOUISIANA STREET, SUITE 3500
HOUSTON, TX 77002

FACILITY: TRANSOCEAN DEEPWATER PATHFINDER

LOCATION: DESOTO CANYON 618 #1

GEG46 0778	011 1
PERMIT COVERAGE NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	4	01	2013	TO	6	30	2013

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Cooling Water Baseline Study 85869 P 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	------	------	------	------	------	NODI=C	(9P)			
	PERMIT REQUIREMENT	------	------	------	------	------	0 MAXIMUM	0=YES 1=NO		SEE PERMIT	CK REQ
Cooling Water Baseline Study 85869 Q 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	------	------	------	------	------	NODI=C	(9P)			
	PERMIT REQUIREMENT	------	------	------	------	------	0 MAXIMUM	0=YES 1=NO		SEE PERMIT	CK REQ
BMP Plan Certification Submittal? 85873 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	------	------	------	------	------	NODI=9	(9P)			
	PERMIT REQUIREMENT	------	------	------	------	------	0 MAXIMUM	0=YES 1=NO		SEE PERMIT	CK REQ
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
ROBERT A. HINES ENVIRONMENTAL PROTECTION MANAGER	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.	Robert A Hines	832 325 1721		6 25 2013
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

If no discharge, check "No Discharge" box at top right. If reporting not required this period, enter NODI=9 in all applicable reporting spaces. If parameter not detected, enter NODI=B. P=Industry-wide study. Q=Individual study.

ENI US Operating Company
Listing of Lease Areas/Blocks with
No Discharge/No Activity For All Outfalls (001 thru 011)
For the 2nd Quarter 2013 Monitoring Period Ending 06/30/2013

Lease area/Block#	Lease Number	Well/Platform Designatiom	Permit Number
DESOTO CANYON 618	OCS G-23526	Well 2	GEG460779
LLOYD RIDGE 411	OCS G-31847	Well 1	GEG460871

"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 upon 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.

Sincerely,

Robert A. Hines 6/25/2013

Robert A. Hines
Environmental Protection Manager
ENI US OPERATING COMPANY

Shell Offshore Inc.
An affiliate of Shell Oil Company

One Shell Square
PO Box 61933
New Orleans LA 70161-1933
(504) 425-6161

Exploration and Production

8/19/13

July 17, 2013

CERTIFIED MAIL
RETURN RECEIPT REQUESTED
7011 3500 0000 3033 8907

Director, Water Management Division
U. S. Environmental Protection Agency
Region IV
Sam Nunn Federal Center
61 Forsyth Street, SW
Atlanta, GA 30303-8960

Gentlemen:

SUBJECT: NPDES DISCHARGE MONITORING REPORTS (DMRs) SECOND QUARTER 2013

Enclosed is our electronically-generated spreadsheet submittal of the Discharge Monitoring Reports (DMRs) covering our Region 4 NPDES General Permit for the monitoring period April 1, 2013 through June 30, 2013. We have also included for your convenience our current Delegations of Authority.

If there are any questions regarding this submittal, please contact Andrea Albergo at (504) 425-6030.

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.

Kind Regards
Shell Offshore Inc.

2013 AUG 05 10:47 CWE

Alan G. Marsack
Wells Delivery Manager

ACA/sal

Attachment

DMR LETTER REGION 4.DOC

bc: File – 502A
Andrea Albergo

GMP 8/19/13

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

DRILLING FLUIDS
AQUEOUS

NAME: SHELL OFFSHORE INC.
HS&E ENVIRONMENT MGR.
P. O. BOX 61933-1933

FACILITY: NEW ORLEANS, LA 70161

LOCATION: DESOTO CANYON 529, PETERSBURG H

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER
GEG46 0885	001 1

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	4	01	13	TO	6	30	13

NO DISCHARGE ☑

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
DRILLING FLUID, END OF WELL, 96-HR LC50	SAMPLE MEASUREMENT	********	********	******		********	********	(20)			
04311 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	********	********	******	30000 DAILY MN	********	********	PPM		SEE PERMIT	GRAB
DRILLING FLUID 96-HR LC50	SAMPLE MEASUREMENT	********	********	******			********	(20)			
04312 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	********	********	******	30000 DAILY MN	30000 MO AVG	********	PPM		ONCE/ MONTH	GRAB
CADMIUM (CD), IN BARITE, DRY WEIGHT	SAMPLE MEASUREMENT	********	********	******	********	********		(69)			
78244 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	********	********	******	********	********	3.0 QTR MAX	MG/KG		SEE PERMIT	CK REQ
MERCURY (HG), IN BARITE, DRY WEIGHT	SAMPLE MEASUREMENT	********	********	******	********	********		(69)			
78245 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	********	********	******	********	********	1.0 QTR MAX	MG/KG		SEE PERMIT	CK REQ
DRILLING FLUIDS, FREE OIL	SAMPLE MEASUREMENT	********	********	******	********	********		(1M)			
82589 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	********	********	******	********	********	0 QTR TOTAL	# DAYS		ONCE PER WEEK	VISUAL
DRILLING FLUIDS, DISCHARGE RATE	SAMPLE MEASUREMENT	********		(99)	********	********	********	******			
82592 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	********	1000 MX HR RT	BBL/HR	********	********	********	******		DAILY	ESTIMA
DRILLING FLUIDS, VOLUME	SAMPLE MEASUREMENT			(1N)	********	********	********	******			
82594 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	REPORT QTR AVG	REPORT MO TOTAL	BBL	********	********	********	******		ONCE/ MONTH	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE
ALAN MARSACK WELL DELIVERY MANAGER	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.	504-425-6030	7/17/2013
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

NAME: SHELL OFFSHORE INC.
HS&E ENVIRONMENT MGR.
P. O. BOX 61933-1933

FACILITY: NEW ORLEANS, LA 70161

LOCATION: DESOTO CANYON 529, PETERSBURG H

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER
GEG46 0885	002 1

DRILL CUTTINGS
AQUEOUS FLUIDS

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	4	01	13	TO	6	30	13

NO DISCHARGE ☑

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
DRILL CUTTINGS, END OF WELL, 96-HR LC50 04311 1 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******		********	********	(20)			
	PERMIT REQUIREMENT	********	********	******	30000 DAILY MN	********	********	PPM		SEE PERMIT	GRAB
DRILL CUTTINGS 96-HR LC50 04312 1 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******			********	(20)			
	PERMIT REQUIREMENT	********	********	******	30000 DAILY MN	30000 MO AVG	********	PPM		ONCE/ MONTH	GRAB
CADMIUM (CD), IN BARITE, DRY WEIGHT 78244 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	********		(69)			
	PERMIT REQUIREMENT	********	********	******	********	********	3.0 QRTR MAX	MG/KG		SEE PERMIT	CK REQ
MERCURY (HG), IN BARITE, DRY WEIGHT 78245 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	********		(69)			
	PERMIT REQUIREMENT	********	********	******	********	********	1.0 QRTR MAX	MG/KG		SEE PERMIT	CK REQ
DRILL CUTTINGS, FREE OIL 82595 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	********		(1M)			
	PERMIT REQUIREMENT	********	********	******	********	********	0 QTR TOTAL	# DAYS		ONCE/ WEEK	VISUAL
DRILL CUTTINGS, VOLUME 82596 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT			(1N)	********	********	********	******			
	PERMIT REQUIREMENT	REPORT QRTR AVG	REPORT MO TOTAL	BBL	********	********	********	******		ONCE/ MONTH	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
ALAN MARSACK WELL DELIVERY MANAGER	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.	Alan Marsack	504-425-6030		7/17/2013
TYPED OR PRINTED			AREA CODE	NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

DRILL CUTTINGS NAF

NAME: SHELL OFFSHORE INC.
HS&E ENVIRONMENT MGR.
P. O. BOX 61933-1933

FACILITY: NEW ORLEANS, LA 70161

LOCATION: DESOTO CANYON 529, PETERSBURG H

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER
GEG46 0885	003 1

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	4	01	13	TO	6	30	13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
DRILL CUTTINGS, END OF WELL, 96-HR LC50 04311 1 0 0 Gross Effluent Value	SAMPLE MEASUREMENT	-------	-------	------	664,800	-------	-------	(20)			
	PERMIT REQUIREMENT	-------	-------	------	30000 MINIMUM	-------	-------	PPM		SEE PERMIT	GRAB
DRILL CUTTINGS 96-HR LC50 04312 1 0 0 Gross Effluent Value	SAMPLE MEASUREMENT	-------	-------	------	317,200	317,200	-------	(20))	0	01/30	GR
	PERMIT REQUIREMENT	-------	-------	------	30000 MINIMUM	30000 MO AVG	-------	PPM		ONCE/ MONTH	GRAB
STOCK BASE FLUID PAH 51114 1 0 0 Gross Effluent Value	SAMPLE MEASUREMENT	-------	-------	------	-------	-------	<0.000005	(1U)	0	01/YR	GR
	PERMIT REQUIREMENT	-------	-------	------	-------	-------	0.00001 QRTR MAX	RATIO		SEE PERMIT	CK REQ
STOCK BASE FLUID SEDIMENT TOXICITY 51115 1 0 0 Gross Effluent Value	SAMPLE MEASUREMENT	-------	-------	------	-------	-------	1	(1U)	0	01/YR	GR
	PERMIT REQUIREMENT	-------	-------	------	-------	-------	1.0 QRTR MAX	RATIO		SEE PERMIT	CK REQ
STOCK BASE FLUID BIODEGREDATION RATE 51116 1 0 0 Gross Effluent Value	SAMPLE MEASUREMENT	-------	-------	------	-------	-------	0.9	(1U)	0	01/YR	GR
	PERMIT REQUIREMENT	-------	-------	------	-------	-------	1.0 QRTR MAX	RATIO		SEE PERMIT	CK REQ
DRILL CUTTINGS, SEDIMENT TOXICITY 51117 1 0 0 Gross Effluent Value	SAMPLE MEASUREMENT	-------	-------	------	-------	-------	0.2	(1U)	0	01/30	GR
	PERMIT REQUIREMENT	-------	-------	------	-------	-------	1.0 QRTR MAX	RATIO		SEE PERMIT	CK REQ
DRILL CUTTINGS, FORMATION OIL 51118 P 0 0 See Comments Below	SAMPLE MEASUREMENT	-------	-------	------	-------	-------	0	(9A)	0	01/YR	GR
	PERMIT REQUIREMENT	-------	-------	------	-------	-------	0 QRTR MAX	PASS=0 FAIL=1		SEE PERMIT	CK REQ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE
ALAN MARSACK WELL DELIVERY MANAGER	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.	504-425-6030	7/17/2013
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *REFERENCE ALL ATTACHMENTS HERE*

P=GC/MS, Q=RPE, R=OLEFINS, S=ESTERS. FOR LC50, REPORT LOWEST MONTHLY AVG. R&S: PERCENT=G. NAF/100 G. WET CUTTINGS. If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=8.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

NAME: SHELL OFFSHORE INC.
HS&E ENVIRONMENT MGR.
P. O. BOX 61933-1933

FACILITY: NEW ORLEANS, LA 70161

LOCATION: DESOTO CANYON 529, PETERSBURG H

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER	
GEG46 0885	003 1	DRILL CUTTINGS NAF

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	4	01	13	TO	6	30	13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
DRILL CUTTINGS, FORMATION OIL 51118 Q 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******	********	********	0	(9A)	0	01/07	GR
	PERMIT REQUIREMENT	********	********	******	********	********	0 WKLY MAX	PASS=0 FAIL=1		ONCE/ WEEK	GRAB
DRILL CUTTINGS BASE FLUIDS RETAINED 51120 R 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******	********	3.78	********	(23)	0	ED/WL	GR
	PERMIT REQUIREMENT	********	********	******	********	6.9 QRTR AVG	********	PERCENT		SEE PERMIT	GRAB
DRILL CUTTINGS BASE FLUIDS RETAINED 51120 S 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******	********	NODI=C	********	(23)			
	PERMIT REQUIREMENT	********	********	******	********	9.4 QRTR AVG	********	PERCENT		SEE PERMIT	GRAB
CADMIUM (CD), IN BARITE, DRY WEIGHT 78244 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=B	(69)	0	01/BA	RP
	PERMIT REQUIREMENT	********	********	******	********	********	3.0 QRTR MAX	MG/KG		SEE PERMIT	CK REQ
MERCURY (HG), IN BARITE, DRY WEIGHT 78245 1 0 0 Effluent Gross value	SAMPLE MEASUREMENT	********	********	******	********	********	0.72	(69)	0	01/BA	RP
	PERMIT REQUIREMENT	********	********	******	********	********	1.0 QRTR MAX	MG/KG		SEE PERMIT	CK REQ
DRILL CUTTINGS, FREE OIL 82595 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	********	0	(1M)	0	01/07	SS
	PERMIT REQUIREMENT	********	********	******	********	********	0 QTR TOTAL	# DAYS		ONCE/ WEEK	VISUAL
DRILL CUTTINGS, VOLUME 82596 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	393	733	(1N)	********	********	********	******	0	01/01	ES
	PERMIT REQUIREMENT	REPORT QRTR AVG	REPORT MO TOTAL	BBL	********	********	********	******		ONCE/ MONTH	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE
ALAN MARSACK WELL DELIVERY MANAGER	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.	504-425-6030	7/17/2013
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

P=GC/MS, Q=RPE, R=OLEFINS, S=ESTERS. FOR LC50, REPORT LOWEST MONTHLY AVG. R&S: PERCENT=G. NAF/100 G. WET CUTTINGS. If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

PRODUCED WATER

NAME: SHELL OFFSHORE INC.
HS&E ENVIRONMENT MGR.
P. O. BOX 61933-1933

FACILITY: NEW ORLEANS, LA 70161

LOCATION: DESOTO CANYON 529, PETERSBURG H

GEG46 0885	004 1
PERMIT COVERAGE NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	4	01	13	TO	6	30	13

NO DISCHARGE ☑

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
NOEC STATRE 7DAY CHR MYSID. BAHIA TBP3E 1 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******		********	********	(23)			
	PERMIT REQUIREMENT	********	********	******	REPORT MINIMUM	********	********	PERCENT		SEE PERMIT	CK REQ
NOEC STATRE 7DAY CHR MENIDIA TBP6B 1 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******		********	********	(23)			
	PERMIT REQUIREMENT	********	********	******	REPORT MINIMUM	********	********	PERCENT		SEE PERMIT	CK REQ
CRITICAL DILUTION FACTOR 80093 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******		********	********	(1U)			
	PERMIT REQUIREMENT	********	********	******	REPORT MO MIN	********	********	RATIO		SEE PERMIT	CK REQ
PRODUCED WATER, OIL AND GREASE 82599 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********			(19)			
	PERMIT REQUIREMENT	********	********	******	********	29.0 MO AVG	42.0 DAILY MX	MG/L		ONCE/ MONTH	GRAB
PRODUCED WATER, FLOW 82600 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********		(1T)	********	********	********	******			
	PERMIT REQUIREMENT	********	REPORT QRTR MAX	BBL/DAY	********	********	********	******		ONCE/ MONTH	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE
ALAN MARSACK WELL DELIVERY MANAGER	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.	504-425-6030	7/17/2013
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

DECK DRAINAGE

NAME: SHELL OFFSHORE INC.
HS&E ENVIRONMENT MGR.
P. O. BOX 61933-1933

FACILITY: NEW ORLEANS, LA 70161

LOCATION: DESOTO CANYON 529, PETERSBURG H

GEG46 0885	005 1
PERMIT COVERAGE NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	4	01	13	TO	6	30	13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
DECK DRAINAGE, FREE OIL 82597 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	.....	.....	.....	.....	.....	0	(1M)	0	01/01	VI
	PERMIT REQUIREMENT	.....	.....	.....	.....	.....	0 MO TOTAL	# DAYS		SEE PERMIT	VISUAL
	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
ALAN MARSACK WELL DELIVERY MANAGER	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.	504-425-6030	7/17/2013
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

TCW FLUIDS

NAME: SHELL OFFSHORE INC.
HS&E ENVIRONMENT MGR.
P. O. BOX 61933-1933

FACILITY: NEW ORLEANS, LA 70161

LOCATION: DESOTO CANYON 529, PETERSBURG H

GEG46 0885	006 1
PERMIT COVERAGE NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	4	01	13	TO	6	30	13

NO DISCHARGE ☑

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OIL & GREASE	SAMPLE MEASUREMENT	********	********	******	********			(19)			
00556 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	********	********	******	********	29.0 MO AVG	42.0 DAILY MX	MG/L		ONCE/ MONTH	GRAB
WELL FLUIDS, FREE OIL	SAMPLE MEASUREMENT	********	********	******	********	********		(1M)			
82603 1 0 0 See Comments Below	PERMIT REQUIREMENT	********	********	******	********	********	0 MO TOTAL	# DAYS		SEE PERMIT	VISUAL
WELL FLUIDS, VOLUME	SAMPLE MEASUREMENT			(1N)	********	********	********	******			
82604 1 0 0 Effluent Gross value	PERMIT REQUIREMENT	REPORT QRTR AVG	REPORT MO TOTAL	BBL	********	********	********	******		ONCE/ MONTH	ESTIMA
	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	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

SANITARY WASTE

NAME: SHELL OFFSHORE INC.
HS&E ENVIRONMENT MGR.
P. O. BOX 61933-1933
FACILITY: NEW ORLEANS, LA 70161
LOCATION: DESOTO CANYON 529, PETERSBURG H

GEG46 0885	007 1
PERMIT COVERAGE NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	4	01	13	TO	6	30	13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
SANITARY WASTE, RESIDUAL CHLORINE 82605 P 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******	NODI=9	********	********	(19)			
	PERMIT REQUIREMENT	********	********	******	1.0 DAILY MN	********	********	MG/L		ONCE/ MONTH	GRAB
SANITARY WASTE, SOLIDS 82607 P 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******	********	********	0	(1M)	0	01/01	VI
	PERMIT REQUIREMENT	********	********	******	********	********	0 NO TOTAL	# DAYS		DAILY	VISUAL
MARINE SANITATION DEVICE USED 61944 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	0	(94)	********	********	********	******	0	01/YR	CT
	PERMIT REQUIREMENT	********	REPORT VALUE	0=YES 1=NO	********	********	********	******		ONCE/ MONTH	CERTIF
	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	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *REFERENCE ALL ATTACHMENTS HERE*

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

DOMESTIC WASTE

NAME: SHELL OFFSHORE INC.
HS&E ENVIRONMENT MGR.
P. O. BOX 61933-1933
FACILITY: NEW ORLEANS, LA 70161
LOCATION: DESOTO CANYON 529, PETERSBURG H

GEG46 0885	008 1
PERMIT COVERAGE NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	4	01	13	TO	6	30	13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
DOMESTIC WASTE, SOLIDS 82608 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	********	0	(1M)	0	01/01	VI
	PERMIT REQUIREMENT	********	********	******	********	********	0 MO.TOTAL	# DAYS		SEE PERMIT	VISUAL
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *REFERENCE ALL ATTACHMENTS HERE*

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

NAME: SHELL OFFSHORE INC.
HS&E ENVIRONMENT MGR.
P. O. BOX 61933-1933

FACILITY: NEW ORLEANS, LA 70161

LOCATION: DESOTO CANYON 529, PETERSBURG H

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER	
GEG46 0885	009 1	MISCELLANEOUS WASTES - NO CHEMICALS ADDED

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	4	01	13	TO	6	30	13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
MISC. DISCHARGES, FREE OIL 49498 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	********	0	(1M)	0	01/01	VI
	PERMIT REQUIREMENT	********	********	******	********	********	0 MO TOTAL	# DAYS		SEE PERMIT	VISUAL
	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
ALAN MARSACK WELL DELIVERY MANAGER	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.	504-425-6030	7/17/2013
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

NAME: SHELL OFFSHORE INC.
HS&E ENVIRONMENT MGR.
P. O. BOX 61933-1933

FACILITY: NEW ORLEANS, LA 70161

LOCATION: DESOTO CANYON 529, PETERSBURG H

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER
GEG46 0885	010 1

MISCELLANEOUS WASTES CHEMICALS ADDED

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	4	01	13	TO	6	30	13

NO DISCHARGE ☑

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
NOEC STATRE 7DAY CHR MYSID. BAHIA TBP3E P 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******			********	(23)			
	PERMIT REQUIREMENT	********	********	******	REPORT 7 DA MIN	REPORT MO AV MN	********	PERCENT		SEE PERMIT	CK REQ
NOEC STATRE 7DAY CHR MENIDIA TBP6B P 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******			********	(23)			
	PERMIT REQUIREMENT	********	********	******	REPORT 7 DA MIN	REPORT MO AV MN	********	PERCENT		SEE PERMIT	CK REQ
MISC. DISCHARGES, FREE OIL 49498 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	********		(1M)			
	PERMIT REQUIREMENT	********	********	******	********	********	0 MO TOTAL	# DAYS		SEE PERMIT	VISUAL
MISC. DISCHARGES, FLOW 74076 1 0 0 Effluent Gross value	SAMPLE MEASUREMENT	******		(1T)	********	********	********	******			
	PERMIT REQUIREMENT	********	REPORT QRTR MX	BBL/DAY	********	********	********	******		ONCE/ MONTH	ESTIMA
CRITICAL DILUTION FACTOR 80093 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******		********	********	(1U)			
	PERMIT REQUIREMENT	********	********	******	REPORT MO MIN	********	********	RATIO		SEE PERMIT	CK REQ
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE
ALAN MARSACK WELL DELIVERY MANAGER	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.	504-425-6030	7/17/2013
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *REFERENCE ALL ATTACHMENTS HERE*

FOR NOEC, REPORT LOWEST MONTHLY AVG. If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

REPORTS

NAME: SHELL OFFSHORE INC.
HS&E ENVIRONMENT MGR.
P. O. BOX 61933-1933

FACILITY: NEW ORLEANS, LA 70161

LOCATION: DESOTO CANYON 529, PETERSBURG H

GEG46 0885	011 1
PERMIT COVERAGE NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	4	01	13	TO	6	30	13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Cooling Water Baseline Study 85869 P 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	.....	.....	.....	.....	.....	NODI=C	(9P)			
	PERMIT REQUIREMENT	.....	.....	.....	.....	.....	0 MAXIMUM	0=YES 1=NO		SEE PERMIT	CK REQ
Cooling Water Baseline Study 85869 Q 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	.....	.....	.....	.....	.....	NODI=C	(9P)			
	PERMIT REQUIREMENT	.....	.....	.....	.....	.....	0 MAXIMUM	0=YES 1=NO		SEE PERMIT	CK REQ
BMP Plan Certification Submittal? 85873 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	.....	.....	.....	.....	.....	0	(9P)	0	01/YR	CT
	PERMIT REQUIREMENT	.....	.....	.....	.....	.....	0 MAXIMUM	0=YES 1=NO		SEE PERMIT	CK REQ
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE
ALAN MARSACK WELL DELIVERY MANAGER	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.	504-425-6030	7/17/2013
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

If no discharge, check "No Discharge" box at top right. If reporting not required this period, enter NODI=9 in all applicable reporting spaces. If parameter not detected, enter NODI=B. P=Industry-wide study. Q=Individual study.

Synthetic Drilling Fluid Biomonitoring Report

prepared for

SEPCo

Client Contact: Andrea Albergo

Field Sample, synthetic-based mud (SBM), 13.9 ppg (measured at EE USA) Rheliant:

EE USA Lab #: **L-330-13**

Noble Jim Day, Desoto Canyon 529, Petersburg #1, OCSG# 23517, at 26,678'

EOW Collected May 13, 2013 at 0100

NPDES Permit No.:GEG 46_ _ _ _, Outfall No: 003 (SBM)

Leptocheirus plumulosus ACUTE, STATIC 96-HOUR SEDIMENT TOXICITY TEST, METHOD 1644.

This test was initiated May 18, 2013 at 1150

96 Hour LC50: 117 ml/kg, **PASS**

Ratio = {18/117} = 0.2 (≤1.0).

Reference Sample: 11.5 ppg, (L-337-13/L-274-13), 96-Hour LC50 = 18 ml/kg

Sediment Type: Formulated, Water content = 50.2%

Report Date: May 29, 2013

by

ENVIRONMENTAL ENTERPRISES USA, INC.

58485 PEARL ACRES ROAD, SUITE D

SLIDELL, LOUISIANA 70461

–

(800) 966-2788

This report contains three pages plus six appendices, A - F. This report must not be reproduced in part, only in whole. The results and conclusions presented in this report apply only to the sample(s) tested. All results included in this report are from a valid test.

Jennifer Griffith — 05-29-13

Jennifer Griffith
Drilling Fluids Testing Supervisor — DATE

Nicholas Bertrand — 05/31/13

Nicholas Bertrand
QA/QC Officer — DATE

David L. Daniel — 5/31/13

David L. Daniel
Laboratory Director — DATE

Synthetic Drilling Fluid Biomonitoring Report

prepared for
SEPCo
Client Contact: Andrea Albergo
Field Sample, synthetic-based mud (SBM), 12.70 ppg (measured at EE USA) Rheliant:
EE USA Lab #: **L-215-13**
Noble Jim Day, Desoto Canyon 529, Petersburg #1, OCSG# 23517, at 21,859'
Collected April 2, 2013 at 2315
NPDES Permit No.:GEG 46_ _ _ _, Outfall No: 003 (SBM)

Leptocheirus plumulosus ACUTE, STATIC 96-HOUR SEDIMENT TOXICITY TEST, METHOD 1644.

This test was initiated April 9, 2013 at 1153
96 Hour LC50: 99 ml/kg, **PASS**
Ratio = {13/99} = 0.1 (≤1.0).
Reference Sample: 11.5 ppg, (L-219-13/L-163-13), 96-Hour LC50 = 13 ml/kg
Sediment Type: Formulated, Water content = 49.7%

Report Date: April 22, 2013

by
ENVIRONMENTAL ENTERPRISES USA, INC.
58485 PEARL ACRES ROAD, SUITE D
SLIDELL, LOUISIANA 70461
–
(800) 966-2788

This report contains three pages plus six appendices, A - F. This report must not be reproduced in part, only in whole. The results and conclusions presented in this report apply only to the sample(s) tested. All results included in this report are from a valid test.

Jennifer Griffith — 04-22-13
Jennifer Griffith
Drilling Fluids Testing Supervisor — DATE

Nicholas Bertrand — 04-23-13
Nicholas Bertrand
QA/QC Officer — DATE

David L. Daniel — 6/24/13
David L. Daniel
Laboratory Director — DATE

NELAP certificate No. 02027

Drilling Fluids Toxicity Test Report

prepared for
SEPCo
Client Contact: Andrea Albergo

Field Sample, synthetic-based mud (SBM), Rheliant: EE USA Lab #: **M-299-13**
Noble Jim Day, Desoto Canyon 529, Petersburg #1, OCSG 23517, at 26,678'
Collected May 13, 2013 at 0100
NPDES Permit No.:GEG 46_ _ _ _, Outfall No: 003 (SBM)

Mysidopsis bahia Acute, Static 96-hour LC50 Toxicity Test.
US EPA, December 2011. EPA-821-R-11-004, Method 1619.

This test was initiated May 15, 2013 at 1127
96-Hour LC50: 664,800 ppm SPP. **PASS.**
95% Confidence Interval: 632,500 - 698,800 ppm SPP.

Report Date: May 20, 2013

by

ENVIRONMENTAL ENTERPRISES USA, INC.
58485 PEARL ACRES ROAD, SUITE D
SLIDELL, LOUISIANA 70461

(800) 966-2788

This report contains three pages plus three appendices, A - C. This report must not be reproduced in part, only in whole. The results and conclusions presented in this report apply only to the sample(s) tested. All results included in this report are from a valid test.

Jennifer Griffith
Drilling Fluids Testing Supervisor — 05-21-13 DATE

Nicholas Bertrand
QA/QC Officer — 05-22-13 DATE

David L. Daniel
Laboratory Director — 5/22/13 DATE

NELAP certificate No. 02027

Drilling Fluids Toxicity Test Report

prepared for
SEPCo
Client Contact: Andrea Albergo

Field Sample, synthetic-based mud (SBM), Rheliant: EE USA Lab #: **M-203-13**
Noble Jim Day, Desoto Canyon 529, Petersburg #1, OCSG 23517, at 21,859'
Collected April 2, 2013 at 2315
NPDES Permit No.:GEG 46_ _ _ _, Outfall No: 003 (SBM)

Mysidopsis bahia Acute, Static 96-hour LC50 Toxicity Test.
US EPA, December 2011. EPA-821-R-11-004, Method 1619.

This test was initiated April 6, 2013 at 1038
96-Hour LC50: 317,200 ppm SPP. **PASS.**
95% Confidence Interval: 264,100 - 377,900 ppm SPP.

Report Date: April 16, 2013

by

ENVIRONMENTAL ENTERPRISES USA, INC.
58485 PEARL ACRES ROAD, SUITE D
SLIDELL, LOUISIANA 70461
–
(800) 966-2788

This report contains three pages plus three appendices, A - C. This report must not be reproduced in part, only in whole. The results and conclusions presented in this report apply only to the sample(s) tested. All results included in this report are from a valid test.

Jennifer Griffith — 04-16-13
Jennifer Griffith
Drilling Fluids Testing Supervisor — DATE

Nicholas Bertrand — 04/16/13
Nicholas Bertrand
QA/QC Officer — DATE

David L. Daniel — 4/17/13
David L. Daniel
Laboratory Director — DATE

SHELL OFFSHORE INC.

US EPA Region 4

Listing of Lease Areas/Blocks With No Discharge/No Activity

For the Monitoring Period: From 4/1/2013 To 6/30/2013

This report is per GEG 460000 Part I.A.5.b

8/19/13

SHELL OFFSHORE INC.

Permit Number	Area	Block	Well ID
GEG460769	DESOTO CANYON	353	B
GEG460770	DESOTO CANYON	397	C
GEG460771	DESOTO CANYON	397	D
GEG460772	DESOTO CANYON	398	E
GEG460773	DESOTO CANYON	398	F
GEG460774	DESOTO CANYON	398	G
GEG460775	DESOTO CANYON	398	H
GEG460776	DESOTO CANYON	398	I
GEG460798	DESOTO CANYON	486	A
GEG460799	DESOTO CANYON	486	B
GEG460800	DESOTO CANYON	487	C
GEG460801	DESOTO CANYON	487	D
GEG460842	DESOTO CANYON	268	A
GEG460843	DESOTO CANYON	268	B
GEG460844	DESOTO CANYON	268	C
GEG460845	DESOTO CANYON	268	D
GEG460846	DESOTO CANYON	268	E
GEG460863	DESOTO CANYON	353	J
GEG460864	DESOTO CANYON	353	K

"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.

7/29/13 Wells Delivery MGR. **Signature/Date**

SHELL OFFSHORE INC.

US EPA Region 4

Listing of Lease Areas/Blocks With No Discharge/No Activity

For the Monitoring Period: From 4/1/2013 To 6/30/2013

This report is per GEG 460000 Part I.A.5.b

SHELL OFFSHORE INC.

Permit Number	Area	Block	Well ID
GEG460865	DESOTO CANYON	353	L
GEG460866	DESOTO CANYON	353	M
GEG460867	DESOTO CANYON	353	N
GEG460868	DESOTO CANYON	397	O
GEG460876	DESOTO CANYON	799	A
GEG460877	DESOTO CANYON	799	B
GEG460878	DESOTO CANYON	799	C
GEG460879	DESOTO CANYON	843	D
GEG460880	DESOTO CANYON	843	E
GEG460881	DESOTO CANYON	843	F
GEG460882	DESOTO CANYON	529	E
GEG460883	DESOTO CANYON	529	F
GEG460884	DESOTO CANYON	529	G

'I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

[signature] 7/29/13 Wells Delivery MGR **Signature/Date**

POWER OF ATTORNEY

SHELL OFFSHORE INC.

SHELL OFFSHORE INC., a Delaware corporation (herein, the "Corporation") with its principal executive offices at 150 North Dairy Ashford, Building C, Houston, Texas 77079, hereby nominates, appoints and authorizes the

Position Title	**Info Only- Related Organization**
Operations Manager	Deepwater - Upstream Americas - Shell Exploration & Production Company (hereinafter "SEPCo")
Well Delivery Manager	Wells - Deepwater - Shell International Exploration and Production Inc. (hereinafter "SIEP")

and each of them, acting together or individually, as its true and lawful Attorney-in-Fact, to execute, deliver, accept, assign, amend, extend, ratify, verify, terminate, release or surrender, in the name of the Corporation and on its behalf, the following described instruments and documents in the usual course of the Corporation's business:

National Pollutant Discharge Elimination System permit applications for and on behalf of the Corporation and all requests for information required by the permit-issuing authority pursuant to the provisions of the Clean Water Act and the applicable regulations as well as any other environmental statutes and regulations, whether state or federal, applicable to the Corporation's operations.

