

UNITED STATES DEPARTMENT OF THE INTERIOR
MINERALS MANAGEMENT SERVICE
GULF OF MEXICO REGION
ACCIDENT INVESTIGATION REPORT

1. OCCURRED

DATE: **13-APR-2006** TIME: **0730** HOURS

2. OPERATOR: **Hunt Petroleum Corporation**

REPRESENTATIVE: **Ricky Lirrette**

TELEPHONE: **(504) 368-1787**

3. LEASE: **G22792**

AREA: **MP** LATITUDE:

BLOCK: **101** LONGITUDE:

4. PLATFORM: **D**

RIG NAME:

5. ACTIVITY: EXPLORATION(POE)

DEVELOPMENT/PRODUCTION
(DOCD/POD)

6. TYPE: FIRE

EXPLOSION

BLOWOUT

COLLISION

INJURY NO. 3

FATALITY NO. 0

POLLUTION

OTHER _____

7. OPERATION: PRODUCTION

DRILLING

WORKOVER

COMPLETION

MOTOR VESSEL

PIPELINE SEGMENT NO. _____

OTHER _____

8. CAUSE: EQUIPMENT FAILURE

HUMAN ERROR

EXTERNAL DAMAGE

SLIP/TRIP/FALL

WEATHER RELATED

LEAK

UPSET H2O TREATING

OVERBOARD DRILLING FLUID

OTHER _____

9. WATER DEPTH: **56** FT.

10. DISTANCE FROM SHORE: **20** MI.

11. WIND DIRECTION:

SPEED: M.P.H.

12. CURRENT DIRECTION:

SPEED: M.P.H.

13. SEA STATE: **0** FT.

16. OPERATOR REPRESENTATIVE/
SUPERVISOR ON SITE AT TIME OF INCIDENT:

CONTRACTOR: **ISLAND OPERATORS CO. INC.**

CONTRACTOR REPRESENTATIVE/
SUPERVISOR ON SITE AT TIME OF INCIDENT:

Ricky Lirrette

17. DESCRIBE IN SEQUENCE HOW ACCIDENT HAPPENED:

On the morning of April 14, 2006, a contract production operator and two contract mechanics boarded the facility. The condensate pump PAX-0340 had been out of service for an extended period of time and the engine wouldn't start. The mechanics were assigned to fix everything that was wrong with it, make it right, and make it run.

In the process of troubleshooting the engine, while checking the compression on one of the engine cylinders a flash fire occurred burning both mechanics and the operator, who had walked up to check on their progress. The operator ensured that the fire was out and that the platform had shut in on an ESD.

The operator notified his supervisor, then they immediately boarded the helicopter and flew to West Jefferson Hospital. Upon medical examination, it was determined that the operator and one of the mechanics had suffered minimal first degree burns to their faces. The other mechanic suffered burns to his face and arms, first degree and two small second degree areas.

The foreman dispatched another operator to visit the facility, double-check that the platform was shut in, and verify that there was no pollution. The operator was instructed to not touch anything, pending investigation the next morning.

INVESTIGATION FINDINGS:

The next morning the following people boarded the facility in an effort to document the scene and determine the root cause of the incident: The contract operating company foreman, compliance specialist, the mechanical services company safety representative, and two MMS Inspectors. Pictures and notes were taken. The main item noted was that the pump engine for pump PAX-0340 had been damaged by fire. There was one spark plug removed from the engine, and it was on top of the engine. The spark plug wire for that plug was hanging loose along side the engine. The exhaust piping for the starter was open to atmosphere at the engine due to a union that had been loosened. The intake hose from the air filter to the carburetor had been disconnected and was pulled to the side. There was oil accumulated in three drip pans on the platform.

Over the course of the previous several days, the mechanics as well as the platform operator had tried to start the engine without success. One of them had disconnected the starter exhaust piping in an effort to ensure that there was not excess backpressure on the system, and that the starter was turning the engine fast enough to start it. On the day of the incident, the mechanics noticed that the piping union was still disconnected when they started working on the unit that day. Unfortunately, they moved on to other diagnostic checks before reassembling the starter exhaust piping.

The mechanics failed to follow proper procedures for checking and starting the pump engine. The piping for the starter exhaust was not reconnected before the engine was rolled in conducting a compression test. The gas that was released found an ignition point, possibly from the loose spark plug wire going to ground, or possibly from the engine backfiring through the open air intake hose.

18. LIST THE PROBABLE CAUSE(S) OF ACCIDENT:

The incident was caused by the mechanics failing to follow proper procedures. The piping for the starter exhaust was not reconnected before the engine was rolled in conducting a compression test. The gas that was released found an ignition point, possibly from the loose spark plug wire going to ground, or possibly from the engine backfiring through the open air intake hose.

19. LIST THE CONTRIBUTING CAUSE(S) OF ACCIDENT:

21. PROPERTY DAMAGED: PIPELINE PUMP ENGINE. NATURE OF DAMAGE: BURNT PAINT, HOSES, AND ELECTRICAL WIRING.

ESTIMATED AMOUNT (TOTAL): \$5,500

22. RECOMMENDATIONS TO PREVENT RECURRENCE NARRATIVE:

No Recommendations to MMS.

MMS New