SHELL OFFSHORE INC. also hereby nominates, appoints and authorizes the

Position Title	**Info Only- Related Organization**
Operations Manager	Deepwater - Upstream Americas - SEPCo
Abandonment Manager	Deepwater - Upstream Americas - SEPCo
Well Delivery Manager	Wells – Deepwater - SIEP
Deepwater Operations Manager	Wells – Deepwater - SIEP
US Env & Reg Manager - Offshore	Safety, Environment and SD - Upstream Americas - SEPCo
Team Leader - Environmental	Safety, Environment and SD - Upstream Americas - SEPCo
Team Leader – Surface & Certification	Safety, Environment and SD - Upstream Americas - SEPCo
Team Leader - Subsurface	Safety, Environment and SD - Upstream Americas - SEPCo
Drilling Superintendent	Wells - Onshore Gas - Upstream Americas - SEPCo
C&WI Superintendent	Wells - Onshore Gas - Upstream Americas - SEPCo

and each of them, acting together or individually, as its true and lawful Attorney-in-Fact, to execute, deliver, accept, assign, amend, extend, ratify, verify, terminate, release or surrender, in the name of the Corporation and on its behalf, the following described instruments and documents in the usual course of the Corporation's business:

National Pollutant Discharge Elimination System permit reports and/or requests for information for and on behalf of the Corporation required by the permit-issuing authority pursuant to the provisions of the Clean Water Act and the applicable regulations as well as any other environmental statutes and regulations, whether state or federal, applicable to the Corporation's operations.

This Power of Attorney is effective as of the date executed and shall continue in full force and effect until specifically revoked in writing. This Power of Attorney shall not be revoked, rescinded or impaired by any change in the individuals serving in the positions of the

Position Title	**Info Only- Related Organization**
Operations Manager	Deepwater - Upstream Americas - SEPCo
Abandonment Manager	Deepwater - Upstream Americas - SEPCo
Well Delivery Manager	Wells – Deepwater - SIEP
Deepwater Operations Manager	Wells – Deepwater - SIEP
US Env & Reg Manager - Offshore	Safety, Environment and SD - Upstream Americas - SEPCo
Team Leader - Environmental	Safety, Environment and SD - Upstream Americas - SEPCo
Team Leader – Surface & Certification	Safety, Environment and SD - Upstream Americas - SEPCo
Team Leader - Subsurface	Safety, Environment and SD - Upstream Americas - SEPCo
Drilling Superintendent	Wells - Onshore Gas - Upstream Americas - SEPCo
C&WI Superintendent	Wells - Onshore Gas - Upstream Americas - SEPCo

I certify under penalty of law that this document and any 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.

IN WITNESS WHEREOF, the Corporation has caused this Power of Attorney to be signed by its Executive Vice President and sealed with its corporate seal and attested by its Secretary.

ATTEST:

Lynn S. Borgmeier

Lynn S. Borgmeier
Secretary

SHELL OFFSHORE INC.

Michael V. Gaffigan
Executive Vice President

Date Executed: 3-6-12

WITNESS:

WITNESS: Linda L. Meagher

STATE OF TEXAS)
)
COUNTY OF HARRIS)

This instrument was acknowledged before me this 6th day of MARCH, 2012 by Michael V. Gaffigan, Executive Vice President of Shell Offshore Inc., a Delaware corporation, on behalf of said corporation.

Toni M. Wycoff
Notary Public in and for
the State of Texas

TONI M. WYCOFF
Notary Public
STATE OF TEXAS
My Comm. Exp. April 21, 2013

Received 7/25/13

Gulf of Mexico SBU.
Union Oil Company of California
Subsidiary of Chevron Corporation
100 Northpark Blvd
Covington, La. 70433

Jim Floyd
GGOM HES Water Team Lead
(985) 773-6628

UNOCAL 76

8/19/13

Federal Express # 7961-7111-0050

July 11, 2013

Director
Water Protection Division
U. S. Environmental Protection Agency Region 4
61 Forsythe Street, S.W.
Atlanta, Georgia 30303-3104

GENERAL PERMIT GEG460000
QUARTERLY DISCHARGE MONITORING REPORTS
April 1, 2013 – June 30, 2013

Union Oil Company of California received National Pollutant Discharge Elimination System (NPDES) General Permit GEG460000 coverage for the Central Gulf of Mexico lease blocks attached. As required by the permit, attached are the Discharge Monitoring Reports (DMRs) for the period specified above.

GOM OCS Lease Block	Facility/Drill Site	Permit #
Mobile 872	Ptf A	GEG460559
Mobile 904	Ptf AB, AP, AQ, AW	GEG460501
Mobile 916	Ptf A, B, C, D, E	GEG460470
Mobile 917	Ptf A & B	GEG460492
Mobile 961	Ptf 2	GEG460495

If you have any questions concerning this report, please contact Jim Floyd (Jim.Floyd@chevron.com or 985-773-6628)

Very truly yours,

Jim Floyd

Jim Floyd,
GGOM HES Water Team Lead

File: 310.15.2.7

Union Oil Company of California
Listing of Lease Areas/Blocks with
No Discharge / No Activity
For the monitoring period ending, June 30, 2013

8/19/13

Lease Areas/Block #	Permit #
M0 918 PFT A	GEG460493
M0 961 PTF 1	GEG460494

"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."

G.J. Chiasson
GOM East Operations Manager

07-11-2013
Date

MW 8/19/13

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

DRILLING FLUIDS AQUEOUS

NAME: Union Oil Company of California (Subsidiary of Chevron Corporation)
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 872 "A"

LOCATION: Mobile 872

GEG46 0559	001 1
PERMIT COVERAGE NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
DRILLING FLUID, END OF WELL, 96-HR LC50	SAMPLE MEASUREMENT				NODI=C			(20)			
04311 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT				30000 DAILY MN			PPM		SEE PERMIT	GRAB
DRILLING FLUID 96-HR LC50	SAMPLE MEASUREMENT				NODI=C	NODI=C		(20)			
04312 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT				30000 DAILY MN	30000 MO AVG		PPM		ONCE/ MONTH	GRAB
CADMIUM (CD), IN BARITE, DRY WEIGHT	SAMPLE MEASUREMENT						NODI=C	(69)			
78244 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT						3.0 QRTR MAX	MG/KG		SEE PERMIT	CK REQ
MERCURY (HG), IN BARITE, DRY WEIGHT	SAMPLE MEASUREMENT						NODI=C	(69)			
78245 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT						1.0 QRTR MAX	MG/KG		SEE PERMIT	CK REQ
DRILLING FLUIDS, FREE OIL	SAMPLE MEASUREMENT						NODI=C	(1M)			
82589 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT						0 QTR TOTAL	# DAYS		ONCE PER WEEK	VISUAL
DRILLING FLUIDS, DISCHARGE RATE	SAMPLE MEASUREMENT		NODI=C	(99)							
82592 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT		1000 MX HR RT	BBL/HR						DAILY	ESTIMA
DRILLING FLUIDS, VOLUME	SAMPLE MEASUREMENT	NODI=C	NODI=C	(1N)							
82594 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	REPORT QRTR AVG	REPORT MO TOTAL	BBL						ONCE/ MONTH	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
G. J. Chiasson Gulf of Mexico East Operations Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	985-773-7157		7/11/2013
TYPED OR PRINTED			AREA CODE	NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

NAME: Union Oil Company of California (Subsidiary of Chevron Corporation)
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 872 "A"

LOCATION: Mobile 872

GEG46 0559	002 1	DRILL CUTTINGS AQUEOUS FLUIDS
PERMIT COVERAGE NUMBER	DISCHARGE NUMBER	

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
DRILL CUTTINGS, END OF WELL, 96-HR LC50 04311 1 0 0 See Comments Below	SAMPLE MEASUREMENT				NODI=C			(20)			
	PERMIT REQUIREMENT				30000 DAILY MN			PPM		SEE PERMIT	GRAB
DRILL CUTTINGS 96-HR LC50 04312 1 0 0 See Comments Below	SAMPLE MEASUREMENT				NODI=C	NODI=C		(20)			
	PERMIT REQUIREMENT				30000 DAILY MN	30000 MO AVG		PPM		ONCE/ MONTH	GRAB
CADMIUM (CD), IN BARITE, DRY WEIGHT 78244 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT						NODI=C	(69)			
	PERMIT REQUIREMENT						30 QRTR MAX	MG/KG		SEE PERMIT	CK REQ
MERCURY (HG), IN BARITE, DRY WEIGHT 78245 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT						NODI=C	(69)			
	PERMIT REQUIREMENT						10 QRTR MAX	MG/KG		SEE PERMIT	CK REQ
DRILL CUTTINGS, FREE OIL 82595 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT						NODI=C	(1M)			
	PERMIT REQUIREMENT						0 QTR TOTAL	# DAYS		ONCE/ WEEK	VISUAL
DRILL CUTTINGS, VOLUME 82596 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	NODI=C	NODI=C	(1N)							
	PERMIT REQUIREMENT	REPORT QRTR AVG	REPORT MO TOTAL	BBL						ONCE/ MONTH	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE
G. J. Chiasson Gulf of Mexico East Operations Manager	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.	985-773-7157	7/11/2013
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

DRILL CUTTINGS NAF

NAME: Union Oil Company of California (Subsidiary of Chevron Corporation)
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 872 "A"

LOCATION: Mobile 872

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER
GEG46 0559	003 1

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE☐

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
DRILL CUTTIINGS, END OF WELL, 96-HR LC50	SAMPLE MEASUREMENT	********	********	******	NODI=C	********	********	(20)			
04311 1 0 0 Gross Effluent Value	PERMIT REQUIREMENT	********	********	******	30000 MINIMUM	********	********	PPM		SEE PERMIT	GRAB
DRILL CUTTINGS 96-HR LC50	SAMPLE MEASUREMENT	********	********	******	NODI=C	NODI=C	********	(20))			
04312 1 0 0 Gross Effluent Value	PERMIT REQUIREMENT	********	********	******	30000 MINIMUM	30000 MO AVG	********	PPM		ONCE/ MONTH	GRAB
STOCK BASE FLUID PAH	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(1U)			
51114 1 0 0 Gross Effluent Value	PERMIT REQUIREMENT	********	********	******	********	********	0.00001 QRTR MAX	RATIO		SEE PERMIT	CK REQ
STOCK BASE FLUID SEDIMENT TOXICITY	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(1U)			
51115 1 0 0 Gross Effluent Value	PERMIT REQUIREMENT	********	********	******	********	********	1.0 QRTR MAX	RATIO		SEE PERMIT	CK REQ
STOCK BASE FLUID BIODEGREDATION RATE	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(1U)			
51116 1 0 0 Gross Effluent Value	PERMIT REQUIREMENT	********	********	******	********	********	1.0 QRTR MAX	RATIO		SEE PERMIT	CK REQ
DRILL CUTTINGS, SEDIMENT TOXICITY	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(1U)			
51117 1 0 0 Gross Effluent Value	PERMIT REQUIREMENT	********	********	******	********	********	1.0 QRTR MAX	RATIO		SEE PERMIT	CK REQ
DRILL CUTTINGS, FORMATION OIL	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(9A)			
51118 P 0 0 See Comments Below	PERMIT REQUIREMENT	********	********	******	********	********	0 QRTR MAX	PASS=0 FAIL=1		SEE PERMIT	CK REQ

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *REFERENCE ALL ATTACHMENTS HERE*

P=GC/MS, Q=RPE, R=OLEFINS, S=ESTERS. FOR LC50, REPORT LOWEST MONTHLY AVG. R&S: PERCENT=G. NAF/100 G. WET CUTTINGS. If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

DRILL CUTTINGS
NAF

NAME: Union Oil Company of California (Subsidiary of Chevron Corporation)
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 872 "A"

LOCATION: Mobile 872

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER
GEG46 0559	003 1

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
DRILL CUTTINGS, FORMATION OIL 51118 Q 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	*****	********	********	NODI=C	(9A)			
	PERMIT REQUIREMENT	********	********	*****	********	********	0 WKLY MAX	PASS=0 FAIL=1		ONCE/ WEEK	GRAB
DRILL CUTTINGS BASE FLUIDS RETAINED 51120 R 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	*****	********	NODI=C	********	(23)			
	PERMIT REQUIREMENT	********	********	*****	********	6.9 QRTR AVG	********	PERCENT		SEE PERMIT	GRAB
DRILL CUTTINGS BASE FLUIDS RETAINED 51120 S 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	*****	********	NODI=C	********	(23)			
	PERMIT REQUIREMENT	********	********	*****	********	9.4 QRTR AVG	********	PERCENT		SEE PERMIT	GRAB
CADMIUM (CD), IN BARITE, DRY WEIGHT 78244 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	*****	********	********	NODI=C	(69)			
	PERMIT REQUIREMENT	********	********	*****	********	********	3.0 QRTR MAX	MG/KG		SEE PERMIT	CK REQ
MERCURY (HG), IN BARITE, DRY WEIGHT 78245 1 0 0 Effluent Gross value	SAMPLE MEASUREMENT	********	********	*****	********	********	NODI=C	(69)			
	PERMIT REQUIREMENT	********	********	*****	********	********	1.0 QRTR MAX	MG/KG		SEE PERMIT	CK REQ
DRILL CUTTINGS, FREE OIL 82595 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	*****	********	********	NODI=C	(1M)			
	PERMIT REQUIREMENT	********	********	*****	********	********	0 QTR TOTAL	# DAYS		ONCE/ WEEK	VISUAL
DRILL CUTTINGS, VOLUME 82596 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	NODI=C	NODI=C	(1N)	********	********	********	*****			
	PERMIT REQUIREMENT	REPORT QRTR AVG	REPORT MO TOTAL	BBL	********	********	********	*****		ONCE/ MONTH	ESTIMA

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *REFERENCE ALL ATTACHMENTS HERE*

P=GC/MS, Q=RPE, R=OLEFINS, S=ESTERS. FOR LC50, REPORT LOWEST MONTHLY AVG. R&S: PERCENT=G. NAF/100 G. WET CUTTINGS. If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=8.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

PRODUCED WATER

NAME: Union Oil Company of California (Subsidiary of Chevron Corporation)
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 872 "A"

LOCATION: Mobile 872

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER
GEG46 0559	004 1

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
NOEC STATRE 7DAY CHR MYSID. BAHIA TBP3E 1 0 0 See Comments Below	SAMPLE MEASUREMENT				NODI=C			(23)			
	PERMIT REQUIREMENT				REPORT MINIMUM			PERCENT		SEE PERMIT	CK REQ
NOEC STATRE 7DAY CHR MENIDIA TBP6B 1 0 0 See Comments Below	SAMPLE MEASUREMENT				NODI=C			(23)			
	PERMIT REQUIREMENT				REPORT MINIMUM			PERCENT		SEE PERMIT	CK REQ
CRITICAL DILUTION FACTOR 80093 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT				NODI=C			(1U)			
	PERMIT REQUIREMENT				REPORT MO MIN			RATIO		SEE PERMIT	CK REQ
PRODUCED WATER, OIL AND GREASE 82599 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT					NODI=C	NODI=C	(19)			
	PERMIT REQUIREMENT					29.0 MO AVG	42.0 DAILY MX	MG/L		ONCE/ MONTH	GRAB
PRODUCED WATER, FLOW 82600 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT		NODI=C	(1T)							
	PERMIT REQUIREMENT		REPORT QRT.R MAX	BBL/DAY						ONCE/ MONTH	ESTIMA
	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	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *REFERENCE ALL ATTACHMENTS HERE*

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

DECK DRAINAGE

NAME: Union Oil Company of California (Subsidiary of Chevron Corporation)
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 872 "A"

LOCATION: Mobile 872

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER
GEG46 0559	005 1

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
DECK DRAINAGE, FREE OIL 82597 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	********	0	(1M)	0	DL/DS	VI
	PERMIT REQUIREMENT	********	********	******	********	********	10 MO TOTAL	# DAYS		SEE PERMIT	VISUAL
	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
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *REFERENCE ALL ATTACHMENTS HERE*

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PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

TCW FLUIDS

NAME: Union Oil Company of California (Subsidiary of Chevron Corporation)
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 872 "A"

LOCATION: Mobile 872

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER
GEG46 0559	006 1

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OIL & GREASE	SAMPLE MEASUREMENT					NODI=C	NODI=C	(19)			
00556 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT					29.0 MO AVG	42.0 DAILY MX	MG/L		ONCE/ MONTH	GRAB
WELL FLUIDS, FREE OIL	SAMPLE MEASUREMENT						NODI=C	(1M)			
82603 1 0 0 See Comments Below	PERMIT REQUIREMENT						0 MO TOTAL	# DAYS		SEE PERMIT	VISUAL
WELL FLUIDS, VOLUME	SAMPLE MEASUREMENT	NODI=C	NODI=C	(1N)							
82604 1 0 0 Effluent Gross value	PERMIT REQUIREMENT	REPORT QRTR AVG	REPORT MO TOTAL	BBL						ONCE/ MONTH	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	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	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

SANITARY WASTE

NAME: Union Oil Company of California (Subsidiary of Chevron Corporation)
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 872 "A"

LOCATION: Mobile 872

GEG46 0559	007 1
PERMIT COVERAGE NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE☐

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
SANITARY WASTE, RESIDUAL CHLORINE 82605 P 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******	NODI=9	********	********	(19)			
	PERMIT REQUIREMENT	********	********	******	1.0 DAILY MN	********	********	MG/L		ONCE/ MONTH	GRAB
SANITARY WASTE, SOLIDS 82607 P 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******	********	********	0	(1M)	0	DL/DS	VI
	PERMIT REQUIREMENT	********	********	******	********	********	0 MO.TOTAL	# DAYS		DAILY	VISUAL
MARINE SANITATION DEVICE USED 61944 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	1	(94)	********	********	********	********	0	1/30	CT
	PERMIT REQUIREMENT	********	REPORT VALUE	0=YES 1=NO	********	********	********	******		ONCE/ MONTH	CERTIF
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
G. J. Chiasson Gulf of Mexico East Operations Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	985-773-7157	7/11/2013
TYPED OR PRINTED			AREA CODE / NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

DOMESTIC WASTE

NAME: Union Oil Company of California (Subsidiary of Chevron Corporation)
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 872 "A"

LOCATION: Mobile 872

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER
GEG46 0559	008 1

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
DOMESTIC WASTE, SOLIDS 82608 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT						0	(1M)	0	DL/DS	VI
	PERMIT REQUIREMENT						0 MO TOTAL	# DAYS		SEE PERMIT	VISUAL
	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
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TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

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PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

NAME: Union Oil Company of California (Subsidiary of Chevron Corporation)
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 872 "A"

LOCATION: Mobile 872

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER	
GEG46 0559	009 1	MISCELLANEOUS WASTES - NO CHEMICALS ADDED

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
MISC. DISCHARGES, FREE OIL 49498 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(1M)			
	PERMIT REQUIREMENT	********	********	******	********	********	0 MO.TOTAL	# DAYS		SEE PERMIT	VISUAL
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
G. J. Chiasson Gulf of Mexico East Operations Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	985-773-7157	7/11/2013
TYPED OR PRINTED			AREA CODE / NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

NAME: Union Oil Company of California (Subsidiary of Chevron Corporation)
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 872 "A"

LOCATION: Mobile 872

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER	MISCELLANEOUS
GEG46 0559	010 1	WASTES CHEMICALS ADDED

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
NOEC STATRE 7DAY CHR MYSID. BAHIA TBP3E P 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******	NODI=C	NODI=C	********	(23)			
	PERMIT REQUIREMENT	********	********	******	REPORT 7DA MIN	REPORT MO AV MN	********	PERCENT		SEE PERMIT	CK REQ
NOEC STATRE 7DAY CHR MENIDIA TBP6B P 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******	NODI=C	NODI=C	********	(23)			
	PERMIT REQUIREMENT	********	********	******	REPORT 7DA MIN	REPORT MO AV MN	********	PERCENT		SEE PERMIT	CK REQ
MISC. DISCHARGES, FREE OIL 49498 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(1M)			
	PERMIT REQUIREMENT	********	********	******	********	********	0 MO TOTAL	# DAYS		SEE PERMIT	VISUAL
MISC. DISCHARGES, FLOW 74076 1 0 0 Effluent Gross value	SAMPLE MEASUREMENT	******	NODI=C	(1T)	********	********	********	******			
	PERMIT REQUIREMENT	********	REPORT QRTR MX	BBL/DAY	********	********	********	******		ONCE/ MONTH	ESTIMA
CRITICAL DILUTION FACTOR 80093 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	NODI=C	********	********	(1U)			
	PERMIT REQUIREMENT	********	********	******	REPORT MO MIN	********	********	RATIO		SEE PERMIT	CK REQ
	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	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *REFERENCE ALL ATTACHMENTS HERE*

FOR NOEC, REPORT LOWEST MONTHLY AVG. If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

REPORTS

NAME: Union Oil Company of California (Subsidiary of Chevron Corporation)
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 872 "A"

LOCATION: Mobile 872

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER
GEG46 0559	011 1

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Cooling Water Baseline Study 85869 P 0 0 Effluent Gross Value	SAMPLE MEASUREMENT						NODI=C	(9P)			
	PERMIT REQUIREMENT						0 MAXIMUM	0=YES 1=NO		SEE PERMIT	CK REQ
Cooling Water Baseline Study 85869 Q 0 0 Effluent Gross Value	SAMPLE MEASUREMENT						NODI=C	(9P)			
	PERMIT REQUIREMENT						0 MAXIMUM	0=YES 1=NO		SEE PERMIT	CK REQ
BMP Plan Certification Submittal? 85873 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT						NODI=9	(9P)			
	PERMIT REQUIREMENT						0 MAXIMUM	0=YES 1=NO		SEE PERMIT	CK REQ
	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	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *REFERENCE ALL ATTACHMENTS HERE*

If no discharge, check "No Discharge" box at top right. If reporting not required this period, enter NODI=9 in all applicable reporting spaces. If parameter not detected, enter NODI=B. P=Industry-wide study. Q=Individual study.

mp 8/19/13

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

NAME: Union Oil Company of California (Subsidiary of Chevron Corporation)
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 904 "AW, AP, AQ, & AB"

LOCATION: Mobile 904

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER	DRILLING FLUIDS
GEG46 0501	001 1	AQUEOUS

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
DRILLING FLUID, END OF WELL, 96-HR LC50 04311 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT				NODI=C			(20)			
	PERMIT REQUIREMENT				30000 DAILY MN			PPM		SEE PERMIT	GRAB
DRILLING FLUID 96-HR LC50 04312 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT				NODI=C	NODI=C		(20)			
	PERMIT REQUIREMENT				30000 DAILY MN	30000 MO AVG		PPM		ONCE/ MONTH	GRAB
CADMIUM (CD), IN BARITE, DRY WEIGHT 78244 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT						NODI=C	(69)			
	PERMIT REQUIREMENT						3.0 QRTR MAX	MG/KG		SEE PERMIT	CK REQ
MERCURY (HG), IN BARITE, DRY WEIGHT 78245 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT						NODI=C	(69)			
	PERMIT REQUIREMENT						1.0 QRTR MAX	MG/KG		SEE PERMIT	CK REQ
DRILLING FLUIDS, FREE OIL 82589 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT						NODI=C	(1M)			
	PERMIT REQUIREMENT						0 QTR TOTAL	# DAYS		ONCE PER WEEK	VISUAL
DRILLING FLUIDS, DISCHARGE RATE 82592 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT		NODI=C	(99)							
	PERMIT REQUIREMENT		1000 MX HR RT	BBL/HR						DAILY	ESTIMA
DRILLING FLUIDS, VOLUME 82594 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	NODI=C	NODI=C	(1N)							
	PERMIT REQUIREMENT	REPORT QRTR AVG	REPORT MO TOTAL	BBL						ONCE/ MONTH	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE
G. J. Chiasson Gulf of Mexico East Operations Manager	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.	985-773-7157	7/10/2013
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

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PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

DRILL CUTTINGS
AQUEOUS FLUIDS

NAME: Union Oil Company of California (Subsidiary of Chevron Corporation)
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 904 "AW, AP, AQ, & AB"

LOCATION: Mobile 904

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER
GEG46 0501	002 1

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
DRILL CUTTINGS, END OF WELL, 96-HR LC50 04311 1 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******	NODI=C	********	********	(20)			
	PERMIT REQUIREMENT	********	********	******	30000 DAILY MN	********	********	PPM		SEE PERMIT	GRAB
DRILL CUTTINGS 96-HR LC50 04312 1 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******	NODI=C	NODI=C	********	(20)			
	PERMIT REQUIREMENT	********	********	******	30000 DAILY MN	30000 MO AVG	********	PPM		ONCE/ MONTH	GRAB
CADMIUM (CD), IN BARITE, DRY WEIGHT 78244 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(69)			
	PERMIT REQUIREMENT	********	********	******	********	********	310 QRTR MAX	MG/KG		SEE PERMIT	CK REQ
MERCURY (HG), IN BARITE, DRY WEIGHT 78245 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(69)			
	PERMIT REQUIREMENT	********	********	******	********	********	1.0 QRTR MAX	MG/KG		SEE PERMIT	CK REQ
DRILL CUTTINGS, FREE OIL 82595 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(1M)			
	PERMIT REQUIREMENT	********	********	******	********	********	0 QTR TOTAL	# DAYS		ONCE/ WEEK	VISUAL
DRILL CUTTINGS, VOLUME 82596 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	NODI=C	NODI=C	(1N)	********	********	********	******			
	PERMIT REQUIREMENT	REPORT QRTR AVG	REPORT MO TOTAL	BBL	********	********	********	******		ONCE/ MONTH	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *REFERENCE ALL ATTACHMENTS HERE*

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PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

DRILL CUTTINGS NAF

NAME: Union Oil Company of California (Subsidiary of Chevron Corporation)
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 904 "AW, AP, AQ, & AB"

LOCATION: Mobile 904

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER
GEG46 0501	003 1

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE☐

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
DRILL CUTTIINGS, END OF WELL, 96-HR LC50	SAMPLE MEASUREMENT	********	********	******	NODI=C	********	********	(20)			
04311 1 0 0 Gross Effluent Value	PERMIT REQUIREMENT	********	********	******	30000 MINIMUM	********	********	PPM		SEE PERMIT	GRAB
DRILL CUTTINGS 96-HR LC50	SAMPLE MEASUREMENT	********	********	******	NODI=C	NODI=C	********	(20))			
04312 1 0 0 Gross Effluent Value	PERMIT REQUIREMENT	********	********	******	30000 MINIMUM	30000 MO AVG	********	PPM		ONCE/ MONTH	GRAB
STOCK BASE FLUID PAH	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(1U)			
51114 1 0 0 Gross Effluent Value	PERMIT REQUIREMENT	********	********	******	********	********	0.00001 QRTR MAX	RATIO		SEE PERMIT	CK REQ
STOCK BASE FLUID SEDIMENT TOXICITY	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(1U)			
51115 1 0 0 Gross Effluent Value	PERMIT REQUIREMENT	********	********	******	********	********	1:0 QRTR MAX	RATIO		SEE PERMIT	CK REQ
STOCK BASE FLUID BIODEGREDATION RATE	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(1U)			
51116 1 0 0 Gross Effluent Value	PERMIT REQUIREMENT	********	********	******	********	********	1:0 QRTR MAX	RATIO		SEE PERMIT	CK REQ
DRILL CUTTINGS, SEDIMENT TOXICITY	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(1U)			
51117 1 0 0 Gross Effluent Value	PERMIT REQUIREMENT	********	********	******	********	********	1:0 QRTR MAX	RATIO		SEE PERMIT	CK REQ
DRILL CUTTINGS, FORMATION OIL	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(9A)			
51118 P 0 0 See Comments Below	PERMIT REQUIREMENT	********	********	******	********	********	0 QRTR MAX	PASS=0 FAIL=1		SEE PERMIT	CK REQ

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

P=GC/MS, Q=RPE, R=OLEFINS, S=ESTERS. FOR LC50, REPORT LOWEST MONTHLY AVG. R&S: PERCENT=G. NAF/100 G. WET CUTTINGS. If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

DRILL CUTTINGS NAF

NAME: Union Oil Company of California (Subsidiary of Chevron Corporation)
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 904 "AW, AP, AQ, & AB"

LOCATION: Mobile 904

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER
GEG46 0501	003 1

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
DRILL CUTTINGS, FORMATION OIL 51118 Q 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(9A)			
	PERMIT REQUIREMENT	********	********	******	********	********	0 WKLY MAX	PASS=0 FAIL=1		ONCE/ WEEK	GRAB
DRILL CUTTINGS BASE FLUIDS RETAINED 51120 R 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******	********	NODI=C	********	(23)			
	PERMIT REQUIREMENT	********	********	******	********	6.9 QRTR AVG	********	PERCENT		SEE PERMIT	GRAB
DRILL CUTTINGS BASE FLUIDS RETAINED 51120 S 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******	********	NODI=C	********	(23)			
	PERMIT REQUIREMENT	********	********	******	********	9.4 QRTR AVG	********	PERCENT		SEE PERMIT	GRAB
CADMIUM (CD), IN BARITE, DRY WEIGHT 78244 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(69)			
	PERMIT REQUIREMENT	********	********	******	********	********	3.0 QRTR MAX	MG/KG		SEE PERMIT	CK REQ
MERCURY (HG), IN BARITE, DRY WEIGHT 78245 1 0 0 Effluent Gross value	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(69)			
	PERMIT REQUIREMENT	********	********	******	********	********	1.0 QRTR MAX	MG/KG		SEE PERMIT	CK REQ
DRILL CUTTINGS, FREE OIL 82595 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(1M)			
	PERMIT REQUIREMENT	********	********	******	********	********	0 QTR TOTAL	# DAYS		ONCE/ WEEK	VISUAL
DRILL CUTTINGS, VOLUME 82596 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	NODI=C	NODI=C	(1N)	********	********	********	******			
	PERMIT REQUIREMENT	REPORT QRTR AVG	REPORT MO TOTAL	BBL	********	********	********	******		ONCE/ MONTH	ESTIMA

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *REFERENCE ALL ATTACHMENTS HERE*

P=GC/MS, Q=RPE, R=OLEFINS, S=ESTERS. FOR LC50, REPORT LOWEST MONTHLY AVG. R&S: PERCENT=G. NAF/100 G. WET CUTTINGS. If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

PRODUCED WATER

NAME: Union Oil Company of California (Subsidiary of Chevron Corporation)
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 904 "AW, AP, AQ, & AB"

LOCATION: Mobile 904

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER
GEG46 0501	004 1

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
NOEC STATRE 7DAY CHR MYSID. BAHIA TBP3E 1 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******	NODI=9	********	********	(23)			
	PERMIT REQUIREMENT	********	********	******	REPORT MINIMUM	********	********	PERCENT		SEE PERMIT	CK REQ
NOEC STATRE 7DAY CHR MENIDIA TBP6B 1 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******	NODI=9	********	********	(23)			
	PERMIT REQUIREMENT	********	********	******	REPORT MINIMUM	********	********	PERCENT		SEE PERMIT	CK REQ
CRITICAL DILUTION FACTOR 80093 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	NODI=9	********	********	(1U)			
	PERMIT REQUIREMENT	********	********	******	REPORT MO MIN	********	********	RATIO		SEE PERMIT	CK REQ
PRODUCED WATER, OIL AND GREASE 82599 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	5	5	(19)	0	01/30	GR
	PERMIT REQUIREMENT	********	********	******	********	29.0 MO AVG	42.0 DAILY MX	MG/L		ONCE/ MONTH	GRAB
PRODUCED WATER, FLOW 82600 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	194	(1T)	********	********	********	******	0	30/30	ES
	PERMIT REQUIREMENT	********	REPORT QRTR MAX	BBL/DAY	********	********	********	******		ONCE/ MONTH	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	********	********		********	********	********			********	********
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	********	********		********	********	********			********	********

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
G. J. Chiasson Gulf of Mexico East Operations Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	985-773-7157	7/10/2013
TYPED OR PRINTED			AREA CODE / NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *REFERENCE ALL ATTACHMENTS HERE*

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

DECK DRAINAGE

NAME: Union Oil Company of California (Subsidiary of Chevron Corporation)
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 904 "AW, AP, AQ, & AB"

LOCATION: Mobile 904

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER
GEG46 0501	005 1

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
DECK DRAINAGE, FREE OIL 82597 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	********	0	(1M)	0	DL/DS	VI
	PERMIT REQUIREMENT	********	********	******	********	********	0 MO.TOTAL	# DAYS		SEE PERMIT	VISUAL
	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
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TYPED OR PRINTED			AREA CODE	NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *REFERENCE ALL ATTACHMENTS HERE*

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PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

TCW FLUIDS

NAME: Union Oil Company of California (Subsidiary of Chevron Corporation)
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 904 "AW, AP, AQ, & AB"

LOCATION: Mobile 904

GEG46 0501	006 1
PERMIT COVERAGE NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OIL & GREASE	SAMPLE MEASUREMENT					NODI=C	NODI=C	(19)			
00556 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT					29.0 MO AVG	42.0 DAILY MX	MG/L		ONCE/ MONTH	GRAB
WELL FLUIDS, FREE OIL	SAMPLE MEASUREMENT						NODI=C	(1M)			
82603 1 0 0 See Comments Below	PERMIT REQUIREMENT						0 MO TOTAL	# DAYS		SEE PERMIT	VISUAL
WELL FLUIDS, VOLUME	SAMPLE MEASUREMENT	NODI=C	NODI=C	(1N)							
82604 1 0 0 Effluent Gross value	PERMIT REQUIREMENT	REPORT QRTR AVG	REPORT MO TOTAL	BBL						ONCE/ MONTH	ESTIMA
	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			AREA CODE / NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *REFERENCE ALL ATTACHMENTS HERE*

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PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

SANITARY WASTE ✓

NAME: Union Oil Company of California (Subsidiary of Chevron Corporation)
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 904 "AW, AP, AQ, & AB"

LOCATION: Mobile 904

GEG46 0501	007 1
PERMIT COVERAGE NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SANITARY WASTE, RESIDUAL CHLORINE 82605 P 0 0 See Comments Below	SAMPLE MEASUREMENT				1			(19)	0	01/30	GR
	PERMIT REQUIREMENT				10 DAILY MN			MG/L		ONCE/ MONTH	GRAB
SANITARY WASTE, SOLIDS 82607 P 0 0 See Comments Below	SAMPLE MEASUREMENT						0	(1M)	0	DL/DS	VI
	PERMIT REQUIREMENT						0 MO TOTAL	# DAYS		DAILY	VISUAL
MARINE SANITATION DEVICE USED 61944 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT		1	(94)					0	1/30	CT
	PERMIT REQUIREMENT		REPORT VALUE	0=YES 1=NO						ONCE/ MONTH	CERTIF
	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			AREA CODE / NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *REFERENCE ALL ATTACHMENTS HERE*

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

DOMESTIC WASTE

NAME: Union Oil Company of California (Subsidiary of Chevron Corporation)
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 904 "AW, AP, AQ, & AB"

LOCATION: Mobile 904

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER
GEG46 0501	008 1

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
DOMESTIC WASTE, SOLIDS 82608 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	********	0	(1M)	0	DL/DS	VI
	PERMIT REQUIREMENT	********	********	******	********	********	0 MO.TOTAL	# DAYS		SEE PERMIT	VISUAL
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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TYPED OR PRINTED			AREA CODE	NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *REFERENCE ALL ATTACHMENTS HERE*

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

NAME: Union Oil Company of California (Subsidiary of Chevron Corporation)
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 904 "AW, AP, AQ, & AB"

LOCATION: Mobile 904

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER	
GEG46 0501	009 1	MISCELLANEOUS WASTES - NO CHEMICALS ADDED

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
MISC. DISCHARGES, FREE OIL 49498 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	********	0	(1M)	0	14/07	VI
	PERMIT REQUIREMENT	********	********	******	********	********	0 MO.TOTAL	# DAYS		SEE PERMIT	VISUAL
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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TYPED OR PRINTED			AREA CODE / NUMBER	MO DAY YEAR

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PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

NAME: Union Oil Company of California (Subsidiary of Chevron Corporation)
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 904 "AW, AP, AQ, & AB"

LOCATION: Mobile 904

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER	MISCELLANEOUS
GEG46 0501	010 1	WASTES CHEMICALS ADDED

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
NOEC STATRE 7DAY CHR MYSID. BAHIA TBP3E P 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******	NODI=C	NODI=C	********	(23)			
	PERMIT REQUIREMENT	********	********	******	REPORT 7DA MIN	REPORT MO AV MN	********	PERCENT		SEE PERMIT	CK REQ
NOEC STATRE 7DAY CHR MENIDIA TBP6B P 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******	NODI=C	NODI=C	********	(23)			
	PERMIT REQUIREMENT	********	********	******	REPORT 7DA MIN	REPORT MO AV MN	********	PERCENT		SEE PERMIT	CK REQ
MISC. DISCHARGES, FREE OIL 49498 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(1M)			
	PERMIT REQUIREMENT	********	********	******	********	********	0 MO TOTAL	# DAYS		SEE PERMIT	VISUAL
MISC. DISCHARGES, FLOW 74076 1 0 0 Effluent Gross value	SAMPLE MEASUREMENT	******	NODI=C	(1T)	********	********	********	******			
	PERMIT REQUIREMENT	********	REPORT QRTR MX	BBL/DAY	********	********	********	******		ONCE/ MONTH	ESTIMA
CRITICAL DILUTION FACTOR 80093 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	NODI=C	********	********	(1U)			
	PERMIT REQUIREMENT	********	********	******	REPORT MO MIN	********	********	RATIO		SEE PERMIT	CK REQ
	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	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *REFERENCE ALL ATTACHMENTS HERE*

FOR NOEC, REPORT LOWEST MONTHLY AVG. If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

REPORTS

NAME: Union Oil Company of California (Subsidiary of Chevron Corporation)
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 904 "AW, AP, AQ, & AB"

LOCATION: Mobile 904

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER
GEG46 0501	011 1

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Cooling Water Baseline Study 85869 P 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(9P)			
	PERMIT REQUIREMENT	********	********	******	********	********	0 MAXIMUM	0=YES 1=NO		SEE PERMIT	CK REQ
Cooling Water Baseline Study 85869 Q 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(9P)			
	PERMIT REQUIREMENT	********	********	******	********	********	0 MAXIMUM	0=YES 1=NO		SEE PERMIT	CK REQ
BMP Plan Certification Submittal? 85873 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=9	(9P)			
	PERMIT REQUIREMENT	********	********	******	********	********	0 MAXIMUM	0=YES 1=NO		SEE PERMIT	CK REQ
	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			AREA CODE / NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

If no discharge, check "No Discharge" box at top right. If reporting not required this period, enter NODI=9 in all applicable reporting spaces: If parameter not detected, enter NODI=B. P=Industry-wide study. Q=Individual study.

8/19/13

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

DRILLING FLUIDS AQUEOUS

NAME: Union Oil Company of California (Subsidiary of Chevron Corporation)
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 916 "A, B, C, D, & E"

LOCATION: Mobile 916

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER
GEG46 0470	001 1

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
DRILLING FLUID, END OF WELL, 96-HR LC50	SAMPLE MEASUREMENT	********	********	******	NODI=C	********	********	(20)			
04311 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	********	********	******	30000 DAILY MN	********	********	PPM		SEE PERMIT	GRAB
DRILLING FLUID 96-HR LC50	SAMPLE MEASUREMENT	********	********	******	NODI=C	NODI=C	********	(20)			
04312 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	********	********	******	30000 DAILY MN	30000 MO AVG	********	PPM		ONCE/ MONTH	GRAB
CADMIUM (CD), IN BARITE, DRY WEIGHT	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(69)			
78244 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	********	********	******	********	********	3.0 QRTR MAX	MG/KG		SEE PERMIT	CK REQ
MERCURY (HG), IN BARITE, DRY WEIGHT	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(69)			
78245 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	********	********	******	********	********	1.0 QRTR MAX	MG/KG		SEE PERMIT	CK REQ
DRILLING FLUIDS, FREE OIL	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(1M)			
82589 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	********	********	******	********	********	0 QTR TOTAL	# DAYS		ONCE PER WEEK	VISUAL
DRILLING FLUIDS, DISCHARGE RATE	SAMPLE MEASUREMENT	********	NODI=C	(99)	********	********	********	******			
82592 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	********	1000 MX HR RT	BBL/HR	********	********	********	******		DAILY	ESTIMA
DRILLING FLUIDS, VOLUME	SAMPLE MEASUREMENT	NODI=C	NODI=C	(1N)	********	********	********	******			
82594 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	REPORT QTR AVG	REPORT MO TOTAL	BBL	********	********	********	******		ONCE/ MONTH	ESTIMA

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

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PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

NAME: Union Oil Company of California (Subsidiary of Chevron Corporation)
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 916 "A, B, C, D, & E"

LOCATION: Mobile 916

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER	
GEG46 0470	002 1	DRILL CUTTINGS AQUEOUS FLUIDS

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
DRILL CUTTINGS, END OF WELL, 96-HR LC50 04311 1 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******	NODI=C	********	********	(20)			
	PERMIT REQUIREMENT	********	********	******	30000 DAILY MN	********	********	PPM		SEE PERMIT	GRAB
DRILL CUTTINGS 96-HR LC50 04312 1 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******	NODI=C	NODI=C	********	(20)			
	PERMIT REQUIREMENT	********	********	******	30000 DAILY MN	30000 MO AVG	********	PPM		ONCE/ MONTH	GRAB
CADMIUM (CD), IN BARITE, DRY WEIGHT 78244 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(69)			
	PERMIT REQUIREMENT	********	********	******	********	********	3.0 QRTR MAX	MG/KG		SEE PERMIT	CK REQ
MERCURY (HG), IN BARITE, DRY WEIGHT 78245 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(69)			
	PERMIT REQUIREMENT	********	********	******	********	********	1.0 QRTR MAX	MG/KG		SEE PERMIT	CK REQ
DRILL CUTTINGS, FREE OIL 82595 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(1M)			
	PERMIT REQUIREMENT	********	********	******	********	********	0 QTR TOTAL	# DAYS		ONCE/ WEEK	VISUAL
DRILL CUTTINGS, VOLUME 82596 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	NODI=C	NODI=C	(1N)	********	********	********	******			
	PERMIT REQUIREMENT	REPORT QRTR AVG	REPORT MO TOTAL	BBL	********	********	********	******		ONCE/ MONTH	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE
G. J. Chiasson Gulf of Mexico East Operations Manager	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.	985-773-7157	7/10/2013
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *REFERENCE ALL ATTACHMENTS HERE*

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

DRILL CUTTINGS
NAF

NAME: Union Oil Company of California (Subsidiary of Chevron Corporation)
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 916 "A, B, C, D, & E"

LOCATION: Mobile 916

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER
GEG46 0470	003 1

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE☐

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
DRILL CUTTIINGS, END OF WELL, 96-HR LC50	SAMPLE MEASUREMENT	********	********	******	NODI=C	********	********	(20)			
04311 1 0 0 Gross Effluent Value	PERMIT REQUIREMENT	********	********	******	30000 MINIMUM	********	********	PPM		SEE PERMIT	GRAB
DRILL CUTTINGS 96-HR LC50	SAMPLE MEASUREMENT	********	********	******	NODI=C	NODI=C	********	(20))			
04312 1 0 0 Gross Effluent Value	PERMIT REQUIREMENT	********	********	******	30000 MINIMUM	30000 MO AVG	********	PPM		ONCE/ MONTH	GRAB
STOCK BASE FLUID PAH	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(1U)			
51114 1 0 0 Gross Effluent Value	PERMIT REQUIREMENT	********	********	******	********	********	0.00001 QRTR MAX	RATIO		SEE PERMIT	CK REQ
STOCK BASE FLUID SEDIMENT TOXICITY	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(1U)			
51115 1 0 0 Gross Effluent Value	PERMIT REQUIREMENT	********	********	******	********	********	1:0 QRTR MAX	RATIO		SEE PERMIT	CK REQ
STOCK BASE FLUID BIODEGREDATION RATE	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(1U)			
51116 1 0 0 Gross Effluent Value	PERMIT REQUIREMENT	********	********	******	********	********	1:0 QRTR MAX	RATIO		SEE PERMIT	CK REQ
DRILL CUTTINGS, SEDIMENT TOXICITY	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(1U)			
51117 1 0 0 Gross Effluent Value	PERMIT REQUIREMENT	********	********	******	********	********	1:0 QRTR MAX	RATIO		SEE PERMIT	CK REQ
DRILL CUTTINGS, FORMATION OIL	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(9A)			
51118 P 0 0 See Comments Below	PERMIT REQUIREMENT	********	********	******	********	********	0 QRTR MAX	PASS=0 FAIL=1		SEE PERMIT	CK REQ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE
G. J. Chiasson Gulf of Mexico East Operations Manager	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.	985-773-7157	7/10/2013
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

P=GC/MS, Q=RPE, R=OLEFINS, S=ESTERS. FOR LC50, REPORT LOWEST MONTHLY AVG. R&S: PERCENT=G. NAF/100 G. WET CUTTINGS. If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

NAME: Union Oil Company of California (Subsidiary of Chevron Corporation)
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 916 "A, B, C, D, & E"

LOCATION: Mobile 916

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER	DRILL CUTTINGS
GEG46 0470	003 1	NAF

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
DRILL CUTTINGS, FORMATION OIL 51118 Q 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(9A)			
	PERMIT REQUIREMENT	********	********	******	********	********	0 WKLY MAX	PASS=0 FAIL=1		ONCE/ WEEK	GRAB
DRILL CUTTINGS BASE FLUIDS RETAINED 51120 R 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******	********	NODI=C	********	(23)			
	PERMIT REQUIREMENT	********	********	******	********	6.9 QRTR AVG	********	PERCENT		SEE PERMIT	GRAB
DRILL CUTTINGS BASE FLUIDS RETAINED 51120 S 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******	********	NODI=C	********	(23)			
	PERMIT REQUIREMENT	********	********	******	********	9.4 QRTR AVG	********	PERCENT		SEE PERMIT	GRAB
CADMIUM (CD), IN BARITE, DRY WEIGHT 78244 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(69)			
	PERMIT REQUIREMENT	********	********	******	********	********	3.0 QRTR MAX	MG/KG		SEE PERMIT	CK REQ
MERCURY (HG), IN BARITE, DRY WEIGHT 78245 1 0 0 Effluent Gross value	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(69)			
	PERMIT REQUIREMENT	********	********	******	********	********	10 QRTR MAX	MG/KG		SEE PERMIT	CK REQ
DRILL CUTTINGS, FREE OIL 82595 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(1M)			
	PERMIT REQUIREMENT	********	********	******	********	********	0 QTR TOTAL	# DAYS		ONCE/ WEEK	VISUAL
DRILL CUTTINGS, VOLUME 82596 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	NODI=C	NODI=C	(1N)	********	********	********	******			
	PERMIT REQUIREMENT	REPORT QRTR AVG	REPORT MO TOTAL	BBL	********	********	********	******		ONCE/ MONTH	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE
G. J. Chiasson Gulf of Mexico East Operations Manager	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.	985-773-7157	7/10/2013
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *REFERENCE ALL ATTACHMENTS HERE*

P=GC/MS, Q=RPE, R=OLEFINS, S=ESTERS. FOR LC50, REPORT LOWEST MONTHLY AVG. R&S: PERCENT=G. NAF/100 G. WET CUTTINGS. If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

PRODUCED WATER

NAME: Union Oil Company of California (Subsidiary of Chevron Corporation)
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 916 "A, B, C, D, & E"

LOCATION: Mobile 916

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER
GEG46 0470	004 1

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
NOEC STATRE 7DAY CHR MYSID. BAHIA TBP3E 1 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******	NODI=9	********	********	(23)			
	PERMIT REQUIREMENT	********	********	******	REPORT MINIMUM	********	********	PERCENT		SEE PERMIT	CK REQ
NOEC STATRE 7DAY CHR MENIDIA TBP6B 1 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******	NODI=9	********	********	(23)			
	PERMIT REQUIREMENT	********	********	******	REPORT MINIMUM	********	********	PERCENT		SEE PERMIT	CK REQ
CRITICAL DILUTION FACTOR 80093 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	NODI=9	********	********	(1U)			
	PERMIT REQUIREMENT	********	********	******	REPORT MO MIN	********	********	RATIO		SEE PERMIT	CK REQ
PRODUCED WATER, OIL AND GREASE 82599 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	5	5	(19)	0	01/30	GR
	PERMIT REQUIREMENT	********	********	******	********	29.0 MO AVG	42.0 DAILY MX	MG/L		ONCE/ MONTH	GRAB
PRODUCED WATER, FLOW 82600 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	242	(1T)	********	********	********	******	0	30/30	ES
	PERMIT REQUIREMENT	********	REPORT QRTR MAX	BBL/DAY	********	********	********	******		ONCE/ MONTH	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE
G. J. Chiasson Gulf of Mexico East Operations Manager	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.	985-773-7157	7/10/2013
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *REFERENCE ALL ATTACHMENTS HERE*

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

DECK DRAINAGE

NAME: Union Oil Company of California (Subsidiary of Chevron Corporation)
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 916 "A, B, C, D, & E"

LOCATION: Mobile 916

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER
GEG46 0470	005 1

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
DECK DRAINAGE, FREE OIL 82597 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	********	0	(1M)	0	DL/DS	VI
	PERMIT REQUIREMENT	********	********	******	********	********	0 MO.TOTAL	# DAYS		SEE PERMIT	VISUAL
	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
G. J. Chiasson Gulf of Mexico East Operations Manager	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.	985-773-7157	7/10/2013
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

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PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

TCW FLUIDS

NAME: Union Oil Company of California (Subsidiary of Chevron Corporation)
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 916 "A, B, C, D, & E"

LOCATION: Mobile 916

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER
GEG46 0470	006 1

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE☐

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OIL & GREASE	SAMPLE MEASUREMENT	********	********	********	********	NODI=C	NODI=C	(19)			
00556 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	********	********	********	********	29.0 MO AVG	42.0 DAILY MX	MG/L		ONCE/ MONTH	GRAB
WELL FLUIDS, FREE OIL	SAMPLE MEASUREMENT	********	********	********	********	********	NODI=C	(1M)			
82603 1 0 0 See Comments Below	PERMIT REQUIREMENT	********	********	********	********	********	0 MO TOTAL	# DAYS		SEE PERMIT	VISUAL
WELL FLUIDS, VOLUME	SAMPLE MEASUREMENT	NODI=C	NODI=C	(1N)	********	********	********	********			
82604 1 0 0 Effluent Gross value	PERMIT REQUIREMENT	REPORT QRTR AVG	REPORT MO TOTAL	BBL	********	********	********	********		ONCE/ MONTH	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	********	********		********	********	********				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	********	********		********	********	********				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	********	********		********	********	********				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	********	********		********	********	********				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE
G. J. Chiasson Gulf of Mexico East Operations Manager	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.	985-773-7157	7/10/2013
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

SANITARY WASTE

NAME: Union Oil Company of California (Subsidiary of Chevron Corporation)
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 916 "A, B, C, D, & E"

LOCATION: Mobile 916

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER
GEG46 0470	007 1

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE☐

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
SANITARY WASTE, RESIDUAL CHLORINE 82605 P 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	********	1	********	********	(19)	0	01/30	GR
	PERMIT REQUIREMENT	********	********	********	1.0 DAILY MN	********	********	MG/L		ONCE/ MONTH	GRAB
SANITARY WASTE, SOLIDS 82607 P 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	********	********	********	0	(1M)	0	DL/DS	VI
	PERMIT REQUIREMENT	********	********	********	********	********	0 MO TOTAL	# DAYS		DAILY	VISUAL
MARINE SANITATION DEVICE USED 61944 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	1	(94)	********	********	********	********	0	1/30	CT
	PERMIT REQUIREMENT	********	REPORT VALUE	0=YES 1=NO	********	********	********	********		ONCE/ MONTH	CERTIF
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE
G. J. Chiasson Gulf of Mexico East Operations Manager	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.	985-773-7157	7/10/2013
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

DOMESTIC WASTE

NAME: Union Oil Company of California (Subsidiary of Chevron Corporation)
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 916 "A, B, C, D, & E"

LOCATION: Mobile 916

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER
GEG46 0470	008 1

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
DOMESTIC WASTE, SOLIDS 82608 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	********	0	(1M)	0	DL/DS	VI
	PERMIT REQUIREMENT	********	********	******	********	********	0 MO TOTAL	# DAYS		SEE PERMIT	VISUAL
	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
G. J. Chiasson Gulf of Mexico East Operations Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	985-773-7157	7/10/2013
TYPED OR PRINTED			AREA CODE / NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *REFERENCE ALL ATTACHMENTS HERE*

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

NAME: Union Oil Company of California (Subsidiary of Chevron Corporation)
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 916 "A, B, C, D, & E"

LOCATION: Mobile 916

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER	
GEG46 0470	009 1	MISCELLANEOUS WASTES - NO CHEMICALS ADDED

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
MISC. DISCHARGES, FREE OIL 49498 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	********	0	(1M)	0	14/07	VI
	PERMIT REQUIREMENT	********	********	******	********	********	0 MO.TOTAL	# DAYS		SEE PERMIT	VISUAL
	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
G. J. Chiasson Gulf of Mexico East Operations Manager	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.	985-773-7157	7/10/2013
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

NAME: Union Oil Company of California (Subsidiary of Chevron Corporation)
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 916 "A, B, C, D, & E"

LOCATION: Mobile 916

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER	MISCELLANEOUS
GEG46 0470	010 1	WASTES CHEMICALS ADDED

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
NOEC STATRE 7DAY CHR MYSID. BAHIA TBP3E P 0 0 See Comments Below	SAMPLE MEASUREMENT	.....	.....	.....	NODI=C	NODI=C	.....	(23)			
	PERMIT REQUIREMENT	.....	.....	.....	REPORT 7DA MIN	REPORT MO AV MN	.....	PERCENT		SEE PERMIT	CK REQ
NOEC STATRE 7DAY CHR MENIDIA TBP6B P 0 0 See Comments Below	SAMPLE MEASUREMENT	.....	.....	.....	NODI=C	NODI=C	.....	(23)			
	PERMIT REQUIREMENT	.....	.....	.....	REPORT 7DA MIN	REPORT MO AV MN	.....	PERCENT		SEE PERMIT	CK REQ
MISC. DISCHARGES, FREE OIL 49498 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	.....	.....	.....	.....	.....	NODI=C	(1M)			
	PERMIT REQUIREMENT	.....	.....	.....	.....	.....	0 MO TOTAL	# DAYS		SEE PERMIT	VISUAL
MISC. DISCHARGES, FLOW 74076 1 0 0 Effluent Gross value	SAMPLE MEASUREMENT	.....	NODI=C	(1T)	.....	.....	.....	.....			
	PERMIT REQUIREMENT	.....	REPORT QRTR MX	BBL/DAY	.....	.....	.....	.....		ONCE/ MONTH	ESTIMA
CRITICAL DILUTION FACTOR 80093 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	.....	.....	.....	NODI=C	.....	.....	(1U)			
	PERMIT REQUIREMENT	.....	.....	.....	REPORT MO MIN	.....	.....	RATIO		SEE PERMIT	CK REQ
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE
G. J. Chiasson Gulf of Mexico East Operations Manager	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.	985-773-7157	7/10/2013
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *REFERENCE ALL ATTACHMENTS HERE*

FOR NOEC, REPORT LOWEST MONTHLY AVG. If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

REPORTS

NAME: Union Oil Company of California (Subsidiary of Chevron Corporation)
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 916 "A, B, C, D, & E"

LOCATION: Mobile 916

GEG46 0470	011 1
PERMIT COVERAGE NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Cooling Water Baseline Study 85869 P 0 0 Effluent Gross Value	SAMPLE MEASUREMENT						NODI=C	(9P)			
	PERMIT REQUIREMENT						0 MAXIMUM	0=YES 1=NO		SEE PERMIT	CK REQ
Cooling Water Baseline Study 85869 Q 0 0 Effluent Gross Value	SAMPLE MEASUREMENT						NODI=C	(9P)			
	PERMIT REQUIREMENT						0 MAXIMUM	0=YES 1=NO		SEE PERMIT	CK REQ
BMP Plan Certification Submittal? 85873 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT						NODI=9	(9P)			
	PERMIT REQUIREMENT						0 MAXIMUM	0=YES 1=NO		SEE PERMIT	CK REQ
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
G. J. Chiasson Gulf of Mexico East Operations Manager	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.		985-773-7157	7/10/2013
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *REFERENCE ALL ATTACHMENTS HERE*

If no discharge, check "No Discharge" box at top right. If reporting not required this period, enter NODI=9 in all applicable reporting spaces. If parameter not detected, enter NODI=B. P=Industry-wide study. Q=Individual study.

MW 8/19/13

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

NAME: Union Oil Company of California (Subsidiary of Chevron Corporation)
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 917 "A & B"

LOCATION: Mobile 917

PERMIT COVERAGE NUMBER: GEG46 0492

DISCHARGE NUMBER: 001 1

DRILLING FLUIDS AQUEOUS

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
DRILLING FLUID, END OF WELL, 96-HR LC50 04311 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	NODI=C	********	********	(20)			
	PERMIT REQUIREMENT	********	********	******	30000 DAILY MN	********	********	PPM		SEE PERMIT	GRAB
DRILLING FLUID 96-HR LC50 04312 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	NODI=C	NODI=C	********	(20)			
	PERMIT REQUIREMENT	********	********	******	30000 DAILY MN	30000 MO AVG	********	PPM		ONCE/ MONTH	GRAB
CADMIUM (CD), IN BARITE, DRY WEIGHT 78244 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(69)			
	PERMIT REQUIREMENT	********	********	******	********	********	3.0 QRTR MAX	MG/KG		SEE PERMIT	CK REQ
MERCURY (HG), IN BARITE, DRY WEIGHT 78245 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(69)			
	PERMIT REQUIREMENT	********	********	******	********	********	1.0 QRTR MAX	MG/KG		SEE PERMIT	CK REQ
DRILLING FLUIDS, FREE OIL 82589 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(1M)			
	PERMIT REQUIREMENT	********	********	******	********	********	0 QTR TOTAL	# DAYS		ONCE PER WEEK	VISUAL
DRILLING FLUIDS, DISCHARGE RATE 82592 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	NODI=C	(99)	********	********	********	******			
	PERMIT REQUIREMENT	********	1000 MX HR RT	BBL/HR	********	********	********	******		DAILY	ESTIMA
DRILLING FLUIDS, VOLUME 82594 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	NODI=C	NODI=C	(1N)	********	********	********	******			
	PERMIT REQUIREMENT	REPORT QRTR AVG	REPORT MO TOTAL	BBL	********	********	********	******		ONCE/ MONTH	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

G. J. Chiasson
Gulf of Mexico East Operations Manager

TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 985-773-7157 (AREA CODE / NUMBER)

DATE: 7/10/2013 (MO DAY YEAR)

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

DRILL CUTTINGS
AQUEOUS FLUIDS

NAME: Union Oil Company of California (Subsidiary of Chevron Corporation)
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 917 "A & B"

LOCATION: Mobile 917

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER
GEG46 0492	002 1

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
DRILL CUTTINGS, END OF WELL, 96-HR LC50	SAMPLE MEASUREMENT	********	********	******	NODI=C	********	********	(20)			
04311 1 0 0 See Comments Below	PERMIT REQUIREMENT	********	********	******	30000 DAILY MN	********	********	PPM		SEE PERMIT	GRAB
DRILL CUTTINGS 96-HR LC50	SAMPLE MEASUREMENT	********	********	******	NODI=C	NODI=C	********	(20)			
04312 1 0 0 See Comments Below	PERMIT REQUIREMENT	********	********	******	30000 DAILY MN	30000 MO AVG	********	PPM		ONCE/ MONTH	GRAB
CADMIUM (CD), IN BARITE, DRY WEIGHT	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(69)			
78244 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	********	********	******	********	********	3.0 QRTR MAX	MG/KG		SEE PERMIT	CK REQ
MERCURY (HG), IN BARITE, DRY WEIGHT	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(69)			
78245 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	********	********	******	********	********	1.0 QRTR MAX	MG/KG		SEE PERMIT	CK REQ
DRILL CUTTINGS, FREE OIL	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(1M)			
82595 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	********	********	******	********	********	0 QTR TOTAL	# DAYS		ONCE/ WEEK	VISUAL
DRILL CUTTINGS, VOLUME	SAMPLE MEASUREMENT	NODI=C	NODI=C	(1N)	********	********	********	******			
82596 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	REPORT QRTR AVG	REPORT MO TOTAL	BBL	********	********	********	******		ONCE/ MONTH	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE
G. J. Chiasson Gulf of Mexico East Operations Manager	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.	985-773-7157	7/10/2013
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

DRILL CUTTINGS NAF

NAME: Union Oil Company of California (Subsidiary of Chevron Corporation)
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 917 "A & B"

LOCATION: Mobile 917

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER
GEG46 0492	003 1

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE☐

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
DRILL CUTTIINGS, END OF WELL, 96-HR LC50	SAMPLE MEASUREMENT	********	********	******	NODI=C	********	********	(20)			
04311 1 0 0 Gross Effluent Value	PERMIT REQUIREMENT	********	********	******	30000 MINIMUM	********	********	PPM		SEE PERMIT	GRAB
DRILL CUTTINGS 96-HR LC50	SAMPLE MEASUREMENT	********	********	******	NODI=C	NODI=C	********	(20))			
04312 1 0 0 Gross Effluent Value	PERMIT REQUIREMENT	********	********	******	30000 MINIMUM	30000 MO AVG	********	PPM		ONCE/ MONTH	GRAB
STOCK BASE FLUID PAH	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(1U)			
51114 1 0 0 Gross Effluent Value	PERMIT REQUIREMENT	********	********	******	********	********	0.00001 QRTR MAX	RATIO		SEE PERMIT	CK REQ
STOCK BASE FLUID SEDIMENT TOXICITY	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(1U)			
51115 1 0 0 Gross Effluent Value	PERMIT REQUIREMENT	********	********	******	********	********	1.0 QRTR MAX	RATIO		SEE PERMIT	CK REQ
STOCK BASE FLUID BIODEGREDATION RATE	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(1U)			
51116 1 0 0 Gross Effluent Value	PERMIT REQUIREMENT	********	********	******	********	********	1.0 QRTR MAX	RATIO		SEE PERMIT	CK REQ
DRILL CUTTINGS, SEDIMENT TOXICITY	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(1U)			
51117 1 0 0 Gross Effluent Value	PERMIT REQUIREMENT	********	********	******	********	********	1.0 QRTR MAX	RATIO		SEE PERMIT	CK REQ
DRILL CUTTINGS, FORMATION OIL	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(9A)			
51118 P 0 0 See Comments Below	PERMIT REQUIREMENT	********	********	******	********	********	0 QRTR MAX	PASS=0 FAIL=1		SEE PERMIT	CK REQ

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

P=GC/MS, Q=RPE, R=OLEFINS, S=ESTERS. FOR LC50, REPORT LOWEST MONTHLY AVG. R&S: PERCENT=G. NAF/100 G. WET CUTTINGS. If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

DRILL CUTTINGS
NAF

NAME: Union Oil Company of California (Subsidiary of Chevron Corporation)
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 917 "A & B"

LOCATION: Mobile 917

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER
GEG46 0492	003 1

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
DRILL CUTTINGS, FORMATION OIL	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(9A)			
51118 Q 0 0 See Comments Below	PERMIT REQUIREMENT	********	********	******	********	********	0 WKLY MAX	PASS=0 FAIL=1		ONCE/ WEEK	GRAB
DRILL CUTTINGS BASE FLUIDS RETAINED	SAMPLE MEASUREMENT	********	********	******	********	NODI=C	********	(23)			
51120 R 0 0 See Comments Below	PERMIT REQUIREMENT	********	********	******	********	6.9 QRTR AVG	********	PERCENT		SEE PERMIT	GRAB
DRILL CUTTINGS BASE FLUIDS RETAINED	SAMPLE MEASUREMENT	********	********	******	********	NODI=C	********	(23)			
51120 S 0 0 See Comments Below	PERMIT REQUIREMENT	********	********	******	********	9.4 QRTR AVG	********	PERCENT		SEE PERMIT	GRAB
CADMIUM (CD), IN BARITE, DRY WEIGHT	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(69)			
78244 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	********	********	******	********	********	3.0 QRTR MAX	MG/KG		SEE PERMIT	CK REQ
MERCURY (HG), IN BARITE, DRY WEIGHT	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(69)			
78245 1 0 0 Effluent Gross value	PERMIT REQUIREMENT	********	********	******	********	********	1.0 QRTR MAX	MG/KG		SEE PERMIT	CK REQ
DRILL CUTTINGS, FREE OIL	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(1M)			
82595 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	********	********	******	********	********	0 QTR TOTAL	# DAYS		ONCE/ WEEK	VISUAL
DRILL CUTTINGS, VOLUME	SAMPLE MEASUREMENT	NODI=C	NODI=C	(1N)	********	********	********	******			
82596 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	REPORT QRTR AVG	REPORT MO TOTAL	BBL	********	********	********	******		ONCE/ MONTH	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE
G. J. Chiasson Gulf of Mexico East Operations Manager	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.	985-773-7157	7/10/2013
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

P=GC/MS, Q=RPE, R=OLEFINS, S=ESTERS. FOR LC50, REPORT LOWEST MONTHLY AVG. R&S: PERCENT=G. NAF/100 G. WET CUTTINGS. If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

PRODUCED WATER

NAME: Union Oil Company of California (Subsidiary of Chevron Corporation)
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 917 "A & B"

LOCATION: Mobile 917

GEG46 0492	004 1
PERMIT COVERAGE NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
NOEC STATRE 7DAY CHR MYSID. BAHIA TBP3E 1 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******	NODI=C	********	********	(23)			
	PERMIT REQUIREMENT	********	********	******	REPORT MINIMUM	********	********	PERCENT		SEE PERMIT	CK REQ
NOEC STATRE 7DAY CHR MENIDIA TBP6B 1 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******	NODI=C	********	********	(23)			
	PERMIT REQUIREMENT	********	********	******	REPORT MINIMUM	********	********	PERCENT		SEE PERMIT	CK REQ
CRITICAL DILUTION FACTOR 80093 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	NODI=C	********	********	(1U)			
	PERMIT REQUIREMENT	********	********	******	REPORT MO MIN	********	********	RATIO		SEE PERMIT	CK REQ
PRODUCED WATER, OIL AND GREASE 82599 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	NODI=C	NODI=C	(19)			
	PERMIT REQUIREMENT	********	********	******	********	29.0 MO AVG	42.0 DAILY MX	MG/L		ONCE/ MONTH	GRAB
PRODUCED WATER, FLOW 82600 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	NODI=C	(1T)	********	********	********	******			
	PERMIT REQUIREMENT	********	REPORT QRTR MAX	BBL/DAY	********	********	********	******		ONCE/ MONTH	EST MA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE
G. J. Chiasson Gulf of Mexico East Operations Manager	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.	985-773-7157	7/10/2013
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

DECK DRAINAGE

NAME: Union Oil Company of California (Subsidiary of Chevron Corporation)
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 917 "A & B"

LOCATION: Mobile 917

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER
GEG46 0492	005 1

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
DECK DRAINAGE, FREE OIL 82597 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	********	0	(1M)	0	DL/DS	VI
	PERMIT REQUIREMENT	********	********	******	********	********	10 MO TOTAL	# DAYS		SEE PERMIT	VISUAL
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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TYPED OR PRINTED			AREA CODE	NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

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PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

TCW FLUIDS

NAME: Union Oil Company of California (Subsidiary of Chevron Corporation)
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 917 "A & B"

LOCATION: Mobile 917

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER
GEG46 0492	006.1

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OIL & GREASE	SAMPLE MEASUREMENT	********	********	******	********	NODI=C	NODI=C	(19)			
00556 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	********	********	******	********	29.0 MO.AVG.	42.0 DAILY MX.	MG/L		ONCE/ MONTH	GRAB
WELL FLUIDS, FREE OIL	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(1M)			
82603 1 0 0 See Comments Below	PERMIT REQUIREMENT	********	********	******	********	********	0 MO.TOTAL	# DAYS		SEE PERMIT	VISUAL
WELL FLUIDS, VOLUME	SAMPLE MEASUREMENT	NODI=C	NODI=C	(1N)	********	********	********	******			
82604 1 0 0 Effluent Gross value	PERMIT REQUIREMENT	REPORT QRTR.AVG.	REPORT MO.TOTAL	BBL	********	********	********	******		ONCE/ MONTH	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
G. J. Chiasson Gulf of Mexico East Operations Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	985-773-7157	7/10/2013
TYPED OR PRINTED			AREA CODE / NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

SANITARY WASTE

NAME: Union Oil Company of California (Subsidiary of Chevron Corporation)
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 917 "A & B"

LOCATION: Mobile 917

GEG46 0492	007 1
PERMIT COVERAGE NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE☐

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
SANITARY WASTE, RESIDUAL CHLORINE 82605 P 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******	NODI=9	********	********	(19)			
	PERMIT REQUIREMENT	********	********	******	1.0 DAILY MN	********	********	MG/L		ONCE/ MONTH	GRAB
SANITARY WASTE, SOLIDS 82607 P 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******	********	********	0	(1M)	0	DL/DS	VI
	PERMIT REQUIREMENT	********	********	******	********	********	0 MO.TOTAL	# DAYS		DAILY	VISUAL
MARINE SANITATION DEVICE USED 61944 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	1	(94)	********	********	********	******	0	1/30	CT
	PERMIT REQUIREMENT	********	REPORT VALUE	0=YES 1=NO	********	********	********	******		ONCE/ MONTH	CERTIF
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
G. J. Chiasson Gulf of Mexico East Operations Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	985-773-7157	7/10/2013
TYPED OR PRINTED			AREA CODE / NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

DOMESTIC WASTE

NAME: Union Oil Company of California (Subsidiary of Chevron Corporation)
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 917 "A & B"

LOCATION: Mobile 917

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER
GEG46 0492	008 1

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
DOMESTIC WASTE, SOLIDS 82608 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	********	0	(1M)	0	DL/DS	VI
	PERMIT REQUIREMENT	********	********	******	********	********	0 MO TOTAL	# DAYS		SEE PERMIT	VISUAL
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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TYPED OR PRINTED			AREA CODE / NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

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PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

NAME: Union Oil Company of California (Subsidiary of Chevron Corporation)
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 917 "A & B"

LOCATION: Mobile 917

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER	
GEG46 0492	009 1	MISCELLANEOUS WASTES - NO CHEMICALS ADDED

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
MISC. DISCHARGES, FREE OIL 49498 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT						NODI=C	(1M)			
	PERMIT REQUIREMENT						0 MO TOTAL	# DAYS		SEE PERMIT	VISUAL
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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TYPED OR PRINTED			AREA CODE / NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *REFERENCE ALL ATTACHMENTS HERE*

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PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

NAME: Union Oil Company of California (Subsidiary of Chevron Corporation)
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 917 "A & B"

LOCATION: Mobile 917

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER	MISCELLANEOUS
GEG46 0492	010 1	WASTES / CHEMICALS ADDED

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
NOEC STATRE 7DAY CHR MYSID. BAHIA TBP3E P 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******	NODI=C	NODI=C	********	(23)			
	PERMIT REQUIREMENT	********	********	******	REPORT 7DA MIN	REPORT MO AV MN	********	PERCENT		SEE PERMIT	CK REQ
NOEC STATRE 7DAY CHR MENIDIA TBP6B P 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******	NODI=C	NODI=C	********	(23)			
	PERMIT REQUIREMENT	********	********	******	REPORT 7DA MIN	REPORT MO AV MN	********	PERCENT		SEE PERMIT	CK REQ
MISC. DISCHARGES, FREE OIL 49498 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(1M)			
	PERMIT REQUIREMENT	********	********	******	********	********	Q MO TOTAL	# DAYS		SEE PERMIT	VISUAL
MISC. DISCHARGES, FLOW 74076 1 0 0 Effluent Gross value	SAMPLE MEASUREMENT	********	NODI=C	(1T)	********	********	********	******			
	PERMIT REQUIREMENT	********	REPORT QR TR MX	BBL/DAY	********	********	********	******		ONCE/ MONTH	ESTIMA
CRITICAL DILUTION FACTOR 80093 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	NODI=C	********	********	(1U)			
	PERMIT REQUIREMENT	********	********	******	REPORT MO MIN	********	********	RATIO		SEE PERMIT	CK REQ
	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	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *REFERENCE ALL ATTACHMENTS HERE*

FOR NOEC, REPORT LOWEST MONTHLY AVG. If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

REPORTS

NAME: Union Oil Company of California (Subsidiary of Chevron Corporation)
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 917 "A & B"

LOCATION: Mobile 917

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER
GEG46 0492	011 1

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Cooling Water Baseline Study 85869 P 0 0 Effluent Gross Value	SAMPLE MEASUREMENT						NODI=C	(9P)			
	PERMIT REQUIREMENT						0 MAXIMUM	0=YES 1=NO		SEE PERMIT	CK REQ
Cooling Water Baseline Study 85869 Q 0 0 Effluent Gross Value	SAMPLE MEASUREMENT						NODI=C	(9P)			
	PERMIT REQUIREMENT						0 MAXIMUM	0=YES 1=NO		SEE PERMIT	CK REQ
BMP Plan Certification Submittal? 85873 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT						NODI=9	(9P)			
	PERMIT REQUIREMENT						0 MAXIMUM	0=YES 1=NO		SEE PERMIT	CK REQ
	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			AREA CODE / NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

If no discharge, check "No Discharge" box at top right. If reporting not required this period, enter NODI=9 in all applicable reporting spaces. If parameter not detected, enter NODI=B. P=Industry-wide study. Q=Individual study.

amp 8/19/13

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

NAME: Union Oil Company of California (Subsidiary of Chevron Corporation)
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 961 "Ptf 2"

LOCATION: Mobile 961

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER	DRILLING FLUIDS
GEG46 0495	001 1	AQUEOUS

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
DRILLING FLUID, END OF WELL, 96-HR LC50 04311 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	NODI=C	********	********	(20)			
	PERMIT REQUIREMENT	********	********	******	30000 DAILY MN	********	********	PPM		SEE PERMIT	GRAB
DRILLING FLUID 96-HR LC50 04312 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	NODI=C	NODI=C	********	(20)			
	PERMIT REQUIREMENT	********	********	******	30000 DAILY MN	30000 MO AVG	********	PPM		ONCE/ MONTH	GRAB
CADMIUM (CD), IN BARITE, DRY WEIGHT 78244 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(69)			
	PERMIT REQUIREMENT	********	********	******	********	********	3.0 QRTR MAX	MG/KG		SEE PERMIT	CK REQ
MERCURY (HG), IN BARITE, DRY WEIGHT 78245 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(69)			
	PERMIT REQUIREMENT	********	********	******	********	********	1.0 QRTR MAX	MG/KG		SEE PERMIT	CK REQ
DRILLING FLUIDS, FREE OIL 82589 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(1M)			
	PERMIT REQUIREMENT	********	********	******	********	********	0 QTR TOTAL	# DAYS		ONCE PER WEEK	VISUAL
DRILLING FLUIDS, DISCHARGE RATE 82592 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	NODI=C	(99)	********	********	********	******			
	PERMIT REQUIREMENT	********	1000 MX HR RT	BBL/HR	********	********	********	******		DAILY	ESTIMA
DRILLING FLUIDS, VOLUME 82594 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	NODI=C	NODI=C	(1N)	********	********	********	******			
	PERMIT REQUIREMENT	REPORT QRTR AVG	REPORT MO TOTAL	BBL	********	********	********	******		ONCE/ MONTH	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE
G. J. Chiasson Gulf of Mexico East Operations Manager	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.	985-773-7157	7/11/2013
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

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PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

DRILL CUTTINGS
AQUEOUS FLUIDS

NAME: Union Oil Company of California (Subsidiary of Chevron Corporation)
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 961 "Ptf 2"

LOCATION: Mobile 961

PERMIT COVERAGE NUMBER: GEG46 0495

DISCHARGE NUMBER: 002 1

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
DRILL CUTTINGS, END OF WELL, 96-HR LC50 04311 1 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******	NODI=C	********	********	(20)			
	PERMIT REQUIREMENT	********	********	******	30000 DAILY MN	********	********	PPM		SEE PERMIT	GRAB
DRILL CUTTINGS 96-HR LC50 04312 1 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******	NODI=C	NODI=C	********	(20)			
	PERMIT REQUIREMENT	********	********	******	30000 DAILY MN	30000 MO AVG	********	PPM		ONCE/ MONTH	GRAB
CADMIUM (CD), IN BARITE, DRY WEIGHT 78244 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(69)			
	PERMIT REQUIREMENT	********	********	******	********	********	3.0 QRTR MAX	MG/KG		SEE PERMIT	CK REQ
MERCURY (HG), IN BARITE, DRY WEIGHT 78245 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(69)			
	PERMIT REQUIREMENT	********	********	******	********	********	1.0 QRTR MAX	MG/KG		SEE PERMIT	CK REQ
DRILL CUTTINGS, FREE OIL 82595 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(1M)			
	PERMIT REQUIREMENT	********	********	******	********	********	0 QTR TOTAL	# DAYS		ONCE/ WEEK	VISUAL
DRILL CUTTINGS, VOLUME 82596 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	NODI=C	NODI=C	(1N)	********	********	********	******			
	PERMIT REQUIREMENT	REPORT QRTR AVG	REPORT MO TOTAL	BBL	********	********	********	******		ONCE/ MONTH	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE
G. J. Chiasson Gulf of Mexico East Operations Manager	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.	985-773-7157	7/11/2013
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

DRILL CUTTINGS
NAF

NAME: Union Oil Company of California (Subsidiary of Chevron Corporation)
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 961 "Ptf 2"

LOCATION: Mobile 961

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER
GEG46 0495	003 1

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE☐

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
DRILL CUTTIINGS, END OF WELL, 96-HR LC50	SAMPLE MEASUREMENT				NODI=C			(20)			
04311 1 0 0 Gross Effluent Value	PERMIT REQUIREMENT				30000 MINIMUM			PPM		SEE PERMIT	GRAB
DRILL CUTTINGS 96-HR LC50	SAMPLE MEASUREMENT				NODI=C	NODI=C		(20))			
04312 1 0 0 Gross Effluent Value	PERMIT REQUIREMENT				30000 MINIMUM	30000 2MO AVG		PPM		ONCE/ MONTH	GRAB
STOCK BASE FLUID PAH	SAMPLE MEASUREMENT						NODI=C	(1U)			
51114 1 0 0 Gross Effluent Value	PERMIT REQUIREMENT						0.00001 QRTR MAX	RATIO		SEE PERMIT	CK REQ
STOCK BASE FLUID SEDIMENT TOXICITY	SAMPLE MEASUREMENT						NODI=C	(1U)			
51115 1 0 0 Gross Effluent Value	PERMIT REQUIREMENT						1.0 QRTR MAX	RATIO		SEE PERMIT	CK REQ
STOCK BASE FLUID BIODEGREDATION RATE	SAMPLE MEASUREMENT						NODI=C	(1U)			
51116 1 0 0 Gross Effluent Value	PERMIT REQUIREMENT						1.0 QRTR MAX	RATIO		SEE PERMIT	CK REQ
DRILL CUTTINGS, SEDIMENT TOXICITY	SAMPLE MEASUREMENT						NODI=C	(1U)			
51117 1 0 0 Gross Effluent Value	PERMIT REQUIREMENT						1.0 QRTR MAX	RATIO		SEE PERMIT	CK REQ
DRILL CUTTINGS, FORMATION OIL	SAMPLE MEASUREMENT						NODI=C	(9A)			
51118 P 0 0 See Comments Below	PERMIT REQUIREMENT						0 QRTR MAX	PASS=0 FAIL=1		SEE PERMIT	CK REQ

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	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

P=GC/MS, Q=RPE, R=OLEFINS, S=ESTERS. FOR LC50, REPORT LOWEST MONTHLY AVG. R&S: PERCENT=G. NAF/100 G. WET CUTTINGS. If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

DRILL CUTTINGS NAF

NAME: Union Oil Company of California (Subsidiary of Chevron Corporation)
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 961 "Ptf 2"

LOCATION: Mobile 961

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER
GEG46 0495	003 1

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
DRILL CUTTINGS, FORMATION OIL 51118 Q 0 0 See Comments Below	SAMPLE MEASUREMENT						NODI=C	(9A)			
	PERMIT REQUIREMENT						0 WKLY MAX	PASS=0 FAIL=1		ONCE/ WEEK	GRAB
DRILL CUTTINGS BASE FLUIDS RETAINED 51120 R 0 0 See Comments Below	SAMPLE MEASUREMENT					NODI=C		(23)			
	PERMIT REQUIREMENT					6.9 QRTR AVG		PERCENT		SEE PERMIT	GRAB
DRILL CUTTINGS BASE FLUIDS RETAINED 51120 S 0 0 See Comments Below	SAMPLE MEASUREMENT					NODI=C		(23)			
	PERMIT REQUIREMENT					9.4 QRTR AVG		PERCENT		SEE PERMIT	GRAB
CADMIUM (CD), IN BARITE, DRY WEIGHT 78244 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT						NODI=C	(69)			
	PERMIT REQUIREMENT						3.0 QRTR MAX	MG/KG		SEE PERMIT	CK REQ
MERCURY (HG), IN BARITE, DRY WEIGHT 78245 1 0 0 Effluent Gross value	SAMPLE MEASUREMENT						NODI=C	(69)			
	PERMIT REQUIREMENT						1.0 QRTR MAX	MG/KG		SEE PERMIT	CK REQ
DRILL CUTTINGS, FREE OIL 82595 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT						NODI=C	(1M)			
	PERMIT REQUIREMENT						0 QTR TOTAL	# DAYS		ONCE/ WEEK	VISUAL
DRILL CUTTINGS, VOLUME 82596 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	NODI=C	NODI=C	(1N)							
	PERMIT REQUIREMENT	REPORT QRTR AVG	REPORT MO TOTAL	BBL						ONCE/ MONTH	ESTIMA

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

P=GC/MS, Q=RPE, R=OLEFINS, S=ESTERS. FOR LC50, REPORT LOWEST MONTHLY AVG. R&S; PERCENT=G. NAF/100 G. WET CUTTINGS. If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

PRODUCED WATER

NAME: Union Oil Company of California (Subsidiary of Chevron Corporation)
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 961 "Ptf 2"

LOCATION: Mobile 961

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER
GEG46 0495	004 1

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
NOEC STATRE 7DAY CHR MYSID. BAHIA TBP3E 1 0 0 See Comments Below	SAMPLE MEASUREMENT				NODI=C			(23)			
	PERMIT REQUIREMENT				REPORT MINIMUM			PERCENT		SEE PERMIT	CK REQ
NOEC STATRE 7DAY CHR MENIDIA TBP6B 1 0 0 See Comments Below	SAMPLE MEASUREMENT				NODI=C			(23)			
	PERMIT REQUIREMENT				REPORT MINIMUM			PERCENT		SEE PERMIT	CK REQ
CRITICAL DILUTION FACTOR 80093 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT				NODI=C			(1U)			
	PERMIT REQUIREMENT				REPORT MO MIN			RATIO		SEE PERMIT	CK REQ
PRODUCED WATER, OIL AND GREASE 82599 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT					NODI=C	NODI=C	(19)			
	PERMIT REQUIREMENT					29.0 MO AVG	42.0 DAILY MX	MG/L		ONCE/ MONTH	GRAB
PRODUCED WATER, FLOW 82600 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT		NODI=C	(1T)							
	PERMIT REQUIREMENT		REPORT QRTR MAX	BBL/DAY						ONCE/ MONTH	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE
G. J. Chiasson Gulf of Mexico East Operations Manager	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.	985-773-7157	7/11/2013
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

DECK DRAINAGE

NAME: Union Oil Company of California (Subsidiary of Chevron Corporation)
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 961 "Ptf 2"

LOCATION: Mobile 961

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER
GEG46 0495	005 1

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
DECK DRAINAGE, FREE OIL 82597 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT						0	(1M)	0	DL/DS	VI
	PERMIT REQUIREMENT						0 MO. TOTAL	# DAYS		SEE PERMIT	VISUAL
	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
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TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

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PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

TCW FLUIDS

NAME: Union Oil Company of California (Subsidiary of Chevron Corporation)
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 961 "Ptf 2"

LOCATION: Mobile 961

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER
GEG46 0495	006 1

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OIL & GREASE	SAMPLE MEASUREMENT	********	********	******	********	NODI=C	NODI=C	(19)			
00556 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	********	********	******	********	29.0 MO AVG	42.0 DAILY MX	MG/L		ONCE/ MONTH	GRAB
WELL FLUIDS, FREE OIL	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(1M)			
82603 1 0 0 See Comments Below	PERMIT REQUIREMENT	********	********	******	********	********	0 MO TOTAL	# DAYS		SEE PERMIT	VISUAL
WELL FLUIDS, VOLUME	SAMPLE MEASUREMENT	NODI=C	NODI=C	(1N)	********	********	********	******			
82604 1 0 0 Effluent Gross value	PERMIT REQUIREMENT	REPORT QRTR AVG	REPORT MO TOTAL	BBL	********	********	********	******		ONCE/ MONTH	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE
G. J. Chiasson Gulf of Mexico East Operations Manager	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.	985-773-7157	7/11/2013
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

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PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

SANITARY WASTE

NAME: Union Oil Company of California (Subsidiary of Chevron Corporation)
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 961 "Ptf 2"

LOCATION: Mobile 961

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER
GEG46 0495	007 1

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE☐

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
SANITARY WASTE, RESIDUAL CHLORINE 82605 P 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******	NODI=C	********	********	(19)			
	PERMIT REQUIREMENT	********	********	******	1.0 DAILY MN	********	********	MG/L		ONCE/ MONTH	GRAB
SANITARY WASTE, SOLIDS 82607 P 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(1M)			
	PERMIT REQUIREMENT	********	********	******	********	********	0 NO TOTAL	# DAYS		DAILY	VISUAL
MARINE SANITATION DEVICE USED 61944 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	NODI=C	(94)	********	********	********	******			
	PERMIT REQUIREMENT	********	REPORT VALUE	0=YES 1=NO	********	********	********	******		ONCE/ MONTH	CERTIF
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE
G. J. Chiasson Gulf of Mexico East Operations Manager	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.	985-773-7157	7/11/2013
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER / MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *REFERENCE ALL ATTACHMENTS HERE*

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

DOMESTIC WASTE

NAME: Union Oil Company of California (Subsidiary of Chevron Corporation)
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 961 "Ptf 2"

LOCATION: Mobile 961

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER
GEG46 0495	008 1

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
DOMESTIC WASTE, SOLIDS 82608 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT						NODI=C	(1M)			
	PERMIT REQUIREMENT						0 MO TOTAL	# DAYS		SEE PERMIT	VISUAL
	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
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TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

NAME: Union Oil Company of California (Subsidiary of Chevron Corporation)
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 961 "Ptf 2"

LOCATION: Mobile 961

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER	MISCELLANEOUS
GEG46 0495	009 1	WASTES - NO CHEMICALS ADDED

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
MISC. DISCHARGES, FREE OIL 49498 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(1M)			
	PERMIT REQUIREMENT	********	********	******	********	********	0 MO TOTAL	# DAYS		SEE PERMIT	VISUAL
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE
G. J. Chiasson Gulf of Mexico East Operations Manager	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.	985-773-7157	7/11/2013
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

NAME: Union Oil Company of California (Subsidiary of Chevron Corporation)
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 961 "Ptf 2"

LOCATION: Mobile 961

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER	MISCELLANEOUS
GEG46 0495	010 1	WASTES / CHEMICALS ADDED

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
NOEC STATRE 7DAY CHR MYSID. BAHIA TBP3E P 0 0 See Comments Below	SAMPLE MEASUREMENT				NODI=C	NODI=C		(23)			
	PERMIT REQUIREMENT				REPORT 7DAYMIN	REPORT MOAVMN		PERCENT		SEE PERMIT	CK REQ
NOEC STATRE 7DAY CHR MENIDIA TBP6B P 0 0 See Comments Below	SAMPLE MEASUREMENT				NODI=C	NODI=C		(23)			
	PERMIT REQUIREMENT				REPORT 7DAYMIN	REPORT MOAVMN		PERCENT		SEE PERMIT	CK REQ
MISC. DISCHARGES, FREE OIL 49498 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT						NODI=C	(1M)			
	PERMIT REQUIREMENT						0 MOTOTAL	# DAYS		SEE PERMIT	VISUAL
MISC. DISCHARGES, FLOW 74076 1 0 0 Effluent Gross value	SAMPLE MEASUREMENT		NODI=C	(1T)							
	PERMIT REQUIREMENT		REPORT QRTRMX	BBL/DAY						ONCE/MONTH	ESTIMA
CRITICAL DILUTION FACTOR 80093 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT				NODI=C			(1U)			
	PERMIT REQUIREMENT				REPORT MOMIN			RATIO		SEE PERMIT	CK REQ
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE
G. J. Chiasson Gulf of Mexico East Operations Manager	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.	985-773-7157	7/11/2013
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

FOR NOEC, REPORT LOWEST MONTHLY AVG. If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

REPORTS

NAME: Union Oil Company of California (Subsidiary of Chevron Corporation)
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 961 "Ptf 2"

LOCATION: Mobile 961

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER
GEG46 0495	011 1

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Cooling Water Baseline Study 85869 P 0 0 Effluent Gross Value	SAMPLE MEASUREMENT						NODI=C	(9P)			
	PERMIT REQUIREMENT						0 MAXIMUM	0=YES 1=NO		SEE PERMIT	CK REQ
Cooling Water Baseline Study 85869 Q 0 0 Effluent Gross Value	SAMPLE MEASUREMENT						NODI=C	(9P)			
	PERMIT REQUIREMENT						0 MAXIMUM	0=YES 1=NO		SEE PERMIT	CK REQ
BMP Plan Certification Submittal? 85873 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT						NODI=9	(9P)			
	PERMIT REQUIREMENT						0 MAXIMUM	0=YES 1=NO		SEE PERMIT	CK REQ
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE
G. J. Chiasson Gulf of Mexico East Operations Manager	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.	985-773-7157	7/11/2013
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *REFERENCE ALL ATTACHMENTS HERE*

If no discharge, check "No Discharge" box at top right. If reporting not required this period, enter NODI=9 in all applicable reporting spaces. If parameter not detected, enter NODI=B. P=Industry-wide study. Q=Individual study.

8/19/13

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

NAME: PISCES ENERGY, LLC
3850 N. CAUSEWAY BLVD., SUITE 1770
METAIRIE, LA 70002

FACILITY: PLATFORM A

LOCATION: VIOSCA KNOLL 385

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER
GEG46 0833	001 1

DRILLING FLUIDS AQUEOUS

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	4	01	2013	TO	6	30	2013

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
DRILLING FLUID, END OF WELL, 96-HR LC50 04311 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******		********	********	(20)			
	PERMIT REQUIREMENT	********	********	******	30000 DAILY MN	********	********	PPM		SEE PERMIT	GRAB
DRILLING FLUID 96-HR LC50 04312 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******			********	(20)			
	PERMIT REQUIREMENT	********	********	******	30000 DAILY MN	30000 MO AVG	********	PPM		ONCE/ MONTH	GRAB
CADMIUM (CD), IN BARITE, DRY WEIGHT 78244 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	********		(69)			
	PERMIT REQUIREMENT	********	********	******	********	********	3.0 QRTR MAX	MG/KG		SEE PERMIT	CK REQ
MERCURY (HG), IN BARITE, DRY WEIGHT 78245 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	********		(69)			
	PERMIT REQUIREMENT	********	********	******	********	********	1.0 QRTR MAX	MG/KG		SEE PERMIT	CK REQ
DRILLING FLUIDS, FREE OIL 82589 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	********		(1M)			
	PERMIT REQUIREMENT	********	********	******	********	********	0 QTR TOTAL	# DAYS		ONCE PER WEEK	VISUAL
DRILLING FLUIDS, DISCHARGE RATE 82592 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********		(99)	********	********	********	******			
	PERMIT REQUIREMENT	********	1000 MX HR RT	BBL/HR	********	********	********	******		DAILY	ESTIMA
DRILLING FLUIDS, VOLUME 82594 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT			(1N)	********	********	********	******			
	PERMIT REQUIREMENT	REPORT QTR AVG	REPORT MO TOTAL	BBL	********	********	********	******		ONCE/ MONTH	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
JONATHAN C. GARRETT CHIEF OPERATING OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	504-289-6346 (AREA CODE / NUMBER)	7-24-13 (MO DAY YEAR)
TYPED OR PRINTED				

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

NAME: PISCES ENERGY, LLC
3850 N. CAUSEWAY BLVD., SUITE 1770
METAIRIE, LA 70002

FACILITY: PLATFORM A

LOCATION: VIOSCA KNOLL 385

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER
GEG46 0833	002 1

DRILL CUTTINGS
AQUEOUS FLUIDS

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM / TO	4	01	2013	TO	6	30	2013

NO DISCHARGE ☑

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
DRILL CUTTINGS, END OF WELL, 96-HR LC50	SAMPLE MEASUREMENT	********	********	******		********	********	(20)			
04311 1 0 0 See Comments Below	PERMIT REQUIREMENT	********	********	******	30000 DAILY MN	********	********	PPM		SEE PERMIT	GRAB
DRILL CUTTINGS 96-HR LC50	SAMPLE MEASUREMENT	********	********	******			********	(20)			
04312 1 0 0 See Comments Below	PERMIT REQUIREMENT	********	********	******	30000 DAILY MN	30000 MO AVG	********	PPM		ONCE/ MONTH	GRAB
CADMIUM (CD), IN BARITE, DRY WEIGHT	SAMPLE MEASUREMENT	********	********	******	********	********		(69)			
78244 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	********	********	******	********	********	3.0 QTR MAX	MG/KG		SEE PERMIT	CK REQ
MERCURY (HG), IN BARITE, DRY WEIGHT	SAMPLE MEASUREMENT	********	********	******	********	********		(69)			
78245 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	********	********	******	********	********	1.0 QTR MAX	MG/KG		SEE PERMIT	CK REQ
DRILL CUTTINGS, FREE OIL	SAMPLE MEASUREMENT	********	********	******	********	********		(1M)			
82595 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	********	********	******	********	********	0 QTR TOTAL	# DAYS		ONCE/ WEEK	VISUAL
DRILL CUTTINGS, VOLUME	SAMPLE MEASUREMENT			(1N)	********	********	********	******			
82596 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	REPORT QTR AVG	REPORT MO TOTAL	BBL	********	********	********	******		ONCE/ MONTH	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE
JONATHAN C. GARRETT CHIEF OPERATING OFFICER	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.	504-289-6346	7-24-13
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

DRILL CUTTINGS
NAF

NAME	PISCES ENERGY, LLC	GEG46 0833 (PERMIT COVERAGE NUMBER)	003 1 (DISCHARGE NUMBER)
	3850 N. CAUSEWAY BLVD., SUITE 1770		
	METAIRIE, LA 70002		
FACILITY	PLATFORM A		
LOCATION	VIOSCA KNOLL 385		

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	4	01	2013	TO	6	30	2013

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
DRILL CUTTIINGS, END OF WELL, 96-HR LC50	SAMPLE MEASUREMENT	********	********	******		********	********	(20)			
04311 1 0 0 Gross Effluent Value	PERMIT REQUIREMENT	********	********	******	30000 MINIMUM	********	********	PPM		SEE PERMIT	GRAB
DRILL CUTTINGS 96-HR LC50	SAMPLE MEASUREMENT	********	********	******			********	(20))			
04312 1 0 0 Gross Effluent Value	PERMIT REQUIREMENT	********	********	******	30000 MINIMUM	30000 MO AVG	********	PPM		ONCE/ MONTH	GRAB
STOCK BASE FLUID PAH	SAMPLE MEASUREMENT	********	********	******	********	********		(1U)			
51114 1 0 0 Gross Effluent Value	PERMIT REQUIREMENT	********	********	******	********	********	0.00001 QRTR MAX	RATIO		SEE PERMIT	CK REQ
STOCK BASE FLUID SEDIMENT TOXICITY	SAMPLE MEASUREMENT	********	********	******	********	********		(1U)			
51115 1 0 0 Gross Effluent Value	PERMIT REQUIREMENT	********	********	******	********	********	1.0 QRTR MAX	RATIO		SEE PERMIT	CK REQ
STOCK BASE FLUID BIODEGREDATION RATE	SAMPLE MEASUREMENT	********	********	******	********	********		(1U)			
51116 1 0 0 Gross Effluent Value	PERMIT REQUIREMENT	********	********	******	********	********	1.0 QRTR MAX	RATIO		SEE PERMIT	CK REQ
DRILL CUTTINGS, SEDIMENT TOXICITY	SAMPLE MEASUREMENT	********	********	******	********	********		(1U)			
51117 1 0 0 Gross Effluent Value	PERMIT REQUIREMENT	********	********	******	********	********	1.0 QRTR MAX	RATIO		SEE PERMIT	CK REQ
DRILL CUTTINGS, FORMATION OIL	SAMPLE MEASUREMENT	********	********	******	********	********		(9A)			
51118 P 0 0 See Comments Below	PERMIT REQUIREMENT	********	********	******	********	********	1.0 QRTR MAX	PASS=0 FAIL=1		SEE PERMIT	CK REQ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE
JONATHAN C. GARRETT CHIEF OPERATING OFFICER	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.	504-289-6346	7-24-13
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *REFERENCE ALL ATTACHMENTS HERE*

P=GC/MS, Q=RPE, R=OLEFINS, S=ESTERS. FOR LC50, REPORT LOWEST MONTHLY AVG. R&S: PERCENT=G. NAF/100 G. WET CUTTINGS. If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

DRILL CUTTINGS NAF

NAME: PISCES ENERGY, LLC
3850 N. CAUSEWAY BLVD., SUITE 1770
METAIRIE, LA 70002

FACILITY: PLATFORM A

LOCATION: VIOSCA KNOLL 385

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER
GEG46 0833	003 1

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	4	01	2013	TO	6	30	2013

NO DISCHARGE ☑

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
DRILL CUTTINGS, FORMATION OIL 51118 Q 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******	********	********		(9A)			
	PERMIT REQUIREMENT	********	********	******	********	********	0 WKLY MAX	PASS=0 FAIL=1		ONCE/ WEEK	GRAB
DRILL CUTTINGS BASE FLUIDS RETAINED 51120 R 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******	********		********	(23)			
	PERMIT REQUIREMENT	********	********	******	********	6.9 QRTR AVG	********	PERCENT		SEE PERMIT	GRAB
DRILL CUTTINGS BASE FLUIDS RETAINED 51120 S 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******	********		********	(23)			
	PERMIT REQUIREMENT	********	********	******	********	9.4 QRTR AVG	********	PERCENT		SEE PERMIT	GRAB
CADMIUM (CD), IN BARITE, DRY WEIGHT 78244 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	********		(69)			
	PERMIT REQUIREMENT	********	********	******	********	********	3.0 QRTR MAX	MG/KG		SEE PERMIT	CK REQ
MERCURY (HG), IN BARITE, DRY WEIGHT 78245 1 0 0 Effluent Gross value	SAMPLE MEASUREMENT	********	********	******	********	********		(69)			
	PERMIT REQUIREMENT	********	********	******	********	********	1.0 QRTR MAX	MG/KG		SEE PERMIT	CK REQ
DRILL CUTTINGS, FREE OIL 82595 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	********		(1M)			
	PERMIT REQUIREMENT	********	********	******	********	********	0 QTR TOTAL	# DAYS		ONCE/ WEEK	VISUAL
DRILL CUTTINGS, VOLUME 82596 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT			(1N)	********	********	********	******			
	PERMIT REQUIREMENT	REPORT QRTR AVG	REPORT MO TOTAL	BBL	********	********	********	******		ONCE/ MONTH	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE
JONATHAN C. GARRETT CHIEF OPERATING OFFICER	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.	504-289-6346	7-24-13
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

P=GC/MS, Q=RPE, R=OLEFINS, S=ESTERS. FOR LC50, REPORT LOWEST MONTHLY AVG. R&S: PERCENT=G. NAF/100 G. WET CUTTINGS. If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

PRODUCED WATER

NAME: PISCES ENERGY, LLC
3850 N. CAUSEWAY BLVD., SUITE 1770
METAIRIE, LA 70002

FACILITY: PLATFORM A

LOCATION: VIOSCA KNOLL 385

GEG46 0833	004 1
PERMIT COVERAGE NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	4	01	2013	TO	6	30	2013

NO DISCHARGE ☑

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
NOEC STATRE 7DAY CHR MYSID. BAHIA TBP3E 1 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******		********	********	(23)			
	PERMIT REQUIREMENT	********	********	******	REPORT MINIMUM	********	********	PERCENT		SEE PERMIT	CK REQ
NOEC STATRE 7DAY CHR MENIDIA TBP6B 1 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******		********	********	(23)			
	PERMIT REQUIREMENT	********	********	******	REPORT MINIMUM	********	********	PERCENT		SEE PERMIT	CK REQ
CRITICAL DILUTION FACTOR 80093 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******		********	********	(1U)			
	PERMIT REQUIREMENT	********	********	******	REPORT MO MIN	********	********	RATIO		SEE PERMIT	CK REQ
PRODUCED WATER, OIL AND GREASE 82599 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********			(19)			
	PERMIT REQUIREMENT	********	********	******	********	29.0 MO AVG	42.0 DAILY MX	MG/L		ONCE/ MONTH	GRAB
PRODUCED WATER, FLOW 82600 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********		(1T)	********	********	********	******			
	PERMIT REQUIREMENT	********	REPORT QRTR MAX	BBL/DAY	********	********	********	******		ONCE/ MONTH	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE
JONATHAN C. GARRETT CHIEF OPERATING OFFICER	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.	504-289-6346	7-24-13
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

DECK DRAINAGE

NAME: PISCES ENERGY, LLC
3850 N. CAUSEWAY BLVD., SUITE 1770
METAIRIE, LA 70002

FACILITY: PLATFORM A

LOCATION: VIOSCA KNOLL 385

GEG46 0833	005 1
PERMIT COVERAGE NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	4	01	2013	TO	6	30	2013

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
DECK DRAINAGE, FREE OIL 82597 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	********	0	(1M)	0	01/01	VI
	PERMIT REQUIREMENT	********	********	******	********	********	0 # MO TOTAL	# DAYS		SEE PERMIT	VISUAL
	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
JONATHAN C. GARRETT CHIEF OPERATING OFFICER	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.	504-289-6346	7-24-13
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

TCW FLUIDS

NAME: PISCES ENERGY, LLC
3850 N. CAUSEWAY BLVD., SUITE 1770
METAIRIE, LA 70002

FACILITY: PLATFORM A

LOCATION: VIOSCA KNOLL 385

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER
GEG46 0833	006 1

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	4	01	2013	TO	6	30	2013

NO DISCHARGE ☑

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OIL & GREASE	SAMPLE MEASUREMENT	********	********	******	********			(19)			
00556 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	********	********	******	********	29.0 MO AVG	42.0 DAILY MX	MG/L		ONCE/ MONTH	GRAB
WELL FLUIDS, FREE OIL	SAMPLE MEASUREMENT	********	********	******	********	********		(1M)			
82603 1 0 0 See Comments Below	PERMIT REQUIREMENT	********	********	******	********	********	0 MO TOTAL	# DAYS		SEE PERMIT	VISUAL
WELL FLUIDS, VOLUME	SAMPLE MEASUREMENT			(1N)	********	********	********	******			
82604 1 0 0 Effluent Gross value	PERMIT REQUIREMENT	REPORT QRTR AVG	REPORT MO TOTAL	BBL	********	********	********	******		ONCE/ MONTH	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	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	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

SANITARY WASTE

NAME: PISCES ENERGY, LLC
3850 N. CAUSEWAY BLVD., SUITE 1770
METAIRIE, LA 70002

FACILITY: PLATFORM A

LOCATION: VIOSCA KNOLL 385

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER
GEG46 0833	007 1

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	4	01	2013	TO	6	30	2013

NO DISCHARGE ☑

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
SANITARY WASTE, RESIDUAL CHLORINE 82605 P 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******		********	********	(19)			
	PERMIT REQUIREMENT	********	********	******	1.0 DAILY MN	********	********	MG/L		ONCE/ MONTH	GRAB
SANITARY WASTE, SOLIDS 82607 P 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******	********	********		(1M)			
	PERMIT REQUIREMENT	********	********	******	********	********	0 NO TOTAL	# DAYS		DAILY	VISUAL
MARINE SANITATION DEVICE USED 61944 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********		(94)	********	********	********	******			
	PERMIT REQUIREMENT	********	REPORT VALUE	0=YES 1=NO	********	********	********	******		ONCE/ MONTH	CERTIF
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE
JONATHAN C. GARRETT CHIEF OPERATING OFFICER	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.	504-289-6346	7-24-13
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

DOMESTIC WASTE

NAME: PISCES ENERGY, LLC
3850 N. CAUSEWAY BLVD., SUITE 1770
METAIRIE, LA 70002

FACILITY: PLATFORM A

LOCATION: VIOSCA KNOLL 385

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER
GEG46 0833	008 1

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	4	01	2013	TO	6	30	2013

NO DISCHARGE ☑

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
DOMESTIC WASTE, SOLIDS 82608 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	********		(1M)			
	PERMIT REQUIREMENT	********	********	******	********	********	0 MO TOTAL	# DAYS		SEE PERMIT	VISUAL
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	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	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

NAME: PISCES ENERGY, LLC
3850 N. CAUSEWAY BLVD., SUITE 1770
METAIRIE, LA 70002

FACILITY: PLATFORM A

LOCATION: VIOSCA KNOLL 385

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER	MISCELLANEOUS
GEG46 0833	009 1	WASTES - NO CHEMICALS ADDED

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	4	01	2013	TO	6	30	2013

NO DISCHARGE ☑

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
MISC. DISCHARGES, FREE OIL 49498 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	*******	*******	******	*******	*******		(1M)			
	PERMIT REQUIREMENT	*******	*******	******	*******	*******	0 MO.TOTAL	# DAYS		SEE PERMIT	VISUAL
	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
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TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

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PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

NAME: PISCES ENERGY, LLC
3850 N. CAUSEWAY BLVD., SUITE 1770
METAIRIE, LA 70002

FACILITY: PLATFORM A

LOCATION: VIOSCA KNOLL 385

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER	MISCELLANEOUS
GEG46 0833	010 1	WASTES CHEMICALS ADDED

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	4	01	2013	TO	6	30	2013

NO DISCHARGE ☑

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
NOEC STATRE 7DAY CHR MYSID. BAHIA TBP3E P 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******			********	(23)			
	PERMIT REQUIREMENT	********	********	******	REPORT 7 DA MIN	REPORT MO AV MN	********	PERCENT		SEE PERMIT	CK REQ
NOEC STATRE 7DAY CHR MENIDIA TBP6B P 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******			********	(23)			
	PERMIT REQUIREMENT	********	********	******	REPORT 7 DA MIN	REPORT MO AV MN	********	PERCENT		SEE PERMIT	CK REQ
MISC. DISCHARGES, FREE OIL 49498 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	********		(1M)			
	PERMIT REQUIREMENT	********	********	******	********	********	0 MO TOTAL	# DAYS		SEE PERMIT	VISUAL
MISC. DISCHARGES, FLOW 74076 1 0 0 Effluent Gross value	SAMPLE MEASUREMENT	******		(1T)	********	********	********	******			
	PERMIT REQUIREMENT	********	REPORT QRTR MX	BBL/DAY	********	********	********	******		ONCE/ MONTH	ESTIMA
CRITICAL DILUTION FACTOR 80093 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******		********	********	(1U)			
	PERMIT REQUIREMENT	********	********	******	REPORT MO MIN	********	********	RATIO		SEE PERMIT	CK REQ
	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	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

FOR NOEC, REPORT LOWEST MONTHLY AVG. If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

REPORTS

NAME: PISCES ENERGY, LLC
3850 N. CAUSEWAY BLVD., SUITE 1770
METAIRIE, LA 70002

FACILITY: PLATFORM A

LOCATION: VIOSCA KNOLL 385

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER
GEG46 0833	011 1

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	4	01	2013	TO	6	30	2013

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Cooling Water Baseline Study 85869 P 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(9P)			
	PERMIT REQUIREMENT	********	********	******	********	********	0 MAXIMUM	0=YES 1=NO		SEE PERMIT	CK REQ
Cooling Water Baseline Study 85869 Q 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(9P)			
	PERMIT REQUIREMENT	********	********	******	********	********	0 MAXIMUM	0=YES 1=NO		SEE PERMIT	CK REQ
BMP Plan Certification Submittal? 85873 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=9	(9P)			
	PERMIT REQUIREMENT	********	********	******	********	********	0 MAXIMUM	0=YES 1=NO		SEE PERMIT	CK REQ
	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	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

If no discharge, check "No Discharge" box at top right. If reporting not required this period, enter NODI=9 in all applicable reporting spaces. If parameter not detected, enter NODI=B. P=Industry-wide study. Q=Individual study.

Received 7/25/13

Jim Floyd
GGOM HES Water Team Lead

Chevron
100 Northpark Blvd
Covington, La. 70433
Tel 985-773-6628
jifl@chevron.com

8/19/13

Federal Express # 7961-7111-0050

July 11, 2013

Director
Water Protection Division
U. S. Environmental Protection Agency Region 4
61 Forsythe Street, S.W.
Atlanta, Georgia 30303-3104

GENERAL PERMIT GEG460000
QUARTERLY DISCHARGE MONITORING REPORTS
April 1, 2013 – June 30, 2013

Chevron U.S.A. Inc. received National Pollutant Discharge Elimination System (NPDES) General Permit GEG460000 coverage for the Central Gulf of Mexico lease blocks designated below. As required by the permit, attached are the Discharge Monitoring Reports (DMRs) for the period specified above.

GOM OCS Lease Block	Facility / Drill Site	General Permit Number
Mobile 990	"A"	GEG460445
Viosca Knoll 251	"A"	GEG460479
Mobile 992	"A"	GEG460549
Mobile 991	"A"	GEG460432

If you have any questions concerning this report, please contact Jim Floyd (Jim.Floyd@chevron.com or 985-773-6628)

Very truly yours,

Jim Floyd

Jim Floyd
GGOM HES Water Team Lead
File: 310.15.2.7

Chevron USA, Inc.
Listing of Lease Areas/Blocks with
No Discharge / No Activity
For the monitoring period ending, June 30, 2013

8/19/13

Lease Areas/Block #	Permit #
VIOSCA KNOLL 22 PTF A	GEG460453
VIOSCA KNOLL 251 WELL 3	GEG460723
VIOSCA KNOLL 251 WELL 4	GEG460724
VIOSCA KNOLL 340 PTF A	GEG460578
VIOSCA KNOLL 384 PTF A	GEG460584

"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."

G.J. Chiasson
GOM East Operations Manager
Chevron USA, Inc.

07-11-2013
Date

JMP 8/19/13

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

NAME: Chevron U.S.A, Inc.
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 990 "A"

LOCATION: Mobile 990

GEG46 0445	001 1	DRILLING FLUIDS AQUEOUS
PERMIT COVERAGE NUMBER	DISCHARGE NUMBER	

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
DRILLING FLUID, END OF WELL, 96-HR LC50	SAMPLE MEASUREMENT	********	********	******	NODI=C	********	********	(20)			
04311 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	********	********	******	30000 DAILY MN	********	********	PPM		SEE PERMIT	GRAB
DRILLING FLUID 96-HR LC50	SAMPLE MEASUREMENT	********	********	******	NODI=C	NODI=C	********	(20)			
04312 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	********	********	******	30000 DAILY MN	30000 MO AVG	********	PPM		ONCE/ MONTH	GRAB
CADMIUM (CD), IN BARITE, DRY WEIGHT	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(69)			
78244 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	********	********	******	********	********	3.0 QRTR MAX	MG/KG		SEE PERMIT	CK REQ
MERCURY (HG), IN BARITE, DRY WEIGHT	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(69)			
78245 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	********	********	******	********	********	1.0 QRTR MAX	MG/KG		SEE PERMIT	CK REQ
DRILLING FLUIDS, FREE OIL	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(1M)			
82589 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	********	********	******	********	********	0 QTR TOTAL	# DAYS		ONCE PER WEEK	VISUAL
DRILLING FLUIDS, DISCHARGE RATE	SAMPLE MEASUREMENT	********	NODI=C	(99)	********	********	********	******			
82592 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	********	1000 MX HR RT	BBL/HR	********	********	********	******		DAILY	ESTIMA
DRILLING FLUIDS, VOLUME	SAMPLE MEASUREMENT	NODI=C	NODI=C	(1N)	********	********	********	******			
82594 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	REPORT QRTR AVG	REPORT MO TOTAL	BBL	********	********	********	******		ONCE/ MONTH	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
G. J. Chiasson Gulf of Mexico East Operations Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	985-773-7157		7/11/2013
TYPED OR PRINTED			AREA CODE	NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *REFERENCE ALL ATTACHMENTS HERE*

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PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

DRILL CUTTINGS
AQUEOUS FLUIDS

NAME: Chevron U.S.A, Inc.
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 990 "A"

LOCATION: Mobile 990

PERMIT COVERAGE NUMBER: GEG46 0445

DISCHARGE NUMBER: 002 1

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
DRILL CUTTINGS, END OF WELL, 96-HR LC50	SAMPLE MEASUREMENT	********	********	******	NODI=C	********	********	(20)			
04311 1 0 0 See Comments Below	PERMIT REQUIREMENT	********	********	******	30000 DAILY MN	********	********	PPM		SEE PERMIT	GRAB
DRILL CUTTINGS 96-HR LC50	SAMPLE MEASUREMENT	********	********	******	NODI=C	NODI=C	********	(20)			
04312 1 0 0 See Comments Below	PERMIT REQUIREMENT	********	********	******	30000 DAILY MN	30000 MO AVG	********	PPM		ONCE/ MONTH	GRAB
CADMIUM (CD), IN BARITE, DRY WEIGHT	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(69)			
78244 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	********	********	******	********	********	3.0 QRTR MAX	MG/KG		SEE PERMIT	CK REQ
MERCURY (HG), IN BARITE, DRY WEIGHT	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(69)			
78245 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	********	********	******	********	********	1.0 QRTR MAX	MG/KG		SEE PERMIT	CK REQ
DRILL CUTTINGS, FREE OIL	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(1M)			
82595 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	********	********	******	********	********	0 QTR TOTAL	# DAYS		ONCE/ WEEK	VISUAL
DRILL CUTTINGS, VOLUME	SAMPLE MEASUREMENT	NODI=C	NODI=C	(1N)	********	********	********	******			
82596 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	REPORT QRTR AVG	REPORT MO TOTAL	BBL	********	********	********	******		ONCE/ MONTH	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE
G. J. Chiasson Gulf of Mexico East Operations Manager	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.	985-773-7157	7/11/2013
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

NAME: Chevron U.S.A, Inc.
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 990 "A"

LOCATION: Mobile 990

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER
GEG46 0445	003 1

DRILL CUTTINGS NAF

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE☐

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
DRILL CUTTIINGS, END OF WELL, 96-HR LC50 04311 1 0 0 Gross Effluent Value	SAMPLE MEASUREMENT	********	********	******	NODI=C	********	********	(20)			
	PERMIT REQUIREMENT	********	********	******	30000 MINIMUM	********	********	PPM		SEE PERMIT	GRAB
DRILL CUTTINGS 96-HR LC50 04312 1 0 0 Gross Effluent Value	SAMPLE MEASUREMENT	********	********	******	NODI=C	NODI=C	********	(20))			
	PERMIT REQUIREMENT	********	********	******	30000 MINIMUM	30000 MO AVG	********	PPM		ONCE/ MONTH	GRAB
STOCK BASE FLUID PAH 51114 1 0 0 Gross Effluent Value	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(1U)			
	PERMIT REQUIREMENT	********	********	******	********	********	0.00001 QRTR MAX	RATIO		SEE PERMIT	CK REQ
STOCK BASE FLUID SEDIMENT TOXICITY 51115 1 0 0 Gross Effluent Value	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(1U)			
	PERMIT REQUIREMENT	********	********	******	********	********	1.0 QRTR MAX	RATIO		SEE PERMIT	CK REQ
STOCK BASE FLUID BIODEGREDATION RATE 51116 1 0 0 Gross Effluent Value	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(1U)			
	PERMIT REQUIREMENT	********	********	******	********	********	1.0 QRTR MAX	RATIO		SEE PERMIT	CK REQ
DRILL CUTTINGS, SEDIMENT TOXICITY 51117 1 0 0 Gross Effluent Value	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(1U)			
	PERMIT REQUIREMENT	********	********	******	********	********	1.0 QRTR MAX	RATIO		SEE PERMIT	CK REQ
DRILL CUTTINGS, FORMATION OIL 51118 P 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(9A)			
	PERMIT REQUIREMENT	********	********	******	********	********	0 QRTR MAX	PASS=0 FAIL=1		SEE PERMIT	CK REQ

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

P=GC/MS, Q=RPE, R=OLEFINS, S=ESTERS. FOR LC50, REPORT LOWEST MONTHLY AVG. R&S: PERCENT=G. NAF/100 G. WET CUTTINGS. If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

DRILL CUTTINGS NAF

NAME: Chevron U.S.A, Inc.
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 990 "A"

LOCATION: Mobile 990

GEG46 0445	003 1
PERMIT COVERAGE NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
DRILL CUTTINGS, FORMATION OIL	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(9A)			
51118 Q 0 0 See Comments Below	PERMIT REQUIREMENT	********	********	******	********	********	0 WKLY MAX	PASS=0 FAIL=1		ONCE/ WEEK	GRAB
DRILL CUTTINGS BASE FLUIDS RETAINED	SAMPLE MEASUREMENT	********	********	******	********	NODI=C	********	(23)			
51120 R 0 0 See Comments Below	PERMIT REQUIREMENT	********	********	******	********	6.9 QRTR AVG	********	PERCENT		SEE PERMIT	GRAB
DRILL CUTTINGS BASE FLUIDS RETAINED	SAMPLE MEASUREMENT	********	********	******	********	NODI=C	********	(23)			
51120 S 0 0 See Comments Below	PERMIT REQUIREMENT	********	********	******	********	9.4 QRTR AVG	********	PERCENT		SEE PERMIT	GRAB
CADMIUM (CD), IN BARITE, DRY WEIGHT	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(69)			
78244 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	********	********	******	********	********	3.0 QRTR MAX	MG/KG		SEE PERMIT	CK REQ
MERCURY (HG), IN BARITE, DRY WEIGHT	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(69)			
78245 1 0 0 Effluent Gross value	PERMIT REQUIREMENT	********	********	******	********	********	1.0 QRTR MAX	MG/KG		SEE PERMIT	CK REQ
DRILL CUTTINGS, FREE OIL	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(1M)			
82595 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	********	********	******	********	********	0 QTR TOTAL	# DAYS		ONCE/ WEEK	VISUAL
DRILL CUTTINGS, VOLUME	SAMPLE MEASUREMENT	NODI=C	NODI=C	(1N)	********	********	********	******			
82596 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	REPORT QRTR AVG	REPORT MO TOTAL	BBL	********	********	********	******		ONCE/ MONTH	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE
G. J. Chiasson Gulf of Mexico East Operations Manager	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.	985-773-7157	7/11/2013
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *REFERENCE ALL ATTACHMENTS HERE*

P=GC/MS, Q=RPE, R=OLEFINS, S=ESTERS. FOR LC50, REPORT LOWEST MONTHLY AVG. R&S: PERCENT=G. NAF/100 G. WET CUTTINGS. If no discharge, enter NODI=0 for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

PRODUCED WATER

NAME: Chevron U.S.A, Inc.
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 990 "A"

LOCATION: Mobile 990

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER
GEG46 0445	004 1

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
NOEC STATRE 7DAY CHR MYSID. BAHIA	SAMPLE MEASUREMENT	********	********	******	NODI=C	********	********	(23)			
TBP3E 1 0 0 See Comments Below	PERMIT REQUIREMENT	********	********	******	REPORT MINIMUM	********	********	PERCENT		SEE PERMIT	CK REQ
NOEC STATRE 7DAY CHR MENIDIA	SAMPLE MEASUREMENT	********	********	******	NODI=C	********	********	(23)			
TBP6B 1 0 0 See Comments Below	PERMIT REQUIREMENT	********	********	******	REPORT MINIMUM	********	********	PERCENT		SEE PERMIT	CK REQ
CRITICAL DILUTION FACTOR	SAMPLE MEASUREMENT	********	********	******	NODI=C	********	********	(1U)			
80093 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	********	********	******	REPORT MO MIN	********	********	RATIO		SEE PERMIT	CK REQ
PRODUCED WATER, OIL AND GREASE	SAMPLE MEASUREMENT	********	********	******	********	NODI=C	NODI=C	(19)			
82599 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	********	********	******	********	29.0 MO AVG	42.0 DAILY MX	MG/L		ONCE/ MONTH	GRAB
PRODUCED WATER, FLOW	SAMPLE MEASUREMENT	********	NODI=C	(1T)	********	********	********	******			
82600 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	********	REPORT QRTR MAX	BBL/DAY	********	********	********	******		ONCE/ MONTH	ESTIMA
	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	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

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PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

DECK DRAINAGE

NAME: Chevron U.S.A, Inc.
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 990 "A"

LOCATION: Mobile 990

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER
GEG46 0445	005 1

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
DECK DRAINAGE, FREE OIL 82597 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	********	0	(1M)	0	DL/DS	VI
	PERMIT REQUIREMENT	********	********	******	********	********	10.0 MO.TOTAL	# DAYS		SEE PERMIT	VISUAL
	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
G. J. Chiasson Gulf of Mexico East Operations Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	985-773-7157	7/11/2013
TYPED OR PRINTED			AREA CODE / NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *REFERENCE ALL ATTACHMENTS HERE*

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PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

TCW FLUIDS

NAME: Chevron U.S.A, Inc.
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 990 "A"

LOCATION: Mobile 990

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER
GEG46 0445	006 1

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OIL & GREASE	SAMPLE MEASUREMENT					NODI=C	NODI=C	(19)			
00556 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT					29.0 MO AVG	42.0 DAILY MX	MG/L		ONCE/ MONTH	GRAB
WELL FLUIDS, FREE OIL	SAMPLE MEASUREMENT						NODI=C	(1M)			
82603 1 0 0 See Comments Below	PERMIT REQUIREMENT						0 MO.TOTAL	# DAYS		SEE PERMIT	VISUAL
WELL FLUIDS, VOLUME	SAMPLE MEASUREMENT	NODI=C	NODI=C	(1N)							
82604 1 0 0 Effluent Gross value	PERMIT REQUIREMENT	REPORT QRTR AVG	REPORT MO.TOTAL	BBL						ONCE/ MONTH	ESTIMA
	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	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *REFERENCE ALL ATTACHMENTS HERE*

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

SANITARY WASTE

NAME: Chevron U.S.A, Inc.
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 990 "A"

LOCATION: Mobile 990

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER
GEG46 0445	007 1

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE☐

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
SANITARY WASTE, RESIDUAL CHLORINE 82605 P 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******	NODI=9	********	********	(19)			
	PERMIT REQUIREMENT	********	********	******	1.0 DAILY MN	********	********	MG/L		ONCE/ MONTH	GRAB
SANITARY WASTE, SOLIDS 82607 P 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******			0	(1M)	0	DL/DS	VI
	PERMIT REQUIREMENT	********	********	******	********	********	0 MO.TOTAL	# DAYS		DAILY	VISUAL
MARINE SANITATION DEVICE USED 61944 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	1	(94)	********	********	********	******	0	1/30	CT
	PERMIT REQUIREMENT	********	REPORT VALUE	0=YES 1=NO	********	********	********	******		ONCE/ MONTH	CERTIF.
	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			AREA CODE / NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *REFERENCE ALL ATTACHMENTS HERE*

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PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

DOMESTIC WASTE

NAME: Chevron U.S.A, Inc.
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 990 "A"

LOCATION: Mobile 990

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER
GEG46 0445	008 1

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
DOMESTIC WASTE, SOLIDS 82608 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	********	0	(1M)	0	DL/DS	VI
	PERMIT REQUIREMENT	********	********	******	********	********	0 MO TOTAL	# DAYS		SEE PERMIT	VISUAL
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

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PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

NAME: Chevron U.S.A, Inc.
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 990 "A"

LOCATION: Mobile 990

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER	MISCELLANEOUS
GEG46 0445	009 1	WASTES - NO CHEMICALS ADDED

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
MISC. DISCHARGES, FREE OIL 49498 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT						NODI=C	(1M)			
	PERMIT REQUIREMENT						0 MO.TOTAL	# DAYS		SEE PERMIT	VISUAL
	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
G. J. Chiasson Gulf of Mexico East Operations Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	985-773-7157	7/11/2013
TYPED OR PRINTED			AREA CODE / NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

NAME: Chevron U.S.A, Inc.
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 990 "A"

LOCATION: Mobile 990

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER	MISCELLANEOUS WASTES CHEMICALS ADDED
GEG46 0445	010 1	

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
NOEC STATRE 7DAY CHR MYSID, BAHIA TBP3E P 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******	NODI=C	NODI=C	********	(23)			
	PERMIT REQUIREMENT	********	********	******	REPORT 7DA MIN	REPORT MO AV MN	********	PERCENT		SEE PERMIT	CK REQ
NOEC STATRE 7DAY CHR MENIDIA TBP6B P 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******	NODI=C	NODI=C	********	(23)			
	PERMIT REQUIREMENT	********	********	******	REPORT 7DA MIN	REPORT MO AV MN	********	PERCENT		SEE PERMIT	CK REQ
MISC. DISCHARGES, FREE OIL 49498 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(1M)			
	PERMIT REQUIREMENT	********	********	******	********	********	0 MO TOTAL	# DAYS		SEE PERMIT	VISUAL
MISC. DISCHARGES, FLOW 74076 1 0 0 Effluent Gross value	SAMPLE MEASUREMENT	******	NODI=C	(1T)	********	********	********	******			
	PERMIT REQUIREMENT	********	REPORT QRTR MX	BBL/DAY	********	********	********	******		ONCE/ MONTH	ESTIMA
CRITICAL DILUTION FACTOR 80093 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	NODI=C	********	********	(1U)			
	PERMIT REQUIREMENT	********	********	******	REPORT MO MIN	********	********	RATIO		SEE PERMIT	CK REQ
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE
G. J. Chiasson Gulf of Mexico East Operations Manager	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.	985-773-7157	7/11/2013
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *REFERENCE ALL ATTACHMENTS HERE*

FOR NOEC, REPORT LOWEST MONTHLY AVG. If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

REPORTS

NAME: Chevron U.S.A, Inc.
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 990 "A"

LOCATION: Mobile 990

GEG46 0445	011 1
PERMIT COVERAGE NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Cooling Water Baseline Study 85869 P 0 0 Effluent Gross Value	SAMPLE MEASUREMENT						NODI=C	(9P)			
	PERMIT REQUIREMENT						0 MAXIMUM	0=YES 1=NO		SEE PERMIT	CK REQ
Cooling Water Baseline Study 85869 Q 0 0 Effluent Gross Value	SAMPLE MEASUREMENT						NODI=C	(9P)			
	PERMIT REQUIREMENT						0 MAXIMUM	0=YES 1=NO		SEE PERMIT	CK REQ
BMP Plan Certification Submittal? 85873 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT						NODI=9	(9P)			
	PERMIT REQUIREMENT						0 MAXIMUM	0=YES 1=NO		SEE PERMIT	CK REQ
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
G. J. Chiasson Gulf of Mexico East Operations Manager	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.		985-773-7157		7/11/2013
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *REFERENCE ALL ATTACHMENTS HERE*

If no discharge, check "No Discharge" box at top right. If reporting not required this period, enter NODI=9 in all applicable reporting spaces. If parameter not detected, enter NODI=B. P=Industry-wide study. Q=Individual study.

8/19/13

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

DRILLING FLUIDS
AQUEOUS

NAME: Chevron U.S.A, Inc.
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 991 "A"

LOCATION: Mobile 991

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER
GEG46 0432	001 1

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
DRILLING FLUID, END OF WELL, 96-HR LC50	SAMPLE MEASUREMENT	********	********	******	NODI=C	********	********	(20)			
04311 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	********	********	******	30000 DAILY MN	********	********	PPM		SEE PERMIT	GRAB
DRILLING FLUID 96-HR LC50	SAMPLE MEASUREMENT	********	********	******	NODI=C	NODI=C	********	(20)			
04312 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	********	********	******	30000 DAILY MN	30000 MO AVG	********	PPM		ONCE/ MONTH	GRAB
CADMIUM (CD), IN BARITE, DRY WEIGHT	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(69)			
78244 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	********	********	******	********	********	3.0 QRTR MAX	MG/KG		SEE PERMIT	CK REQ
MERCURY (HG), IN BARITE, DRY WEIGHT	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(69)			
78245 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	********	********	******	********	********	1.0 QRTR MAX	MG/KG		SEE PERMIT	CK REQ
DRILLING FLUIDS, FREE OIL	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(1M)			
82589 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	********	********	******	********	********	0 QTR TOTAL	# DAYS		ONCE PER WEEK	VISUAL
DRILLING FLUIDS, DISCHARGE RATE	SAMPLE MEASUREMENT	********	NODI=C	(99)	********	********	********	******			
82592 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	********	1000 MX HR RT	BBL/HR	********	********	********	******		DAILY	ESTIMA
DRILLING FLUIDS, VOLUME	SAMPLE MEASUREMENT	NODI=C	NODI=C	(1N)	********	********	********	******			
82594 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	REPORT QRTR AVG	REPORT MO TOTAL	BBL	********	********	********	******		ONCE/ MONTH	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE
G. J. Chiasson Gulf of Mexico East Operations Manager	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.	985-773-7157		7/11/2013
TYPED OR PRINTED		AREA CODE	NUMBER	MO DAY YEAR

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

DRILL CUTTINGS
AQUEOUS FLUIDS

NAME: Chevron U.S.A, Inc.
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 991 "A"

LOCATION: Mobile 991

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER
GEG46 0432	002 1

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
DRILL CUTTINGS, END OF WELL, 96-HR LC50 04311 1 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******	NODI=C	********	********	(20)			
	PERMIT REQUIREMENT	********	********	******	30000 DAILY MN	********	********	PPM		SEE PERMIT	GRAB
DRILL CUTTINGS 96-HR LC50 04312 1 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******	NODI=C	NODI=C	********	(20)			
	PERMIT REQUIREMENT	********	********	******	30000 DAILY MN	30000 MO AVG	********	PPM		ONCE/ MONTH	GRAB
CADMIUM (CD), IN BARITE, DRY WEIGHT 78244 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(69)			
	PERMIT REQUIREMENT	********	********	******	********	********	3.0 QRTR MAX	MG/KG		SEE PERMIT	CK REQ
MERCURY (HG), IN BARITE, DRY WEIGHT 78245 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(69)			
	PERMIT REQUIREMENT	********	********	******	********	********	1.0 QRTR MAX	MG/KG		SEE PERMIT	CK REQ
DRILL CUTTINGS, FREE OIL 82595 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(1M)			
	PERMIT REQUIREMENT	********	********	******	********	********	0 QTR TOTAL	# DAYS		ONCE/ WEEK	VISUAL
DRILL CUTTINGS, VOLUME 82596 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	NODI=C	NODI=C	(1N)	********	********	********	******			
	PERMIT REQUIREMENT	REPORT QRTR AVG	REPORT MO TOTAL	BBL	********	********	********	******		ONCE/ MONTH	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	********	********		********	********	********			********	********

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE
G. J. Chiasson Gulf of Mexico East Operations Manager	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.	985-773-7157	7/11/2013
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

DRILL CUTTINGS NAF

NAME: Chevron U.S.A, Inc.
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 991 "A"

LOCATION: Mobile 991

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER
GEG46 0432	003 1

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE☐

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
DRILL CUTTIINGS, END OF WELL, 96-HR LC50	SAMPLE MEASUREMENT	********	********	******	NODI=C	********	********	(20)			
04311 1 0 0 Gross Effluent Value	PERMIT REQUIREMENT	********	********	******	30000 MINIMUM	********	********	PPM		SEE PERMIT	GRAB
DRILL CUTTINGS 96-HR LC50	SAMPLE MEASUREMENT	********	********	******	NODI=C	NODI=C	********	(20))			
04312 1 0 0 Gross Effluent Value	PERMIT REQUIREMENT	********	********	******	30000 MINIMUM	30000 MO AVG	********	PPM		ONCE/ MONTH	GRAB
STOCK BASE FLUID PAH	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(1U)			
51114 1 0 0 Gross Effluent Value	PERMIT REQUIREMENT	********	********	******	********	********	0.00001 QRTR MAX	RATIO		SEE PERMIT	CK REQ
STOCK BASE FLUID SEDIMENT TOXICITY	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(1U)			
51115 1 0 0 Gross Effluent Value	PERMIT REQUIREMENT	********	********	******	********	********	1.0 QRTR MAX	RATIO		SEE PERMIT	CK REQ
STOCK BASE FLUID BIODEGREDATION RATE	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(1U)			
51116 1 0 0 Gross Effluent Value	PERMIT REQUIREMENT	********	********	******	********	********	1.0 QRTR MAX	RATIO		SEE PERMIT	CK REQ
DRILL CUTTINGS, SEDIMENT TOXICITY	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(1U)			
51117 1 0 0 Gross Effluent Value	PERMIT REQUIREMENT	********	********	******	********	********	1.0 QRTR MAX	RATIO		SEE PERMIT	CK REQ
DRILL CUTTINGS, FORMATION OIL	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(9A)			
51118 P 0 0 See Comments Below	PERMIT REQUIREMENT	********	********	******	********	********	0 QRTR MAX	PASS=0 FAIL=1		SEE PERMIT	CK REQ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE
G. J. Chiasson Gulf of Mexico East Operations Manager	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.	985-773-7157	7/11/2013
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

P=GC/MS, Q=RPE, R=OLEFINS, S=ESTERS. FOR LC50, REPORT LOWEST MONTHLY AVG. R&S: PERCENT=G. NAF/100 G. WET CUTTINGS. If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

DRILL CUTTINGS NAF

NAME: Chevron U.S.A, Inc.
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 991 "A"

LOCATION: Mobile 991

PERMIT COVERAGE NUMBER: GEG46 0432

DISCHARGE NUMBER: 003 1

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
DRILL CUTTINGS, FORMATION OIL 51118 Q 0 0 See Comments Below	SAMPLE MEASUREMENT						NODI=C	(9A)			
	PERMIT REQUIREMENT						0 WKLY MAX	PASS=0 FAIL=1		ONCE/ WEEK	GRAB
DRILL CUTTINGS BASE FLUIDS RETAINED 51120 R 0 0 See Comments Below	SAMPLE MEASUREMENT					NODI=C		(23)			
	PERMIT REQUIREMENT					6.9 QRTR AVG		PERCENT		SEE PERMIT	GRAB
DRILL CUTTINGS BASE FLUIDS RETAINED 51120 S 0 0 See Comments Below	SAMPLE MEASUREMENT					NODI=C		(23)			
	PERMIT REQUIREMENT					9.4 QRTR AVG		PERCENT		SEE PERMIT	GRAB
CADMIUM (CD), IN BARITE, DRY WEIGHT 78244 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT						NODI=C	(69)			
	PERMIT REQUIREMENT						3.0 QRTR MAX	MG/KG		SEE PERMIT	CK REQ
MERCURY (HG), IN BARITE, DRY WEIGHT 78245 1 0 0 Effluent Gross value	SAMPLE MEASUREMENT						NODI=C	(69)			
	PERMIT REQUIREMENT						1.0 QRTR MAX	MG/KG		SEE PERMIT	CK REQ
DRILL CUTTINGS, FREE OIL 82595 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT						NODI=C	(1M)			
	PERMIT REQUIREMENT						0 QTR TOTAL	# DAYS		ONCE/ WEEK	VISUAL
DRILL CUTTINGS, VOLUME 82596 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	NODI=C	NODI=C	(1N)							
	PERMIT REQUIREMENT	REPORT QRTR AVG	REPORT MO TOTAL	BBL						ONCE/ MONTH	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE
G. J. Chiasson Gulf of Mexico East Operations Manager	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.	985-773-7157	7/11/2013
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

P=GC/MS, Q=RPE, R=OLEFINS, S=ESTERS. FOR LC50, REPORT LOWEST MONTHLY AVG. R&S: PERCENT=G. NAF/100 G. WET CUTTINGS. If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

PRODUCED WATER

NAME: Chevron U.S.A, Inc.
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 991 "A"

LOCATION: Mobile 991

GEG46 0432	004 1
PERMIT COVERAGE NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
NOEC STATRE 7DAY CHR MYSID. BAHIA TBP3E 1 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******	NODI=C	********	********	(23)			
	PERMIT REQUIREMENT	********	********	******	REPORT MINIMUM	********	********	PERCENT		SEE PERMIT	CK REQ
NOEC STATRE 7DAY CHR MENIDIA TBP6B 1 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******	NODI=C	********	********	(23)			
	PERMIT REQUIREMENT	********	********	******	REPORT MINIMUM	********	********	PERCENT		SEE PERMIT	CK REQ
CRITICAL DILUTION FACTOR 80093 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	NODI=C	********	********	(1U)			
	PERMIT REQUIREMENT	********	********	******	REPORT MO MIN	********	********	RATIO		SEE PERMIT	CK REQ
PRODUCED WATER, OIL AND GREASE 82599 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	NODI=C	NODI=C	(19)			
	PERMIT REQUIREMENT	********	********	******	********	29.0 MO AVG	42.0 DAILY MX	MG/L		ONCE/ MONTH	GRAB
PRODUCED WATER, FLOW 82600 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	NODI=C	(1T)	********	********	********	******			
	PERMIT REQUIREMENT	********	REPORT QRTR MAX	BBL/DAY	********	********	********	******		ONCE/ MONTH	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE
G. J. Chiasson Gulf of Mexico East Operations Manager	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.	985-773-7157	7/11/2013
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

DECK DRAINAGE

NAME: Chevron U.S.A, Inc.
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 991 "A"

LOCATION: Mobile 991

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER
GEG46 0432	005 1

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE☐

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
DECK DRAINAGE, FREE OIL 82597 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	********	0	(1M)	0	DL/DS	VI
	PERMIT REQUIREMENT	********	********	******	********	********	0 MO TOTAL	# DAYS		SEE PERMIT	VISUAL
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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TYPED OR PRINTED			AREA CODE / NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

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PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

TCW FLUIDS

NAME: Chevron U.S.A, Inc.
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 991 "A"

LOCATION: Mobile 991

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER
GEG46 0432	006 1

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OIL & GREASE	SAMPLE MEASUREMENT	********	********	******	********	NODI=C	NODI=C	(19)			
00556 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	********	********	******	********	29.0 MO AVG	42.0 DAILY MX	MG/L		ONCE/ MONTH	GRAB
WELL FLUIDS, FREE OIL	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(1M)			
82603 1 0 0 See Comments Below	PERMIT REQUIREMENT	********	********	******	********	********	0 MO TOTAL	# DAYS		SEE PERMIT	VISUAL
WELL FLUIDS, VOLUME	SAMPLE MEASUREMENT	NODI=C	NODI=C	(1N)	********	********	********	******			
82604 1 0 0 Effluent Gross value	PERMIT REQUIREMENT	REPORT QRTR AVG	REPORT MO TOTAL	BBL	********	********	********	******		ONCE/ MONTH	ESTIMA
	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			AREA CODE / NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

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PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

SANITARY WASTE

NAME: Chevron U.S.A, Inc.
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 991 "A"

LOCATION: Mobile 991

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER
GEG46 0432	007 1

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE☐

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
SANITARY WASTE, RESIDUAL CHLORINE 82605 P 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******	NODI=C	********	********	(19)			
	PERMIT REQUIREMENT	********	********	******	1.0 DAILY MN	********	********	MG/L		ONCE/ MONTH	GRAB
SANITARY WASTE, SOLIDS 82607 P 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(1M)			
	PERMIT REQUIREMENT	********	********	******	********	********	0 MO TOTAL	# DAYS		DAILY	VISUAL
MARINE SANITATION DEVICE USED 61944 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	NODI=C	(94)	********	********	********	******			
	PERMIT REQUIREMENT	********	REPORT VALUE	0=YES 1=NO	********	********	********	******		ONCE/ MONTH	CERTIF
	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	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

DOMESTIC WASTE

NAME: Chevron U.S.A, Inc.
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 991 "A"

LOCATION: Mobile 991

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER
GEG46 0432	008 1

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
DOMESTIC WASTE, SOLIDS 82608 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	********	********	********	NODI=C	(1M)			
	PERMIT REQUIREMENT	********	********	********	********	********	10 MO TOTAL	# DAYS		SEE PERMIT	VISUAL
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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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	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

NAME: Chevron U.S.A, Inc.
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 991 "A"

LOCATION: Mobile 991

GEG46 0432	009 1	MISCELLANEOUS WASTES - NO CHEMICALS ADDED
PERMIT COVERAGE NUMBER	DISCHARGE NUMBER	

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
MISC. DISCHARGES, FREE OIL 49498 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(1M)			
	PERMIT REQUIREMENT	********	********	******	********	********	0 MO.TOTAL	# DAYS		SEE PERMIT	VISUAL
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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TYPED OR PRINTED			AREA CODE	NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

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PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

NAME: Chevron U.S.A, Inc.
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 991 "A"

LOCATION: Mobile 991

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER	MISCELLANEOUS
GEG46 0432	010 1	WASTES / CHEMICALS ADDED

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
NOEC STATRE 7DAY CHR MYSID. BAHIA TBP3E P 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******	NODI=C	NODI=C	********	(23)			
	PERMIT REQUIREMENT	********	********	******	REPORT 7DA MIN	REPORT MO AV MN	********	PERCENT		SEE PERMIT	CK REQ
NOEC STATRE 7DAY CHR MENIDIA TBP6B P 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******	NODI=C	NODI=C	********	(23)			
	PERMIT REQUIREMENT	********	********	******	REPORT 7DA MIN	REPORT MO AV MN	********	PERCENT		SEE PERMIT	CK REQ
MISC. DISCHARGES, FREE OIL 49498 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(1M)			
	PERMIT REQUIREMENT	********	********	******	********	********	0 MO TOTAL	# DAYS		SEE PERMIT	VISUAL
MISC. DISCHARGES, FLOW 74076 1 0 0 Effluent Gross value	SAMPLE MEASUREMENT	******	NODI=C	(1T)	********	********	********	******			
	PERMIT REQUIREMENT	********	REPORT QRTR MX	BBL/DAY	********	********	********	******		ONCE/ MONTH	ESTIMA
CRITICAL DILUTION FACTOR 80093 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	NODI=C	********	********	(1U)			
	PERMIT REQUIREMENT	********	********	******	REPORT MO MIN	********	********	RATIO		SEE PERMIT	CK REQ
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *REFERENCE ALL ATTACHMENTS HERE*

FOR NOEC, REPORT LOWEST MONTHLY AVG. If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

REPORTS

NAME: Chevron U.S.A, Inc.
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 991 "A"

LOCATION: Mobile 991

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER
GEG46 0432	011 1

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Cooling Water Baseline Study 85869 P 0 0 Effluent Gross Value	SAMPLE MEASUREMENT						NODI=C	(9P)			
	PERMIT REQUIREMENT						0 MAXIMUM	0=YES 1=NO		SEE PERMIT	CK/REQ
Cooling Water Baseline Study 85869 Q 0 0 Effluent Gross Value	SAMPLE MEASUREMENT						NODI=C	(9P)			
	PERMIT REQUIREMENT						0 MAXIMUM	0=YES 1=NO		SEE PERMIT	CK/REQ
BMP Plan Certification Submittal? 85873 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT						NODI=9	(9P)			
	PERMIT REQUIREMENT						0 MAXIMUM	0=YES 1=NO		SEE PERMIT	CK/REQ
	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	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

If no discharge, check "No Discharge" box at top right. If reporting not required this period, enter NODI=9 in all applicable reporting spaces. If parameter not detected, enter NODI=B. P=Industry-wide study. Q=Individual study.

MMP 8/19/13

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

NAME: Chevron U.S.A, Inc.
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Viosca Knoll 251 "A"

LOCATION: Viosca Knoll 251

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER	DRILLING FLUIDS
GEG46 0479	001 1	AQUEOUS

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
DRILLING FLUID, END OF WELL, 96-HR LC50 04311 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	.....	.....	.....	NODI=C	.....	.....	(20)			
	PERMIT REQUIREMENT	.....	.....	.....	30000 DAILY MN	.....	.....	PPM		SEE PERMIT	GRAB
DRILLING FLUID 96-HR LC50 04312 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	.....	.....	.....	NODI=C	NODI=C	.....	(20)			
	PERMIT REQUIREMENT	.....	.....	.....	30000 DAILY MN	30000 MO AVG	.....	PPM		ONCE/ MONTH	GRAB
CADMIUM (CD), IN BARITE, DRY WEIGHT 78244 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	.....	.....	.....	.....	.....	NODI=C	(69)			
	PERMIT REQUIREMENT	.....	.....	.....	.....	.....	3.0 QRTR MAX	MG/KG		SEE PERMIT	CK REQ
MERCURY (HG), IN BARITE, DRY WEIGHT 78245 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	.....	.....	.....	.....	.....	NODI=C	(69)			
	PERMIT REQUIREMENT	.....	.....	.....	.....	.....	1.0 QRTR MAX	MG/KG		SEE PERMIT	CK REQ
DRILLING FLUIDS, FREE OIL 82589 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	.....	.....	.....	.....	.....	NODI=C	(1M)			
	PERMIT REQUIREMENT	.....	.....	.....	.....	.....	0 QTR TOTAL	# DAYS		ONCE PER WEEK	VISUAL
DRILLING FLUIDS, DISCHARGE RATE 82592 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	.....	NODI=C	(99)	.....	.....	.....	.....			
	PERMIT REQUIREMENT	.....	1000 MX HR RT	BBL/HR	.....	.....	.....	.....		DAILY	ESTIMA
DRILLING FLUIDS, VOLUME 82594 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	NODI=C	NODI=C	(1N)	.....	.....	.....	.....			
	PERMIT REQUIREMENT	REPORT QRTR AVG	REPORT MO TOTAL	BBL	.....	.....	.....	.....		ONCE/ MONTH	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE
G. J. Chiasson Gulf of Mexico East Operations Manager	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.	985-773-7157	7/11/2013
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

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PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

DRILL CUTTINGS
AQUEOUS FLUIDS

NAME: Chevron U.S.A, Inc.
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Viosca Knoll 251 "A"

LOCATION: Viosca Knoll 251

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER
GEG46 0479	002 1

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
DRILL CUTTINGS, END OF WELL, 96-HR LC50	SAMPLE MEASUREMENT	********	********	******	NODI=C	********	********	(20)			
04311 1 0 0 See Comments Below	PERMIT REQUIREMENT	********	********	******	30000 DAILY MN	********	********	PPM		SEE PERMIT	GRAB
DRILL CUTTINGS 96-HR LC50	SAMPLE MEASUREMENT	********	********	******	NODI=C	NODI=C	********	(20)			
04312 1 0 0 See Comments Below	PERMIT REQUIREMENT	********	********	******	30000 DAILY MN	30000 MO AVG	********	PPM		ONCE/ MONTH	GRAB
CADMIUM (CD), IN BARITE, DRY WEIGHT	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(69)			
78244 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	********	********	******	********	********	3.0 QRTR MAX	MG/KG		SEE PERMIT	CK REQ
MERCURY (HG), IN BARITE, DRY WEIGHT	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(69)			
78245 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	********	********	******	********	********	1.0 QRTR MAX	MG/KG		SEE PERMIT	CK REQ
DRILL CUTTINGS, FREE OIL	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(1M)			
82595 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	********	********	******	********	********	0 QTR TOTAL	# DAYS		ONCE/ WEEK	VISUAL
DRILL CUTTINGS, VOLUME	SAMPLE MEASUREMENT	NODI=C	NODI=C	(1N)	********	********	********	******			
82596 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	REPORT QRTR AVG	REPORT MO TOTAL	BBL	********	********	********	******		ONCE/ MONTH	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE
G. J. Chiasson Gulf of Mexico East Operations Manager	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.	985-773-7157	7/11/2013
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

NAME: Chevron U.S.A, Inc.
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Viosca Knoll 251 "A"

LOCATION: Viosca Knoll 251

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER
GEG46 0479	003 1

DRILL CUTTINGS
NAF

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE☐

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
DRILL CUTTIINGS, END OF WELL, 96-HR LC50	SAMPLE MEASUREMENT	********	********	******	NODI=C	********	********	(20)			
04311 1 0 0 Gross Effluent Value	PERMIT REQUIREMENT	********	********	******	30000 MINIMUM	********	********	PPM		SEE PERMIT	GRAB
DRILL CUTTINGS 96-HR LC50	SAMPLE MEASUREMENT	********	********	******	NODI=C	NODI=C	********	(20))			
04312 1 0 0 Gross Effluent Value	PERMIT REQUIREMENT	********	********	******	30000 MINIMUM	30000 MO AVG	********	PPM		ONCE/ MONTH	GRAB
STOCK BASE FLUID PAH	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(1U)			
51114 1 0 0 Gross Effluent Value	PERMIT REQUIREMENT	********	********	******	********	********	0.00001 QRTR MAX	RATIO		SEE PERMIT	CK REQ
STOCK BASE FLUID SEDIMENT TOXICITY	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(1U)			
51115 1 0 0 Gross Effluent Value	PERMIT REQUIREMENT	********	********	******	********	********	1.0 QRTR MAX	RATIO		SEE PERMIT	CK REQ
STOCK BASE FLUID BIODEGREDATION RATE	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(1U)			
51116 1 0 0 Gross Effluent Value	PERMIT REQUIREMENT	********	********	******	********	********	1.0 QRTR MAX	RATIO		SEE PERMIT	CK REQ
DRILL CUTTINGS, SEDIMENT TOXICITY	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(1U)			
51117 1 0 0 Gross Effluent Value	PERMIT REQUIREMENT	********	********	******	********	********	1.0 QRTR MAX	RATIO		SEE PERMIT	CK REQ
DRILL CUTTINGS, FORMATION OIL	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(9A)			
51118 P 0 0 See Comments Below	PERMIT REQUIREMENT	********	********	******	********	********	0 QRTR MAX	PASS=0 FAIL=1		SEE PERMIT	CK REQ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE
G. J. Chiasson Gulf of Mexico East Operations Manager	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.	985-773-7157	7/11/2013
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *REFERENCE ALL ATTACHMENTS HERE*

P=GC/MS, Q=RPE, R=OLEFINS, S=ESTERS. FOR LC50, REPORT LOWEST MONTHLY AVG. R&S: PERCENT=G. NAF/100 G. WET CUTTINGS. If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

DRILL CUTTINGS NAF

NAME: Chevron U.S.A, Inc.
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Viosca Knoll 251 "A"

LOCATION: Viosca Knoll 251

PERMIT COVERAGE NUMBER: GEG46 0479

DISCHARGE NUMBER: 003 1

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
DRILL CUTTINGS, FORMATION OIL 51118 Q 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(9A)			
	PERMIT REQUIREMENT	********	********	******	********	********	0 WKLY MAX	PASS=0 FAIL=1		ONCE/ WEEK	GRAB
DRILL CUTTINGS BASE FLUIDS RETAINED 51120 R 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******	********	NODI=C	********	(23)			
	PERMIT REQUIREMENT	********	********	******	********	6.9 QRTR AVG	********	PERCENT		SEE PERMIT	GRAB
DRILL CUTTINGS BASE FLUIDS RETAINED 51120 S 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******	********	NODI=C	********	(23)			
	PERMIT REQUIREMENT	********	********	******	********	9.4 QRTR AVG	********	PERCENT		SEE PERMIT	GRAB
CADMIUM (CD), IN BARITE, DRY WEIGHT 78244 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(69)			
	PERMIT REQUIREMENT	********	********	******	********	********	3.0 QRTR MAX	MG/KG		SEE PERMIT	CK REQ
MERCURY (HG), IN BARITE, DRY WEIGHT 78245 1 0 0 Effluent Gross value	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(69)			
	PERMIT REQUIREMENT	********	********	******	********	********	1.0 QRTR MAX	MG/KG		SEE PERMIT	CK REQ
DRILL CUTTINGS, FREE OIL 82595 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(1M)			
	PERMIT REQUIREMENT	********	********	******	********	********	0 QTR TOTAL	# DAYS		ONCE/ WEEK	VISUAL
DRILL CUTTINGS, VOLUME 82596 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	NODI=C	NODI=C	(1N)	********	********	********	******			
	PERMIT REQUIREMENT	REPORT QRTR AVG	REPORT MO TOTAL	BBL	********	********	********	******		ONCE/ MONTH	ESTIMA

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

P=GC/MS, Q=RPE, R=OLEFINS, S=ESTERS. FOR LC50, REPORT LOWEST MONTHLY AVG. R&S: PERCENT=G. NAF/100 G. WET CUTTINGS. If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

PRODUCED WATER

NAME: Chevron U.S.A, Inc.
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Viosca Knoll 251 "A"

LOCATION: Viosca Knoll 251

GEG46 0479	004 1
PERMIT COVERAGE NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
NOEC STATRE 7DAY CHR MYSID. BAHIA TBP3E 1 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******	NODI=C	********	********	(23)			
	PERMIT REQUIREMENT	********	********	******	REPORT MINIMUM	********	********	PERCENT		SEE PERMIT	CK REQ
NOEC STATRE 7DAY CHR MENIDIA TBP6B 1 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******	NODI=C	********	********	(23)			
	PERMIT REQUIREMENT	********	********	******	REPORT MINIMUM	********	********	PERCENT		SEE PERMIT	CK REQ
CRITICAL DILUTION FACTOR 80093 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	NODI=C	********	********	(1U)			
	PERMIT REQUIREMENT	********	********	******	REPORT MO MIN	********	********	RATIO		SEE PERMIT	CK REQ
PRODUCED WATER, OIL AND GREASE 82599 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	NODI=C	NODI=C	(19)			
	PERMIT REQUIREMENT	********	********	******	********	29.0 MO AVG	42.0 DAILY MX	MG/L		ONCE/ MONTH	GRAB
PRODUCED WATER, FLOW 82600 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	NODI=C	(1T)	********	********	********	******			
	PERMIT REQUIREMENT	********	REPORT QRTR MAX	BBL/DAY	********	********	********	******		ONCE/ MONTH	ESTIMA
	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	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

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PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

DECK DRAINAGE

NAME: Chevron U.S.A, Inc.
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Viosca Knoll 251 "A"

LOCATION: Viosca Knoll 251

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER
GEG46 0479	005 1

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE☐

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
DECK DRAINAGE, FREE OIL 82597 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	.....	.....	.....	.....	.....	0	(1M)	0	DL/DS	VI
	PERMIT REQUIREMENT	.....	.....	.....	.....	.....	0 MO.TOTAL	# DAYS		SEE PERMIT	VISUAL
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	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	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

TCW FLUIDS

NAME: Chevron U.S.A, Inc.
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Viosca Knoll 251 "A"

LOCATION: Viosca Knoll 251

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER
GEG46 0479	006 1

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OIL & GREASE	SAMPLE MEASUREMENT	********	********	******	********	NODI=C	NODI=C	(19)			
00556 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	********	********	******	********	29.0 MO AVG	42.0 DAILY MX	MG/L		ONCE/ MONTH	GRAB
WELL FLUIDS, FREE OIL	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(1M)			
82603 1 0 0 See Comments Below	PERMIT REQUIREMENT	********	********	******	********	********	0 MO TOTAL	# DAYS		SEE PERMIT	VISUAL
WELL FLUIDS, VOLUME	SAMPLE MEASUREMENT	NODI=C	NODI=C	(1N)	********	********	********	******			
82604 1 0 0 Effluent Gross value	PERMIT REQUIREMENT	REPORT QRTR AVG	REPORT MO TOTAL	BBL	********	********	********	******		ONCE/ MONTH	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE
G. J. Chiasson Gulf of Mexico East Operations Manager	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.	985-773-7157	7/11/2013
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

SANITARY WASTE

NAME: Chevron U.S.A, Inc.
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Viosca Knoll 251 "A"

LOCATION: Viosca Knoll 251

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER
GEG46 0479	007 1

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE☐

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
SANITARY WASTE, RESIDUAL CHLORINE 82605 P 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******	NODI=9	********	********	(19)			
	PERMIT REQUIREMENT	********	********	******	1.0 DAILY MN	********	********	MG/L		ONCE/ MONTH	GRAB
SANITARY WASTE, SOLIDS 82607 P 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******	********	********	0	(1M)	0	DL/DS	VI
	PERMIT REQUIREMENT	********	********	******	********	********	1.0 MO TOTAL	# DAYS		DAILY	VISUAL
MARINE SANITATION DEVICE USED 61944 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	1	(94)	********	********	********	******	0	1/30	CT
	PERMIT REQUIREMENT	********	REPORT VALUE	0=YES 1=NO	********	********	********	******		ONCE/ MONTH	CERTIF
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
G. J. Chiasson Gulf of Mexico East Operations Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	985-773-7157	7/11/2013
TYPED OR PRINTED			AREA CODE / NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *REFERENCE ALL ATTACHMENTS HERE*

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

DOMESTIC WASTE

NAME: Chevron U.S.A, Inc.
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Viosca Knoll 251 "A"

LOCATION: Viosca Knoll 251

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER
GEG46 0479	008 1

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
DOMESTIC WASTE, SOLIDS 82608 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	********	0	(1M)	0	DL/DS	VI
	PERMIT REQUIREMENT	********	********	******	********	********	0 MO.TOTAL	# DAYS		SEE PERMIT	VISUAL
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
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TYPED OR PRINTED			AREA CODE / NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *REFERENCE ALL ATTACHMENTS HERE*

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

NAME: Chevron U.S.A, Inc.
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Viosca Knoll 251 "A"

LOCATION: Viosca Knoll 251

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER	
GEG46 0479	009 1	MISCELLANEOUS WASTES - NO CHEMICALS ADDED

MONITORING PERIOD						
	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
MISC. DISCHARGES, FREE OIL 49498 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(1M)			
	PERMIT REQUIREMENT	********	********	******	********	********	0 MO TOTAL	# DAYS		SEE PERMIT	VISUAL
	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
G. J. Chiasson Gulf of Mexico East Operations Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	985-773-7157	7/11/2013
TYPED OR PRINTED			AREA CODE / NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

NAME: Chevron U.S.A, Inc.
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Viosca Knoll 251 "A"

LOCATION: Viosca Knoll 251

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER	MISCELLANEOUS WASTES CHEMICALS ADDED
GEG46 0479	010 1	

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
NOEC STATRE 7DAY CHR MYSID. BAHIA TBP3E P 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******	NODI=C	NODI=C	********	(23)			
	PERMIT REQUIREMENT	********	********	******	REPORT 7DA MIN	REPORT MO AV MN	********	PERCENT		SEE PERMIT	CK REQ
NOEC STATRE 7DAY CHR MENIDIA TBP6B P 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******	NODI=C	NODI=C	********	(23)			
	PERMIT REQUIREMENT	********	********	******	REPORT 7DA MIN	REPORT MO AV MN	********	PERCENT		SEE PERMIT	CK REQ
MISC. DISCHARGES, FREE OIL 49498 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(1M)			
	PERMIT REQUIREMENT	********	********	******	********	********	0 MO TOTAL	# DAYS		SEE PERMIT	VISUAL
MISC. DISCHARGES, FLOW 74076 1 0 0 Effluent Gross value	SAMPLE MEASUREMENT	******	NODI=C	(1T)	********	********	********	******			
	PERMIT REQUIREMENT	********	REPORT QRTR MX	BBL/DAY	********	********	********	******		ONCE/ MONTH	ESTIMA
CRITICAL DILUTION FACTOR 80093 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	NODI=C	********	********	(1U)			
	PERMIT REQUIREMENT	********	********	******	REPORT MO MIN	********	********	RATIO		SEE PERMIT	CK REQ
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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TYPED OR PRINTED			AREA CODE / NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

FOR NOEC, REPORT LOWEST MONTHLY AVG. If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

REPORTS

NAME: Chevron U.S.A, Inc.
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Viosca Knoll 251 "A"

LOCATION: Viosca Knoll 251

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER
GEG46 0479	011 1

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Cooling Water Baseline Study 85869 P 0 0 Effluent Gross Value	SAMPLE MEASUREMENT						NODI=C	(9P)			
	PERMIT REQUIREMENT						0 MAXIMUM	0=YES 1=NO		SEE PERMIT	CK REQ
Cooling Water Baseline Study 85869 Q 0 0 Effluent Gross Value	SAMPLE MEASUREMENT						NODI=C	(9P)			
	PERMIT REQUIREMENT						0 MAXIMUM	0=YES 1=NO		SEE PERMIT	CK REQ
BMP Plan Certification Submittal? 85873 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT						NODI=9	(9P)			
	PERMIT REQUIREMENT						0 MAXIMUM	0=YES 1=NO		SEE PERMIT	CK REQ
	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			AREA CODE	NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

If no discharge, check "No Discharge" box at top right. If reporting not required this period, enter NODI=9 in all applicable reporting spaces. If parameter not detected, enter NODI=B. P=Industry-wide study. Q=Individual study.

mp 8/19/13

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

NAME: Chevron U.S.A, Inc.
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 992 "A"

LOCATION: Mobile 992

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER	
GEG46 0549	001 1	DRILLING FLUIDS AQUEOUS

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
DRILLING FLUID, END OF WELL, 96-HR LC50 04311 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	NODI=C	********	********	(20)			
	PERMIT REQUIREMENT	********	********	******	30000 DAILY MN	********	********	PPM		SEE PERMIT	GRAB
DRILLING FLUID 96-HR LC50 04312 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	NODI=C	NODI=C	********	(20)			
	PERMIT REQUIREMENT	********	********	******	30000 DAILY MN	30000 MO AVG	********	PPM		ONCE/ MONTH	GRAB
CADMIUM (CD), IN BARITE, DRY WEIGHT 78244 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(69)			
	PERMIT REQUIREMENT	********	********	******	********	********	3.0 QRTR MAX	MG/KG		SEE PERMIT	CK REQ
MERCURY (HG), IN BARITE, DRY WEIGHT 78245 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(69)			
	PERMIT REQUIREMENT	********	********	******	********	********	1.0 QRTR MAX	MG/KG		SEE PERMIT	CK REQ
DRILLING FLUIDS, FREE OIL 82589 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(1M)			
	PERMIT REQUIREMENT	********	********	******	********	********	0 QTR TOTAL	# DAYS		ONCE PER WEEK	VISUAL
DRILLING FLUIDS, DISCHARGE RATE 82592 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	NODI=C	(99)	********	********	********	******			
	PERMIT REQUIREMENT	********	1000 MX HR RT	BBL/HR	********	********	********	******		DAILY	ESTIMA
DRILLING FLUIDS, VOLUME 82594 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	NODI=C	NODI=C	(1N)	********	********	********	******			
	PERMIT REQUIREMENT	REPORT QRTR AVG	REPORT MO TOTAL	BBL	********	********	********	******		ONCE/ MONTH	ESTIMA

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

DRILL CUTTINGS
AQUEOUS FLUIDS

NAME: Chevron U.S.A, Inc.
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 992 "A"

LOCATION: Mobile 992

GEG46 0549	002 1
PERMIT COVERAGE NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
DRILL CUTTINGS, END OF WELL, 96-HR LC50 04311 1 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******	NODI=C	********	********	(20)			
	PERMIT REQUIREMENT	********	********	******	30000 DAILY MN	********	********	PPM		SEE PERMIT	GRAB
DRILL CUTTINGS 96-HR LC50 04312 1 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******	NODI=C	NODI=C	********	(20)			
	PERMIT REQUIREMENT	********	********	******	30000 DAILY MN	30000 MO AVG	********	PPM		ONCE/ MONTH	GRAB
CADMIUM (CD), IN BARITE, DRY WEIGHT 78244 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(69)			
	PERMIT REQUIREMENT	********	********	******	********	********	3.0 QRTR MAX	MG/KG		SEE PERMIT	CK REQ
MERCURY (HG), IN BARITE, DRY WEIGHT 78245 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(69)			
	PERMIT REQUIREMENT	********	********	******	********	********	1.0 QRTR MAX	MG/KG		SEE PERMIT	CK REQ
DRILL CUTTINGS, FREE OIL 82595 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(1M)			
	PERMIT REQUIREMENT	********	********	******	********	********	0 QTR TOTAL	# DAYS		ONCE/ WEEK	VISUAL
DRILL CUTTINGS, VOLUME 82596 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	NODI=C	NODI=C	(1N)	********	********	********	******			
	PERMIT REQUIREMENT	REPORT QRTR AVG	REPORT MO TOTAL	BBL	********	********	********	******		ONCE/ MONTH	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	********	********		********	********	********				

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *REFERENCE ALL ATTACHMENTS HERE*

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PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

DRILL CUTTINGS
NAF

NAME: Chevron U.S.A, Inc.
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 992 "A"

LOCATION: Mobile 992

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER
GEG46 0549	003 1

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE☐

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
DRILL CUTTIINGS, END OF WELL, 96-HR LC50	SAMPLE MEASUREMENT	********	********	******	NODI=C	********	********	(20)			
04311 1 0 0 Gross Effluent Value	PERMIT REQUIREMENT	********	********	******	30000 MINIMUM	********	********	PPM		SEE PERMIT	GRAB
DRILL CUTTINGS 96-HR LC50	SAMPLE MEASUREMENT	********	********	******	NODI=C	NODI=C	********	(20))			
04312 1 0 0 Gross Effluent Value	PERMIT REQUIREMENT	********	********	******	30000 MINIMUM	30000 MO AVG	********	PPM		ONCE/ MONTH	GRAB
STOCK BASE FLUID PAH	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(1U)			
51114 1 0 0 Gross Effluent Value	PERMIT REQUIREMENT	********	********	******	********	********	0.00001 QRTR MAX	RATIO		SEE PERMIT	CK REQ
STOCK BASE FLUID SEDIMENT TOXICITY	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(1U)			
51115 1 0 0 Gross Effluent Value	PERMIT REQUIREMENT	********	********	******	********	********	1.0 QRTR MAX	RATIO		SEE PERMIT	CK REQ
STOCK BASE FLUID BIODEGREDATION RATE	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(1U)			
51116 1 0 0 Gross Effluent Value	PERMIT REQUIREMENT	********	********	******	********	********	1.0 QRTR MAX	RATIO		SEE PERMIT	CK REQ
DRILL CUTTINGS, SEDIMENT TOXICITY	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(1U)			
51117 1 0 0 Gross Effluent Value	PERMIT REQUIREMENT	********	********	******	********	********	1.0 QRTR MAX	RATIO		SEE PERMIT	CK REQ
DRILL CUTTINGS, FORMATION OIL	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(9A)			
51118 P 0 0 See Comments Below	PERMIT REQUIREMENT	********	********	******	********	********	0 QRTR MAX	PASS=0 FAIL=1		SEE PERMIT	CK REQ

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *REFERENCE ALL ATTACHMENTS HERE*

P=GC/MS, Q=RPE, R=OLEFINS, S=ESTERS. FOR LC50, REPORT LOWEST MONTHLY AVG. R&S: PERCENT=G. NAF/100 G. WET CUTTINGS. If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

DRILL CUTTINGS
NAF

NAME: Chevron U.S.A, Inc.
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 992 "A"

LOCATION: Mobile 992

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER
GEG46 0549	003 1

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
DRILL CUTTINGS, FORMATION OIL 51118 Q 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(9A)			
	PERMIT REQUIREMENT	********	********	******	********	********	0 WKLY MAX	PASS=0 FAIL=1		ONCE/ WEEK	GRAB
DRILL CUTTINGS BASE FLUIDS RETAINED 51120 R 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******	********	NODI=C	********	(23)			
	PERMIT REQUIREMENT	********	********	******	********	6.9 QRTR AVG	********	PERCENT		SEE PERMIT	GRAB
DRILL CUTTINGS BASE FLUIDS RETAINED 51120 S 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******	********	NODI=C	********	(23)			
	PERMIT REQUIREMENT	********	********	******	********	9.4 QRTR AVG	********	PERCENT		SEE PERMIT	GRAB
CADMIUM (CD), IN BARITE, DRY WEIGHT 78244 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(69)			
	PERMIT REQUIREMENT	********	********	******	********	********	3.0 QRTR MAX	MG/KG		SEE PERMIT	CK REQ
MERCURY (HG), IN BARITE, DRY WEIGHT 78245 1 0 0 Effluent Gross value	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(69)			
	PERMIT REQUIREMENT	********	********	******	********	********	1.0 QRTR MAX	MG/KG		SEE PERMIT	CK REQ
DRILL CUTTINGS, FREE OIL 82595 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(1M)			
	PERMIT REQUIREMENT	********	********	******	********	********	0 QTR TOTAL	# DAYS		ONCE/ WEEK	VISUAL
DRILL CUTTINGS, VOLUME 82596 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	NODI=C	NODI=C	(1N)	********	********	********	******			
	PERMIT REQUIREMENT	REPORT QRTR AVG	REPORT MO TOTAL	BBL	********	********	********	******		ONCE/ MONTH	ESTIMA

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

P=GC/MS, Q=RPE, R=OLEFINS, S=ESTERS. FOR LC50, REPORT LOWEST MONTHLY AVG. R&S: PERCENT=G. NAF/100 G. WET CUTTINGS. If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

PRODUCED WATER

NAME: Chevron U.S.A, Inc.
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 992 "A"

LOCATION: Mobile 992

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER
GEG46 0549	004 1

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
NOEC STATRE 7DAY CHR MYSID. BAHIA TBP3E 1 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******	NODI=C	********	********	(23)			
	PERMIT REQUIREMENT	********	********	******	REPORT MINIMUM	********	********	PERCENT		SEE PERMIT	CK REQ
NOEC STATRE 7DAY CHR MENIDIA TBP6B 1 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******	NODI=C	********	********	(23)			
	PERMIT REQUIREMENT	********	********	******	REPORT MINIMUM	********	********	PERCENT		SEE PERMIT	CK REQ
CRITICAL DILUTION FACTOR 80093 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	NODI=C	********	********	(1U)			
	PERMIT REQUIREMENT	********	********	******	REPORT MO MIN	********	********	RATIO		SEE PERMIT	CK REQ
PRODUCED WATER, OIL AND GREASE 82599 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	NODI=C	NODI=C	(19)			
	PERMIT REQUIREMENT	********	********	******	********	29.0 MO AVG	42.0 DAILY MX	MG/L		ONCE/ MONTH	GRAB
PRODUCED WATER, FLOW 82600 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	NODI=C	(1T)	********	********	********	********			
	PERMIT REQUIREMENT	********	REPORT QRTR MAX	BBL/DAY	********	********	********	********		ONCE/ MONTH	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	********	********		********	********	********				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	********	********		********	********	********				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
G. J. Chiasson Gulf of Mexico East Operations Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	985-773-7157	7/11/2013
TYPED OR PRINTED			AREA CODE / NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *REFERENCE ALL ATTACHMENTS HERE*

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

DECK DRAINAGE

NAME: Chevron U.S.A, Inc.
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 992 "A"

LOCATION: Mobile 992

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER
GEG46 0549	005 1

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
DECK DRAINAGE, FREE OIL 82597 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT						0	(1M)	0	DL/DS	VI
	PERMIT REQUIREMENT						0 MO.TOTAL	# DAYS		SEE PERMIT	VISUAL
	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
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TYPED OR PRINTED			AREA CODE / NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *REFERENCE ALL ATTACHMENTS HERE*

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

TCW FLUIDS

NAME: Chevron U.S.A, Inc.
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 992 "A"

LOCATION: Mobile 992

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER
GEG46 0549	006 1

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06.	30	13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OIL & GREASE	SAMPLE MEASUREMENT	********	********	******	********	NODI=C	NODI=C	(19)			
00556 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	********	********	******	********	29.0 MO AVG	42.0 DAILY MX	MG/L		ONCE/ MONTH	GRAB
WELL FLUIDS, FREE OIL	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(1M)			
82603 1 0 0 See Comments Below	PERMIT REQUIREMENT	********	********	******	********	********	0 MO TOTAL	# DAYS		SEE PERMIT	VISUAL
WELL FLUIDS, VOLUME	SAMPLE MEASUREMENT	NODI=C	NODI=C	(1N)	********	********	********	******			
82604 1 0 0 Effluent Gross value	PERMIT REQUIREMENT	REPORT QRTR AVG	REPORT MO TOTAL	BBL	********	********	********	******		ONCE/ MONTH	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
G. J. Chiasson Gulf of Mexico East Operations Manager	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.		985-773-7157		7/11/2013
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *REFERENCE ALL ATTACHMENTS HERE*

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

SANITARY WASTE

NAME: Chevron U.S.A, Inc.
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 992 "A"

LOCATION: Mobile 992

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER
GEG46 0549	007 1

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE☐

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
SANITARY WASTE, RESIDUAL CHLORINE 82605 P 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******	NODI=C	********	********	(19)			
	PERMIT REQUIREMENT	********	********	******	1.0 DAILY MN	********	********	MG/L		ONCE/ MONTH	GRAB
SANITARY WASTE, SOLIDS 82607 P 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(1M)			
	PERMIT REQUIREMENT	********	********	******	********	********	0 MO TOTAL	# DAYS		DAILY	VISUAL
MARINE SANITATION DEVICE USED 61944 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	NODI=C	(94)	********	********	********	******			
	PERMIT REQUIREMENT	********	REPORT VALUE	0=YES 1=NO	********	********	********	******		ONCE/ MONTH	CERTIF.
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
G. J. Chiasson Gulf of Mexico East Operations Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	985-773-7157	7/11/2013
TYPED OR PRINTED			AREA CODE / NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *REFERENCE ALL ATTACHMENTS HERE*

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

DOMESTIC WASTE

NAME: Chevron U.S.A, Inc.
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 992 "A"

LOCATION: Mobile 992

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER
GEG46 0549	008 1

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
DOMESTIC WASTE, SOLIDS 82608 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(1M)			
	PERMIT REQUIREMENT	********	********	******	********	********	10 MO TOTAL	# DAYS		SEE PERMIT	VISUAL
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

NAME: Chevron U.S.A, Inc.
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 992 "A"

LOCATION: Mobile 992

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER
GEG46 0549	009 1

MISCELLANEOUS WASTES - NO CHEMICALS ADDED

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
MISC. DISCHARGES, FREE OIL 49498 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(1M)			
	PERMIT REQUIREMENT	********	********	******	********	********	10 MO TOTAL	# DAYS		SEE PERMIT	VISUAL
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

NAME: Chevron U.S.A, Inc.
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 992 "A"

LOCATION: Mobile 992

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER	MISCELLANEOUS
GEG46 0549	010 1	WASTES
		CHEMICALS ADDED

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
NOEC STATRE 7DAY CHR MYSID. BAHIA TBP3E P 0 0 See Comments Below	SAMPLE MEASUREMENT				NODI=C	NODI=C		(23)			
	PERMIT REQUIREMENT				REPORT 7DA MIN	REPORT MO AV MN		PERCENT		SEE PERMIT	CK REQ
NOEC STATRE 7DAY CHR MENIDIA TBP6B P 0 0 See Comments Below	SAMPLE MEASUREMENT				NODI=C	NODI=C		(23)			
	PERMIT REQUIREMENT				REPORT 7DA MIN	REPORT MO AV MN		PERCENT		SEE PERMIT	CK REQ
MISC. DISCHARGES, FREE OIL 49498 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT						NODI=C	(1M)			
	PERMIT REQUIREMENT						0 MO TOTAL	# DAYS		SEE PERMIT	VISUAL
MISC. DISCHARGES, FLOW 74076 1 0 0 Effluent Gross value	SAMPLE MEASUREMENT		NODI=C	(1T)							
	PERMIT REQUIREMENT		REPORT QRTR MX	BBL/DAY						ONCE/ MONTH	ESTIMA
CRITICAL DILUTION FACTOR 80093 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT				NODI=C			(1U)			
	PERMIT REQUIREMENT				REPORT MO MIN			RATIO		SEE PERMIT	CK REQ
	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	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

FOR NOEC, REPORT LOWEST MONTHLY AVG. If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

REPORTS

NAME: Chevron U.S.A, Inc.
100 Northpark Blvd.
Covington, LA 70433

FACILITY: Mobile 992 "A"

LOCATION: Mobile 992

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER
GEG46 0549	011 1

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	13	TO	06	30	13

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Cooling Water Baseline Study 85869 P 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	.....	.....	.....	.....	.....	NODI=C	(9P)			
	PERMIT REQUIREMENT	.....	.....	.....	.....	.....	0 MAXIMUM	0=YES 1=NO		SEE PERMIT	CK REQ
Cooling Water Baseline Study 85869 Q 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	.....	.....	.....	.....	.....	NODI=C	(9P)			
	PERMIT REQUIREMENT	.....	.....	.....	.....	.....	0 MAXIMUM	0=YES 1=NO		SEE PERMIT	CK REQ
BMP Plan Certification Submittal? 85873 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	.....	.....	.....	.....	.....	NODI=9	(9P)			
	PERMIT REQUIREMENT	.....	.....	.....	.....	.....	0 MAXIMUM	0=YES 1=NO		SEE PERMIT	CK REQ
	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			AREA CODE	NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

If no discharge, check "No Discharge" box at top right. If reporting not required this period, enter NODI=9 in all applicable reporting spaces. If parameter not detected, enter NODI=B. P=Industry-wide study. Q=Individual study.

Callon Petroleum Company

MW 8/19/13

1401 ENCLAVE
SUITE 600
HOUSTON, TEXAS 77077

PHONE 281-589-5200
FAX 281-589-5215

July 22, 2013

Region IV, U.S. Environmental Protection Agency
Compliance Assurance and Enforcement Division
Water Enforcement Branch
61 Forsyth Street
Atlanta, Georgia 30303

2013 JUL 25 10:56 CWEI

RE: NPDES, GEG460000
Discharge Monitoring Reports
April 1, 2013 to June 30, 2013

Gentlemen/Madame:

Callon Petroleum Operating Company hereby submits Discharge Monitoring Reports and attachments for the following existing and new source referenced facilities covered under Final NPDES General Permit GEG 460000. Please note that all production associated with the facilities noted below was ceased as of May 19, 2013, and the platform is no longer manned. All equipment was drained and flushed as part of the platform abandonment process. The associated wells will be permanently plugged and abandoned and the platform fully decommissioned during the spring of 2014.

Platform Name or Well Name	OCS-G Block #	OCS-G Lease #	EPA NPDES #
Mobile 908 A Platform	MO-908	5071	GEG460435

The following existing and new source facilities had no discharges for the reporting period.

Mobile 863 Cassion #2	MO-863	5748	GEG460543
Mobile 864 A Platform	MO-864	5064	GEG460544

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 the gathering of 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 or imprisonment for knowing violations.

Sincerely,

Cynthia A. Truby
Health, Environmental, Safety and Regulatory Manager
Enclosures; DMRs GEG460435 pgs.1-12

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

8/19/13

DRILLING FLUIDS
AQUEOUS

NAME: CALLON PETROLEUM OPERATING COMPANY
P. O. BOX 1287
NATCHEZ, MS 39121

FACILITY: MOBILE 908 (Platform A) OCS-G-5071

LOCATION: Lat 30° 03' 39.00" Long 88° 15' 45.00"

PERMIT NUMBER	DISCHARGE NUMBER
GEG460435	001 1

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	4	1	2013	TO	6	30	2013

NO DISCHARGE ☑

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
DRILLING FLUID, END OF WELL, 96-HR LC50 04311 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	-------	-------	------	NODI = C	-------	-------	(20)		NODI = C	NODI = C
	PERMIT REQUIREMENT	-------	-------	------	30000 DAILY MN	-------	-------	PPM		SEE PERMIT	GRAB
DRILLING FLUID 96-HR LC50 04312 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	-------	-------	------	NODI = C	NODI = C	-------	(20)		NODI = C	NODI = C
	PERMIT REQUIREMENT	-------	-------	------	30000 DAILY MN	30000 MO AVG	-------	PPM		ONCE/ MONTH	GRAB
CADMIUM (CD), IN BARITE, DRY WEIGHT 78244 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	-------	-------	------	-------	-------	NODI = C	(69)		NODI = C	NODI = C
	PERMIT REQUIREMENT	-------	-------	------	-------	-------	3.0 QRTR MAX	MG/KG		SEE PERMIT	CK REQ
MERCURY (HG), IN BARITE, DRY WEIGHT 78245 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	-------	-------	------	-------	-------	NODI = C	(69)		NODI = C	NODI = C
	PERMIT REQUIREMENT	-------	-------	------	-------	-------	1.0 QRTR MAX	MG/KG		SEE PERMIT	CK REQ
DRILLING FLUIDS, FREE OIL 82589 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	-------	-------	------	-------	-------	NODI = C	(1M)		NODI = C	NODI = C
	PERMIT REQUIREMENT	-------	-------	------	-------	-------	0 QTR TOTAL	# DAYS		ONCE PER WEEK	Grab
DRILLING FLUIDS, DISCHARGE RATE 82592 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	-------	NODI = C	(99)	-------	-------	-------	------		NODI = C	NODI = C
	PERMIT REQUIREMENT	-------	1000 MX HR RT	BBL/HR	-------	-------	-------	------		DAILY	ESTIMA
DRILLING FLUIDS, VOLUME 82594 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	NODI = C	NODI = C	(1N)	-------	-------	-------	------		NODI = C	NODI = C
	PERMIT REQUIREMENT	REPORT QRTR AVG	REPORT MO TOTAL	BBL	-------	-------	-------	------		ONCE/ MONTH	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE
Gary Newberry Sr. Vice-President Operations	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.	281-589-5201	-
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: Cynthia A. Truby	AREA CODE / NUMBER	07/22/2013 (MO DAY YEAR)

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *REFERENCE ALL ATTACHMENTS HERE*

If no discharge, enter NODI=C for Quantity and Concentration and check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

2013 JUL 25 10:56 CWEB WEB

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

NAME: CALLON PETROLEUM OPERATING COMPANY
P. O. BOX 1287
NATCHEZ, MS 39121

FACILITY: MOBILE 908 (Platform A) OCS-G-5071

LOCATION: Lat 30° 03' 39.00" Long 88° 15' 45.00"

GEG460435	002 1	DRILL CUTTINGS AQUEOUS FLUIDS
PERMIT NUMBER	DISCHARGE NUMBER	

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR	
FROM	4	1	2013	TO	6	30	2013	NO DISCHARGE ☑

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
DRILL CUTTINGS, END OF WELL, 96-HR LC50 04311 1 0 0 See Comments Below	SAMPLE MEASUREMENT	-------	-------	------	NODI = C	-------	-------	(20)		NODI = C	NODI = C
	PERMIT REQUIREMENT	-------	-------	------	30000 DAILY MN	-------	-------	PPM		SEE PERMIT	GRAB
DRILL CUTTINGS 96-HR LC50 04312 1 0 0 See Comments Below	SAMPLE MEASUREMENT	-------	-------	------	NODI = C	NODI = C	-------	(20)		NODI = C	NODI = C
	PERMIT REQUIREMENT	-------	-------	------	30000 DAILY MN	30000 MO AVG	-------	PPM		ONCE/ MONTH	GRAB
CADMIUM (CD), IN BARITE, DRY WEIGHT 78244 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	-------	-------	------	-------	-------	NODI = C	(69)		NODI = C	NODI = C
	PERMIT REQUIREMENT	-------	-------	------	-------	-------	3.0 QRTR MAX	MG/KG		SEE PERMIT	CK REQ
MERCURY (HG), IN BARITE, DRY WEIGHT 78245 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	-------	-------	------	-------	-------	NODI = C	(69)		NODI = C	NODI = C
	PERMIT REQUIREMENT	-------	-------	------	-------	-------	1.0 QRTR MAX	MG/KG		SEE PERMIT	CK REQ
DRILL CUTTINGS, FREE OIL 82595 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	-------	-------	------	-------	-------	NODI = C	(1M)		NODI = C	NODI = C
	PERMIT REQUIREMENT	-------	-------	------	-------	-------	0 QTR TOTAL	# DAYS		ONCE/ WEEK	GRAB
DRILL CUTTINGS, VOLUME 82596 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	NODI = C	NODI = C	(1N)	-------	-------	-------	------		NODI = C	NODI = C
	PERMIT REQUIREMENT	REPORT QRTR AVG	REPORT MO TOTAL	BBL	-------	-------	-------	------		ONCE/ MONTH	ESTIMA
NODI = 9	SAMPLE MEASUREMENT	NODI = 9	NODI = 9		NODI = 9	NODI = 9	NODI = 9	NODI = 9		NODI = 9	NODI = 9
	PERMIT REQUIREMENT			NODI = 9							

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE
Gary Newberry Sr. Vice-President Operations	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.	Cynthia A. Truby 281-589-5201	
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	07/22/2013 MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *REFERENCE ALL ATTACHMENTS HERE*

If no discharge, enter NODI=C for Quantity and Concentration and check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

DRILL CUTTINGS NAF

NAME: CALLON PETROLEUM OPERATING COMPANY
P. O. BOX 1287
NATCHEZ, MS 39121

FACILITY: MOBILE 908 (Platform A) OCS-G-5071

LOCATION: Lat 30° 03' 39.00" Long 88° 15' 45.00"

GEG460435	003 1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	4	1	2013	TO	6	30	2013

NO DISCHARGE ☑

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
DRILL CUTTIINGS, END OF WELL, 96-HR LC50 04311 1 0 0 Gross Effluent Value	SAMPLE MEASUREMENT	.....	.....	.....	NODI = C	NODI = C	.....	(20)		NODI = C	NODI = C
	PERMIT REQUIREMENT	.....	.....	.....	30000 MINIMUM	30000 MO AVG	.....	PPM		SEE PERMIT	GRAB
DRILL CUTTINGS 96-HR LC50 04312 1 0 0 Gross Effluent Value	SAMPLE MEASUREMENT	.....	.....	.....	NODI = C	NODI = C	.....	(20))		NODI = C	NODI = C
	PERMIT REQUIREMENT	.....	.....	.....	30000 MINIMUM	30000 MO AVG	.....	PPM		ONCE/ MONTH	GRAB
STOCK BASE FLUID PAH 51114 1 0 0 Gross Effluent Value	SAMPLE MEASUREMENT	.....	.....	.....	.....	.....	NODI = C	(1U)		NODI = C	NODI = C
	PERMIT REQUIREMENT	.....	.....	.....	.....	.....	0.00001 QRTR MAX	RATIO		SEE PERMIT	CK REQ
STOCK BASE FLUID SEDIMENT TOXICITY 51115 1 0 0 Gross Effluent Value	SAMPLE MEASUREMENT	.....	.....	.....	.....	.....	NODI = C	(1U)		NODI = C	NODI = C
	PERMIT REQUIREMENT	.....	.....	.....	.....	.....	1.0 QRTR MAX	RATIO		SEE PERMIT	CK REQ
STOCK BASE FLUID BIODEGREDATION RATE 51116 1 0 0 Gross Effluent Value	SAMPLE MEASUREMENT	.....	.....	.....	.....	.....	NODI = C	(1U)		NODI = C	NODI = C
	PERMIT REQUIREMENT	.....	.....	.....	.....	.....	1.0 QRTR MAX	RATIO		SEE PERMIT	CK REQ
DRILL CUTTINGS, SEDIMENT TOXICITY 51117 1 0 0 Gross Effluent Value	SAMPLE MEASUREMENT	.....	.....	.....	.....	.....	NODI = C	(1U)		NODI = C	NODI = C
	PERMIT REQUIREMENT	.....	.....	.....	.....	.....	1.0 QRTR MAX	RATIO		SEE PERMIT	CK REQ
DRILL CUTTINGS, FORMATION OIL 51118 P 0 0 See Comments Below	SAMPLE MEASUREMENT	.....	.....	.....	.....	.....	NODI = C	(9A)		NODI = C	NODI = C
	PERMIT REQUIREMENT	.....	.....	.....	.....	.....	0 QRTR MAX	PASS=0 FAIL=1		SEE PERMIT	CK REQ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE
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TYPED OR PRINTED	Cynthia A. Truby SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	07/22/2013 MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *REFERENCE ALL ATTACHMENTS HERE*

P=GC/MS, Q=RPE, R=OLEFINS, S=ESTERS. FOR LC50, REPORT LOWEST MONTHLY AVG. R&S: PERCENT=G. NAF/100 G. WET CUTTINGS. If no discharge, enter NODI=C for Quantity and Concentration and check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

DRILL CUTTINGS NAF

NAME: CALLON PETROLEUM OPERATING COMPANY
P. O. BOX 1287
NATCHEZ, MS 39121

FACILITY: MOBILE 908 (Platform A) OCS-G-5071

LOCATION: Lat 30° 03' 39.00" Long 88° 15' 45.00"

GEG460435	003 1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	4	1	2013	TO	6	30	2013

NO DISCHARGE ☑

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
DRILL CUTTINGS, FORMATION OIL 51118 Q 0 0 See Comments Below	SAMPLE MEASUREMENT	.....	.....	.....	.....	.....	NODI = C	(9A)		NODI = C	NODI = C
	PERMIT REQUIREMENT	.....	.....	.....	.....	.....	0 WKLY MAX	PASS=0 FAIL=1		ONCE/ WEEK	GRAB
DRILL CUTTINGS BASE FLUIDS RETAINED 51120 R 0 0 See Comments Below	SAMPLE MEASUREMENT	.....	.....	.....	.....	NODI = C	.....	(23)		NODI = C	NODI = C
	PERMIT REQUIREMENT	.....	.....	.....	.....	6.9 QRTR AVG	.....	PERCENT		SEE PERMIT	GRAB
DRILL CUTTINGS BASE FLUIDS RETAINED 51120 S 0 0 See Comments Below	SAMPLE MEASUREMENT	.....	.....	.....	.....	NODI = C	.....	(23)		NODI = C	NODI = C
	PERMIT REQUIREMENT	.....	.....	.....	.....	9.4 QRTR AVG	.....	PERCENT		SEE PERMIT	GRAB
CADMIUM (CD), IN BARITE, DRY WEIGHT 78244 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	.....	.....	.....	.....	.....	NODI = C	(69)		NODI = C	NODI = C
	PERMIT REQUIREMENT	.....	.....	.....	.....	.....	3.0 QRTR MAX	MG/KG		SEE PERMIT	CK REQ
MERCURY (HG), IN BARITE, DRY WEIGHT 78245 1 0 0 Effluent Gross value	SAMPLE MEASUREMENT	.....	.....	.....	.....	.....	NODI = C	(69)		NODI = C	NODI = C
	PERMIT REQUIREMENT	.....	.....	.....	.....	.....	1.0 QRTR MAX	MG/KG		SEE PERMIT	CK REQ
DRILL CUTTINGS, FREE OIL 82595 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	.....	.....	.....	.....	.....	NODI = C	(1M)		NODI = C	NODI = C
	PERMIT REQUIREMENT	.....	.....	.....	.....	.....	0 QTR TOTAL	# DAYS		ONCE/ WEEK	GRAB
DRILL CUTTINGS, VOLUME 82596 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	NODI = C	NODI = C	(1N)	.....	.....	.....	.....		NODI = C	NODI = C
	PERMIT REQUIREMENT	REPORT QRTR AVG	REPORT MO TOTAL	BBL	.....	.....	.....	.....		ONCE/ MONTH	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE
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TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: Cynthia A. Truby	AREA CODE / NUMBER	07/22/2013 (MO DAY YEAR)

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *REFERENCE ALL ATTACHMENTS HERE*

P=GC/MS, Q=RPE, R=OLEFINS, S=ESTERS. FOR LC50, REPORT LOWEST MONTHLY AVG. R&S: PERCENT=G. NAF/100 G. WET CUTTINGS. If no discharge, enter NODI=C for Quantity and Concentration and check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

PRODUCED WATER

NAME: CALLON PETROLEUM OPERATING COMPANY
P. O. BOX 1287
NATCHEZ, MS 39121

FACILITY: MOBILE 908 (Platform A) OCS-G-5071

LOCATION: Lat 30° 03' 39.00" Long 88° 15' 45.00"

GEG460435	004 1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	4	1	2013	TO	6	30	2013

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
NOEC STATRE 7DAY CHR MYSID. BAHIA TBP3E 1 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******	NODI = 9	********	********	(23)	0	01 / 6M	GRAB
	PERMIT REQUIREMENT	********	********	******	REPORT MINIMUM	********	********	PERCENT		SEE PERMIT	CK REQ
NOEC STATRE 7DAY CHR MENIDIA TBP6B 1 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******	NODI = 9	********	********	(23)	0	01 / 6M	GRAB
	PERMIT REQUIREMENT	********	********	******	REPORT MINIMUM	********	********	PERCENT		SEE PERMIT	CK REQ
CRITICAL DILUTION FACTOR 80093 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	NODI = 9	********	********	(1U)	0	01 / 6M	CA
	PERMIT REQUIREMENT	********	********	******	REPORT MO MIN	********	********	RATIO		SEE PERMIT	CK REQ
PRODUCED WATER, OIL AND GREASE 82599 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	12.8	12.8	(19)	0	01 / 30	GRAB
	PERMIT REQUIREMENT	********	********	******	********	29.0 MO AVG	42.0 DAILY MX	MG/L		ONCE/ MONTH	GRAB
PRODUCED WATER, FLOW 82600 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	0.000046	(03)	********	********	********	******	0	01 / 30	ESTIMA
	PERMIT REQUIREMENT	********	REPORT QRTR MAX	MGD	********	********	********	******		ONCE/ MONTH	ESTIMA
NODI = 9	SAMPLE MEASUREMENT	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9		NODI = 9	NODI = 9
	PERMIT REQUIREMENT										
NODI = 9	SAMPLE MEASUREMENT	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9		NODI = 9	NODI = 9
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE
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TYPED OR PRINTED	Cynthia A. Truby SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	07/22/2013 MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *REFERENCE ALL ATTACHMENTS HERE*

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PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

DECK DRAINAGE

NAME: CALLON PETROLEUM OPERATING COMPANY
P. O. BOX 1287
NATCHEZ, MS 39121

FACILITY: MOBILE 908 (Platform A) OCS-G-5071

LOCATION: Lat 30° 03' 39.00" Long 88° 15' 45.00"

PERMIT NUMBER	DISCHARGE NUMBER
GEG460435	005 1

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	4	1	2013	TO	6	30	2013

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
DECK DRAINAGE, FREE OIL 82597 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	.....	.....	.....	.....	.....	0	(1M)	0	01 / 01	VISUAL
	PERMIT REQUIREMENT	.....	.....	.....	.....	.....	MO TOTAL	# DAYS		SEE PERMIT	VISUAL
NODI = 9	SAMPLE MEASUREMENT	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9		NODI = 9	NODI = 9
	PERMIT REQUIREMENT										
NODI = 9	SAMPLE MEASUREMENT	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9		NODI = 9	NODI = 9
	PERMIT REQUIREMENT										
NODI = 9	SAMPLE MEASUREMENT	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9		NODI = 9	NODI = 9
	PERMIT REQUIREMENT										
NODI = 9	SAMPLE MEASUREMENT	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9		NODI = 9	NODI = 9
	PERMIT REQUIREMENT										
NODI = 9	SAMPLE MEASUREMENT	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9		NODI = 9	NODI = 9
	PERMIT REQUIREMENT										
NODI = 9	SAMPLE MEASUREMENT	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9		NODI = 9	NODI = 9
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE
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TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: Cynthia A. Truby	AREA CODE / NUMBER	07/22/2013 (MO DAY YEAR)

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

If no discharge, enter NODI=C for Quantity and Concentration and check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

TCW FLUIDS

NAME: CALLON PETROLEUM OPERATING COMPANY
P. O. BOX 1287
NATCHEZ, MS 39121

FACILITY: MOBILE 908 (Platform A) OCS-G-5071

LOCATION: Lat 30° 03' 39.00" Long 88° 15' 45.00"

PERMIT NUMBER	DISCHARGE NUMBER
GEG460435	006 1

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	4	1	2013	TO	6	30	2013

NO DISCHARGE ☑

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OIL & GREASE	SAMPLE MEASUREMENT	.....	.....	.....	.....	NODI = C	NODI = C	(19)		NODI = C	NODI = C
00556 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	.....	.....	.....	.....	29.0 MO AVG	42.0 DAILY MX	MG/L		ONCE/ MONTH	GRAB
WELL FLUIDS, FREE OIL	SAMPLE MEASUREMENT	.....	.....	.....	.....	.....	NODI = C	(1M)		NODI = C	NODI = C
82603 1 0 0 See Comments Below	PERMIT REQUIREMENT	.....	.....	.....	.....	.....	0 MO TOTAL	# DAYS		SEE PERMIT	GRAB
WELL FLUIDS, VOLUME	SAMPLE MEASUREMENT	NODI = C	NODI = C	(1N)	.....	.....	.....	.....		NODI = C	NODI = C
82604 1 0 0 Effluent Gross value	PERMIT REQUIREMENT	REPORT QRTR AVG	REPORT MO TOTAL	BBL	.....	.....	.....	.....		ONCE/ MONTH	ESTIMA
NODI = 9	SAMPLE MEASUREMENT	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9		NODI = 9	NODI = 9
	PERMIT REQUIREMENT										
NODI = 9	SAMPLE MEASUREMENT	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9		NODI = 9	NODI = 9
	PERMIT REQUIREMENT										
NODI = 9	SAMPLE MEASUREMENT	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9		NODI = 9	NODI = 9
	PERMIT REQUIREMENT										
NODI = 9	SAMPLE MEASUREMENT	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9		NODI = 9	NODI = 9
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Gary Newberry Sr. Vice-President Operations	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.	Cynthia A. Truby	281-589-5201	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	07/22/2013 MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *REFERENCE ALL ATTACHMENTS HERE*

If no discharge, enter NODI=C for Quantity and Concentration and check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

SANITARY WASTE

NAME: CALLON PETROLEUM OPERATING COMPANY
P. O. BOX 1287
NATCHEZ, MS 39121

FACILITY: MOBILE 908 (Platform A) OCS-G-5071

LOCATION: Lat 30° 03' 39.00" Long 88° 15' 45.00"

PERMIT NUMBER	DISCHARGE NUMBER
GEG460435	007 1

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	4	1	2013	TO	6	30	2013

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
SANITARY WASTE, RESIDUAL CHLORINE 82605 P 0 0 See Comments Below	SAMPLE MEASUREMENT	-------	-------	------	NODI = 9	-------	-------	(19)		NODI = 9	NODI = 9
	PERMIT REQUIREMENT	-------	-------	------	1.0 DAILY MN	-------	-------	MG/L		ONCE/ MONTH	GRAB
SANITARY WASTE, FLOW 82606 P 0 0 See Comments Below	SAMPLE MEASUREMENT	NODI = 9	NODI = 9	(03)	-------	-------	-------	------		NODI = 9	NODI = 9
	PERMIT REQUIREMENT	REPORT QRTR AVG	REPORT MO AVG	MGD	-------	-------	-------	------		ONCE/ MONTH	ESTIMA
SANITARY WASTE, SOLIDS 82607 P 0 0 See Comments Below	SAMPLE MEASUREMENT	-------	-------	------	-------	-------	0	(1M)	0	01 / 01	VISUAL
	PERMIT REQUIREMENT	-------	-------	------	-------	-------	0 MO TOTAL	# DAYS		DAILY	VISUAL
MARINE SANITATION DEVICE USED 61944 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	-------	0	(94)	-------	-------	-------	------	0	01 / 30	CERTIF
	PERMIT REQUIREMENT	-------	REPORT VALUE	0=YES 1=NO	-------	-------	-------	------		ONCE/ MONTH	CERTIF
NODI = 9	SAMPLE MEASUREMENT	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9		NODI = 9	NODI = 9
	PERMIT REQUIREMENT										
NODI = 9	SAMPLE MEASUREMENT	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9		NODI = 9	NODI = 9
	PERMIT REQUIREMENT										
NODI = 9	SAMPLE MEASUREMENT	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9		NODI = 9	NODI = 9
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Gary Newberry Sr. Vice-President Operations	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.	Cynthia A. Truby	281-589-5201	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	07/22/2013 MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *REFERENCE ALL ATTACHMENTS HERE*

If no discharge, enter NODI=C for Quantity and Concentration and check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

DOMESTIC WASTE

NAME: CALLON PETROLEUM OPERATING COMPANY
P. O. BOX 1287
NATCHEZ, MS 39121

FACILITY: MOBILE 908 (Platform A) OCS-G-5071

LOCATION: Lat 30° 03' 39.00" Long 88° 15' 45.00"

PERMIT NUMBER	DISCHARGE NUMBER
GEG460435	008 1

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	4	1	2013	TO	6	30	2013

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
DOMESTIC WASTE, SOLIDS 82608 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	********	0	(1M)	0	01 / 01	VISUAL
	PERMIT REQUIREMENT	********	********	******	********	********	0 MO TOTAL	# DAYS		SEE PERMIT	VISUAL
NODI = 9	SAMPLE MEASUREMENT	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9		NODI = 9	NODI = 9
	PERMIT REQUIREMENT										
NODI = 9	SAMPLE MEASUREMENT	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9		NODI = 9	NODI = 9
	PERMIT REQUIREMENT										
NODI = 9	SAMPLE MEASUREMENT	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9		NODI = 9	NODI = 9
	PERMIT REQUIREMENT										
NODI = 9	SAMPLE MEASUREMENT	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9		NODI = 9	NODI = 9
	PERMIT REQUIREMENT										
NODI = 9	SAMPLE MEASUREMENT	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9		NODI = 9	NODI = 9
	PERMIT REQUIREMENT										
NODI = 9	SAMPLE MEASUREMENT	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9		NODI = 9	NODI = 9
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Gary Newberry Sr. Vice-President Operations	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.	Cynthia A. Truby	281-589-5201	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	07/22/2013 MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *REFERENCE ALL ATTACHMENTS HERE*

If no discharge, enter NODI=C for Quantity and Concentration and check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

NAME: CALLON PETROLEUM OPERATING COMPANY
P. O. BOX 1287
NATCHEZ, MS 39121

FACILITY: MOBILE 908 (Platform A) OCS-G-5071

LOCATION: Lat 30° 03' 39.00" Long 88° 15' 45.00"

GEG460435	009 1	MISCELLANEOUS WASTES - NO CHEMICALS ADDED
PERMIT NUMBER	DISCHARGE NUMBER	

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR	
FROM	4	1	2013	TO	6	30	2013	NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
MISC. DISCHARGES, FREE OIL 49498 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	.....	.....	.....	.....	.....	0	(1M)	0	01 / OC	VISUAL
	PERMIT REQUIREMENT	.....	.....	.....	.....	.....	0 MO TOTAL	# DAYS		SEE PERMIT	VISUAL
NODI = 9	SAMPLE MEASUREMENT	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9		NODI = 9	NODI = 9
	PERMIT REQUIREMENT										
NODI = 9	SAMPLE MEASUREMENT	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9		NODI = 9	NODI = 9
	PERMIT REQUIREMENT										
NODI = 9	SAMPLE MEASUREMENT	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9		NODI = 9	NODI = 9
	PERMIT REQUIREMENT										
NODI = 9	SAMPLE MEASUREMENT	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9		NODI = 9	NODI = 9
	PERMIT REQUIREMENT										
NODI = 9	SAMPLE MEASUREMENT	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9		NODI = 9	NODI = 9
	PERMIT REQUIREMENT										
NODI = 9	SAMPLE MEASUREMENT	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9		NODI = 9	NODI = 9
	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	07/22/2013 MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *REFERENCE ALL ATTACHMENTS HERE*

If no discharge, enter NODI=C for Quantity and Concentration and check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

NAME: CALLON PETROLEUM OPERATING COMPANY
P. O. BOX 1287
NATCHEZ, MS 39121

FACILITY: MOBILE 908 (Platform A) OCS-G-5071

LOCATION: Lat 30° 03' 39.00" Long 88° 15' 45.00"

GEG460435	010 1	MISCELLANEOUS WASTES CHEMICALS ADDED
PERMIT NUMBER	DISCHARGE NUMBER	

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	4	1	2013	TO	6	30	2013

NO DISCHARGE ☑

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
NOEC STATRE 7DAY CHR MYSID. BAHIA TBP3E P 0 0 See Comments Below	SAMPLE MEASUREMENT	-------	-------	------	NODI = C	NODI = C	-------	(23)		NODI = C	NODI = C
	PERMIT REQUIREMENT	-------	-------	------	REPORT 7DA MIN	REPORT MO AV MN	-------	PERCENT		SEE PERMIT	CK REQ
NOEC STATRE 7DAY CHR MENIDIA TBP6B P 0 0 See Comments Below	SAMPLE MEASUREMENT	-------	-------	------	NODI = C	NODI = C	-------	(23)		NODI = C	NODI = C
	PERMIT REQUIREMENT	-------	-------	------	REPORT 7DA MIN	REPORT MO AV MN	-------	PERCENT		SEE PERMIT	CK REQ
MISC. DISCHARGES, FREE OIL 49498 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	-------	-------	------	-------	-------	NODI = C	(1M)		NODI = C	NODI = C
	PERMIT REQUIREMENT	-------	-------	------	-------	-------	0 MO TOTAL	# DAYS		SEE PERMIT	VISUAL
MISC. DISCHARGES, FLOW 74076 1 0 0 Effluent Gross value	SAMPLE MEASUREMENT	NODI = C	-------	(03)	-------	-------	-------	------		NODI = C	NODI = C
	PERMIT REQUIREMENT	REPORT MO AVG	-------	MGD	-------	-------	-------	------		ONCE/ MONTH	ESTIMA
CRITICAL DILUTION FACTOR 80093 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	-------	-------	------	NODI = C	-------	-------	(1U)		NODI = C	NODI = C
	PERMIT REQUIREMENT	-------	-------	------	REPORT MO MIN	-------	-------	RATIO		SEE PERMIT	CK REQ
NODI = 9	SAMPLE MEASUREMENT	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9		NODI = 9	NODI = 9
	PERMIT REQUIREMENT										
NODI = 9	SAMPLE MEASUREMENT	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9		NODI = 9	NODI = 9
	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	07/22/2013 MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *REFERENCE ALL ATTACHMENTS HERE*

FOR NOEC, REPORT LOWEST MONTHLY AVG. If no discharge, enter NODI=C for Quantity and Concentration and check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

REPORTS

NAME: CALLON PETROLEUM OPERATING COMPANY
P. O. BOX 1287
NATCHEZ, MS 39121

FACILITY: MOBILE 908 (Platform A) OCS-G-5071

LOCATION: Lat 30° 03' 39.00" Long 88° 15' 45.00"

GEG460435	011 1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD							
	MO	DAY	YEAR		MO	DAY	YEAR
FROM	4	1	2013	TO	6	30	2013

NO DISCHARGE ☑

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SEABED SURVEY, INDUSTRY WIDE 51121 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	.....	.....	.....	.....	.....	NODI = 9	(9P)		NODI = 9	NODI = 9
	PERMIT REQUIREMENT	.....	.....	.....	.....	.....	0 MAXIMUM	0=YES 1=NO		SEE PERMIT	CK REQ
SEABED SURVEY, 1ST SURVEY W/I 2 WKS. 51122 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	.....	.....	.....	.....	.....	NODI = 9	(9P)		NODI = 9	NODI = 9
	PERMIT REQUIREMENT	.....	.....	.....	.....	.....	0 MAXIMUM	0=YES 1=NO		SEE PERMIT	CK REQ
SEABED SURVEY, 2ND SURVEY W/I 1 YR. 51123 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	.....	.....	.....	.....	.....	NODI = 9	(9P)		NODI = 9	NODI = 9
	PERMIT REQUIREMENT	.....	.....	.....	.....	.....	0 MAXIMUM	0=YES 1=NO		SEE PERMIT	CK REQ
NODI = 9	SAMPLE MEASUREMENT	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9		NODI = 9	NODI = 9
	PERMIT REQUIREMENT										
NODI = 9	SAMPLE MEASUREMENT	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9		NODI = 9	NODI = 9
	PERMIT REQUIREMENT										
NODI = 9	SAMPLE MEASUREMENT	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9		NODI = 9	NODI = 9
	PERMIT REQUIREMENT										
NODI = 9	SAMPLE MEASUREMENT	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9	NODI = 9		NODI = 9	NODI = 9
	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	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *REFERENCE ALL ATTACHMENTS HERE*

If no discharge, enter NODI=C for Quantity and Concentration and check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

LEGACY RESOURCES CO., L.P.

1423 West Causeway Approach
Mandeville, LA 70471
Phone: 985-674-4443
FAX: 985-674-1114
www.legacyresourcesco.com

LEGACY

CMW 8/19/13

July 25, 2013

U. S. Environmental Protection Agency – Region IV
Water Protection Division
Clean Water Enforcement Branch
Sam Nunn Federal Center
61 Forsyth Street, SW
Atlanta, Georgia 30303-3104

Attention: Mr. Mike Donehoo

2013 JUL 30 10:26 CWEB

RE: NPDES General Permit No. GEG460763
Mobile Block 827 (Lease OCS-G 5060)
OCS Federal Waters, Gulf of Mexico

Gentlemen:

In accordance with the requirements of EPA's NPDES General Permit No. GEG460000, Legacy Resources Co., L.P. (Legacy) is submitting certain required PA Forms-3320-1 (Rev. 4.2) for the Mobile Block 827 which maintains coverage for the monitoring period of April 1, 2013 through June 30, 2013.

"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 gathered and evaluated 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."

Should you have any questions or requests for additional information, please contact the undersigned, or our regulatory consultants on this project, Christine Groth, R.E.M. Solutions, Inc. at 281.492.3247 or christine@remsolutionsinc.com.

Sincerely,

Legacy Resources Co., L.P.

Mark F. Smith
President

MFS:CAG
Enclosures

2013 JUL 30 10:26 CWE

WE

mm 8/19/13

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

NAME: Legacy Resources Co., L.P.
1423 West Causeway Approach
Mandeville, Louisiana 70471

FACILITY: Caisson / Well No. 002

LOCATION: Mobile Block 827

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER	DRILLING FLUIDS
GEG46 0763	001 1	AQUEOUS

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	2013	TO	06	30	2013

NO DISCHARGE ☑

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
DRILLING FLUID, END OF WELL, 96-HR LC50 04311 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	NODI=C	********	********	(20)			
	PERMIT REQUIREMENT	********	********	******	30000 DAILY MN	********	********	PPM		SEE PERMIT	GRAB
DRILLING FLUID 96-HR LC50 04312 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	NODI=C	NODI=C	********	(20)			
	PERMIT REQUIREMENT	********	********	******	30000 DAILY MN	30000 MO AVG	********	PPM		ONCE/ MONTH	GRAB
CADMIUM (CD), IN BARITE, DRY WEIGHT 78244 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(69)			
	PERMIT REQUIREMENT	********	********	******	********	********	3.0 QRTR MAX	MG/KG		SEE PERMIT	CK REQ
MERCURY (HG), IN BARITE, DRY WEIGHT 78245 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(69)			
	PERMIT REQUIREMENT	********	********	******	********	********	1.0 QRTR MAX	MG/KG		SEE PERMIT	CK REQ
DRILLING FLUIDS, FREE OIL 82589 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(1M)			
	PERMIT REQUIREMENT	********	********	******	********	********	0 QTR TOTAL	# DAYS		ONCE PER WEEK	VISUAL
DRILLING FLUIDS, DISCHARGE RATE 82592 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	NODI=C	(99)	********	********	********	******			
	PERMIT REQUIREMENT	********	1000 MX HR RT	BBL/HR	********	********	********	******		DAILY	ESTIMA
DRILLING FLUIDS, VOLUME 82594 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	NODI=C	NODI=C	(1N)	********	********	********	******			
	PERMIT REQUIREMENT	REPORT QRTR AVG	REPORT MO TOTAL	BBL	********	********	********	******		ONCE/ MONTH	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE
Mark F. Smith - President	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.	(985) 674-4443	7/25/2013
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *REFERENCE ALL ATTACHMENTS HERE*

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

DRILL CUTTINGS
AQUEOUS FLUIDS

NAME: Legacy Resources Co., L.P.
1423 West Causeway Approach
Mandeville, Louisiana 70471

FACILITY: Caisson / Well No. 002

LOCATION: Mobile Block 827

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER
GEG46 0763	002 1

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	2013	TO	06	30	2013

NO DISCHARGE ☑

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
DRILL CUTTINGS, END OF WELL, 96-HR LC50 04311 1 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******	NODI=C	********	********	(20)			
	PERMIT REQUIREMENT	********	********	******	30000 DAILY MN	********	********	PPM		SEE PERMIT	GRAB
DRILL CUTTINGS 96-HR LC50 04312 1 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******	NODI=C	NODI=C	********	(20)			
	PERMIT REQUIREMENT	********	********	******	30000 DAILY MN	30000 MO AVG	********	PPM		ONCE/ MONTH	GRAB
CADMIUM (CD), IN BARITE, DRY WEIGHT 78244 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(69)			
	PERMIT REQUIREMENT	********	********	******	********	********	3.0 QRTR MAX	MG/KG		SEE PERMIT	CK REQ
MERCURY (HG), IN BARITE, DRY WEIGHT 78245 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(69)			
	PERMIT REQUIREMENT	********	********	******	********	********	1.0 QRTR MAX	MG/KG		SEE PERMIT	CK REQ
DRILL CUTTINGS, FREE OIL 82595 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(1M)			
	PERMIT REQUIREMENT	********	********	******	********	********	0 QTR TOTAL	# DAYS		ONCE/ WEEK	VISUAL
DRILL CUTTINGS, VOLUME 82596 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	NODI=C	NODI=C	(1N)	********	********	********	******			
	PERMIT REQUIREMENT	REPORT QRTR AVG	REPORT MO TOTAL	BBL	********	********	********	******		ONCE/ MONTH	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE
Mark F. Smith - President	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.	(985) 674-4443	7/25/2013
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

DRILL CUTTINGS
NAF

NAME: Legacy Resources Co., L.P.
1423 West Causeway Approach
Mandeville, Louisiana 70471

FACILITY: Caisson / Well No. 002

LOCATION: Mobile Block 827

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER
GEG46 0763	003 1

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	2013	TO	06	30	2013

NO DISCHARGE ☑

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
DRILL CUTTIINGS, END OF WELL, 96-HR LC50 04311 1 0 0 Gross Effluent Value	SAMPLE MEASUREMENT	********	********	******	NODI=C	********	********	(20)			
	PERMIT REQUIREMENT	********	********	******	30000 MINIMUM	********	********	PPM		SEE PERMIT	GRAB
DRILL CUTTINGS 96-HR LC50 04312 1 0 0 Gross Effluent Value	SAMPLE MEASUREMENT	********	********	******	NODI=C	NODI=C	********	(20))			
	PERMIT REQUIREMENT	********	********	******	30000 MINIMUM	30000 MO AVG	********	PPM		ONCE/ MONTH	GRAB
STOCK BASE FLUID PAH 51114 1 0 0 Gross Effluent Value	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(1U)			
	PERMIT REQUIREMENT	********	********	******	********	********	0.00001 QRTR MAX	RATIO		SEE PERMIT	CK REQ
STOCK BASE FLUID SEDIMENT TOXICITY 51115 1 0 0 Gross Effluent Value	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(1U)			
	PERMIT REQUIREMENT	********	********	******	********	********	1.0 QRTR MAX	RATIO		SEE PERMIT	CK REQ
STOCK BASE FLUID BIODEGREDATION RATE 51116 1 0 0 Gross Effluent Value	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(1U)			
	PERMIT REQUIREMENT	********	********	******	********	********	1.0 QRTR MAX	RATIO		SEE PERMIT	CK REQ
DRILL CUTTINGS, SEDIMENT TOXICITY 51117 1 0 0 Gross Effluent Value	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(1U)			
	PERMIT REQUIREMENT	********	********	******	********	********	1.0 QRTR MAX	RATIO		SEE PERMIT	CK REQ
DRILL CUTTINGS, FORMATION OIL 51118 P 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(9A)			
	PERMIT REQUIREMENT	********	********	******	********	********	0 QRTR MAX	PASS=0 FAIL=1		SEE PERMIT	CK REQ

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS *REFERENCE ALL ATTACHMENTS HERE*

P=GC/MS, Q=RPE, R=OLEFINS, S=ESTERS. FOR LC50, REPORT LOWEST MONTHLY AVG. R&S: PERCENT=G. NAF/100 G. WET CUTTINGS. If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=8.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

DRILL CUTTINGS
NAF

NAME: Legacy Resources Co., L.P.
1423 West Causeway Approach
Mandeville, Louisiana 70471

FACILITY: Caisson / Well No. 002

LOCATION: Mobile Block 827

GEG46 0763	003 1
PERMIT COVERAGE NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	2013	TO	06	30	2013

NO DISCHARGE ☑

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
DRILL CUTTINGS, FORMATION OIL 51118 Q 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(9A)			
	PERMIT REQUIREMENT	********	********	******	********	********	0 WKLY MAX	PASS=0 FAIL=1		ONCE/ WEEK	GRAB
DRILL CUTTINGS BASE FLUIDS RETAINED 51120 R 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******	********	NODI=C	********	(23)			
	PERMIT REQUIREMENT	********	********	******	********	6.9 QRTR AVG	********	PERCENT		SEE PERMIT	GRAB
DRILL CUTTINGS BASE FLUIDS RETAINED 51120 S 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******	********	NODI=C	********	(23)			
	PERMIT REQUIREMENT	********	********	******	********	9.4 QRTR AVG	********	PERCENT		SEE PERMIT	GRAB
CADMIUM (CD), IN BARITE, DRY WEIGHT 78244 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(69)			
	PERMIT REQUIREMENT	********	********	******	********	********	3.0 QRTR MAX	MG/KG		SEE PERMIT	CK REQ
MERCURY (HG), IN BARITE, DRY WEIGHT 78245 1 0 0 Effluent Gross value	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(69)			
	PERMIT REQUIREMENT	********	********	******	********	********	1.0 QRTR MAX	MG/KG		SEE PERMIT	CK REQ
DRILL CUTTINGS, FREE OIL 82595 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(1M)			
	PERMIT REQUIREMENT	********	********	******	********	********	0 QTR TOTAL	# DAYS		ONCE/ WEEK	VISUAL
DRILL CUTTINGS, VOLUME 82596 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	NODI=C	NODI=C	(1N)	********	********	********	******			
	PERMIT REQUIREMENT	REPORT QRTR AVG	REPORT MO TOTAL	BBL	********	********	********	******		ONCE/ MONTH	ESTIMA

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *REFERENCE ALL ATTACHMENTS HERE*

P=GC/MS, Q=RPE, R=OLEFINS, S=ESTERS. FOR LC50, REPORT LOWEST MONTHLY AVG. R&S: PERCENT=G. NAF/100 G. WET CUTTINGS. If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

PRODUCED WATER

NAME: Legacy Resources Co., L.P.
1423 West Causeway Approach
Mandeville, Louisiana 70471

FACILITY: Caisson / Well No. 002

LOCATION: Mobile Block 827

GEG46 0763	004 1
PERMIT COVERAGE NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	2013	TO	06	30	2013

NO DISCHARGE ☑

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
NOEC STATRE 7DAY CHR MYSID. BAHIA TBP3E 1 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******	NODI=C	********	********	(23)			
	PERMIT REQUIREMENT	********	********	******	REPORT MINIMUM	********	********	PERCENT		SEE PERMIT	CK REQ
NOEC STATRE 7DAY CHR MENIDIA TBP6B 1 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******	NODI=C	********	********	(23)			
	PERMIT REQUIREMENT	********	********	******	REPORT MINIMUM	********	********	PERCENT		SEE PERMIT	CK REQ
CRITICAL DILUTION FACTOR 80093 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	NODI=C	********	********	(1U)			
	PERMIT REQUIREMENT	********	********	******	REPORT MO MIN	********	********	RATIO		SEE PERMIT	CK REQ
PRODUCED WATER, OIL AND GREASE 82599 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	NODI=C	NODI=C	(19)			
	PERMIT REQUIREMENT	********	********	******	********	29.0 MO AVG	42.0 DAILY MX	MG/L		ONCE/ MONTH	GRAB
PRODUCED WATER, FLOW 82600 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	NODI=C	(1T)	********	********	********	******			
	PERMIT REQUIREMENT	********	REPORT QRTR MAX	BBL/DAY	********	********	********	******		ONCE/ MONTH	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

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PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

DECK DRAINAGE

NAME: Legacy Resources Co., L.P.
1423 West Causeway Approach
Mandeville, Louisiana 70471

FACILITY: Caisson / Well No. 002

LOCATION: Mobile Block 827

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER
GEG46 0763	005-1

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	2013	TO	06	30	2013

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
DECK DRAINAGE, FREE OIL 82597 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	********	0	(1M)	0	01/01	VISUAL
	PERMIT REQUIREMENT	********	********	******	********	********	0 MO TOTAL	# DAYS		SEE PERMIT	VISUAL
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	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	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

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PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

TCW FLUIDS

NAME: Legacy Resources Co., L.P.
1423 West Causeway Approach
Mandeville, Louisiana 70471

FACILITY: Caisson / Well No. 002

LOCATION: Mobile Block 827

GEG46 0763	006 1
PERMIT COVERAGE NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	2013	TO	06	30	2013

NO DISCHARGE ☑

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OIL & GREASE	SAMPLE MEASUREMENT	********	********	******	********	NODI=C	NODI=C	(19)			
00556 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	********	********	******	********	29.0 MO AVG	42.0 DAILY MX	MG/L		ONCE/ MONTH	GRAB
WELL FLUIDS, FREE OIL	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(1M)			
82603 1 0 0 See Comments Below	PERMIT REQUIREMENT	********	********	******	********	********	0 MO TOTAL	# DAYS		SEE PERMIT	VISUAL
WELL FLUIDS, VOLUME	SAMPLE MEASUREMENT	NODI=C	NODI=C	(1N)	********	********	********	******			
82604 1 0 0 Effluent Gross value	PERMIT REQUIREMENT	REPORT QRTR AVG	REPORT MO TOTAL	BBL	********	********	********	******		ONCE/ MONTH	ESTIMA
	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	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

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PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

SANITARY WASTE

NAME: Legacy Resources Co., L.P.
1423 West Causeway Approach
Mandeville, Louisiana 70471

FACILITY: Caisson / Well No. 002

LOCATION: Mobile Block 827

GEG46 0763	007 1
PERMIT COVERAGE NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	2013	TO	06	30	2013

NO DISCHARGE ☑

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
SANITARY WASTE, RESIDUAL CHLORINE 82605 P 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******	NODI=C	********	********	(19)			
	PERMIT REQUIREMENT	********	********	******	1.0 DAILY MN	********	********	MG/L		ONCE/ MONTH	GRAB
SANITARY WASTE, SOLIDS 82607 P 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(1M)			
	PERMIT REQUIREMENT	********	********	******	********	********	0 NO TOTAL	# DAYS		DAILY	VISUAL
MARINE SANITATION DEVICE USED 61944 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	NODI=C	(94)	********	********	********	******			
	PERMIT REQUIREMENT	********	REPORT VALUE	0=YES 1=NO	********	********	********	******		ONCE/ MONTH	CERTIF
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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TYPED OR PRINTED			AREA CODE / NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

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PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

DOMESTIC WASTE

NAME: Legacy Resources Co., L.P.
1423 West Causeway Approach
Mandeville, Louisiana 70471

FACILITY: Caisson / Well No. 002

LOCATION: Mobile Block 827

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER
GEG46 0763	008 1

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	2013	TO	06	30	2013

NO DISCHARGE ☑

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
DOMESTIC WASTE, SOLIDS 82608 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(1M)			
	PERMIT REQUIREMENT	********	********	******	********	********	0 MO.TOTAL	# DAYS		SEE PERMIT	VISUAL
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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TYPED OR PRINTED			AREA CODE / NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS — *REFERENCE ALL ATTACHMENTS HERE*

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PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

NAME: Legacy Resources Co., L.P.
1423 West Causeway Approach
Mandeville, Louisiana 70471

FACILITY: Caisson / Well No. 002

LOCATION: Mobile Block 827

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER	MISCELLANEOUS
GEG46 0763	009 1	WASTES - NO CHEMICALS ADDED

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	2013	TO	06	30	2013

NO DISCHARGE ☑

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
MISC. DISCHARGES, FREE OIL 49498 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(1M)			
	PERMIT REQUIREMENT	********	********	******	********	********	0 MO TOTAL	# DAYS		SEE PERMIT	VISUAL
	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
Mark F. Smith - President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(985) 674-4443		7/25/2013
TYPED OR PRINTED			AREA CODE	NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *REFERENCE ALL ATTACHMENTS HERE*

If no discharge, enter NODI=C for Quantity and Concentretion or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

NAME: Legacy Resources Co., L.P.
1423 West Causeway Approach
Mandeville, Louisiana 70471

FACILITY: Caisson / Well No. 002

LOCATION: Mobile Block 827

PERMIT COVERAGE NUMBER	DISCHARGE NUMBER	MISCELLANEOUS WASTES CHEMICALS ADDED
GEG46 0763	010 1	

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	2013	TO	06	30	2013

NO DISCHARGE ☑

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
NOEC STATRE 7DAY CHR MYSID. BAHIA TBP3E P 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******	NODI=C	NODI=C	********	(23)			
	PERMIT REQUIREMENT	********	********	******	REPORT 7 DA MIN	REPORT MO AV MN	********	PERCENT		SEE PERMIT	CK REQ
NOEC STATRE 7DAY CHR MENIDIA TBP6B P 0 0 See Comments Below	SAMPLE MEASUREMENT	********	********	******	NODI=C	NODI=C	********	(23)			
	PERMIT REQUIREMENT	********	********	******	REPORT 7 DA MIN	REPORT MO AV MN	********	PERCENT		SEE PERMIT	CK REQ
MISC. DISCHARGES, FREE OIL 49498 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	********	********	NODI=C	(1M)			
	PERMIT REQUIREMENT	********	********	******	********	********	0 MO TOTAL	# DAYS		SEE PERMIT	VISUAL
MISC. DISCHARGES, FLOW 74076 1 0 0 Effluent Gross value	SAMPLE MEASUREMENT	******	NODI=C	(1T)	********	********	********	******			
	PERMIT REQUIREMENT	********	REPORT QRTR MX	BBL/DAY	********	********	********	******		ONCE/ MONTH	ESTIMA
CRITICAL DILUTION FACTOR 80093 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	******	NODI=C	********	********	(1U)			
	PERMIT REQUIREMENT	********	********	******	REPORT MO MIN	********	********	RATIO		SEE PERMIT	CK REQ
	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	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *REFERENCE ALL ATTACHMENTS HERE*

FOR NOEC, REPORT LOWEST MONTHLY AVG. If no discharge, enter NODI=C for Quantity and Concentration or check box at top right. If reporting not required this period, enter NODI=9. If parameter not detected, enter NODI=B.

PERMITTEE NAME/ADDRESS
Include Name/Location if different

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

REPORTS

NAME: Legacy Resources Co., L.P.
1423 West Causeway Approach
Mandeville, Louisiana 70471

FACILITY: Caisson / Well No. 002

LOCATION: Mobile Block 827

GEG46 0763	011 1
PERMIT COVERAGE NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	2013	TO	06	30	2013

NO DISCHARGE ☑

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EXC.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Cooling Water Baseline Study 85869 P 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	*****	********	********	NODI=C	(9P)			
	PERMIT REQUIREMENT	********	********	*****	********	********	0 MAXIMUM	0=YES 1=NO		SEE PERMIT	CK REQ
Cooling Water Baseline Study 85869 Q 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	*****	********	********	NODI=C	(9P)			
	PERMIT REQUIREMENT	********	********	*****	********	********	0 MAXIMUM	0=YES 1=NO		SEE PERMIT	CK REQ
BMP Plan Certification Submittal? 85873 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	********	********	*****	********	********	NODI=C	(9P)			
	PERMIT REQUIREMENT	********	********	*****	********	********	0 MAXIMUM	0=YES 1=NO		SEE PERMIT	CK REQ
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Mark F. Smith - President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(985) 674-4443	7/25/2013
TYPED OR PRINTED			AREA CODE / NUMBER	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *REFERENCE ALL ATTACHMENTS HERE*

If no discharge, check "No Discharge" box at top right. If reporting not required this period, enter NODI=9 in all applicable reporting spaces. If parameter not detected, enter NODI=B. P=Industry-wide study. Q=Individual study.

bhpbilliton
resourcing the future

8/9/13

BHP Billiton Petroleum (GOM), Inc.
1360 Post Oak Boulevard Suite 150
Houston, TX 77056-3020 USA
Tel 713 961 8500 Fax 713 961 8400
bhpbilliton.com

July 25, 2013

U.S. Environmental Protection Agency, Region 4
Director, Water Protection Division
Clean Water Enforcement Branch
Sam Nunn Federal Center
61 Forsyth Street, SW
Atlanta, GA 30303-8960

2013 JUL 26 11:03 CWEE

RE: NPDES GENERAL PERMIT NOS. GEG460872 THRU GEG460874
QUARTERLY DISCHARGE MONITORING REPORTS
2ND QUARTER 2013 MONITORING PERIOD
OCS FEDERAL WATERS, GULF OF MEXICO

In compliance with the Federal Water Pollution Control Act, as amended (33 U.S.C. § 1251 et seq.) and in accordance with effluent limitations and monitoring requirements as set forth in the NPDES general permit GEG460000 [signed March 15, 2010, effective April 1, 2010] for the Eastern Gulf of Mexico Outer Continental Shelf, BHP BILLITON PETROLEUM (GOM), INC. ("BHP Billiton") herein submits quarterly Discharge Monitoring Reports ("DMRs") for the monitoring period covering *April 1, 2013* through *June 30, 2013*. BHP Billiton initially applied for coverage under this permit on May 10, 2012.

In accordance with Part I.A.5(b) of the general permit, an operator may submit a listing of lease blocks with no discharges/no activity, in lieu of submitting actual DMRs. BHP Billiton has elected to provide the listing in lieu of actual DMRs. Please refer to Attachment "A" which lists lease blocks and coverage numbers with no discharge activity.

"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."

Sincerely,
BHP BILLITION PETROLEUM (GOM), INC.

W. David Purvis
Vice President

Attachment

8/19/13

ATTACHMENT "A"

BHP BILLITON PETROLEUM (GOM), INC.

Listing of Lease Areas/Blocks with
No Discharge/No Activity for All Outfalls (001 thru 011)

For the 2nd Quarter 2013 Monitoring Period Ending 06/30/13

Lease Area/Block	Lease Number	Permit Coverage Number	Well/Platform Designation	Date of Coverage
DeSoto Canyon 726	OCS-G-32014	GEG460872	Well A	5/10/2012
DeSoto Canyon 726	OCS-G-32014	GEG460873	Well B	5/10/2012
DeSoto Canyon 726	OCS-G-32014	GEG460874	Well C	5/10/2012

"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."

Sincerely,

W. David Purvis
Vice President, BHP BILLITON PETROLEUM (GOM), INC.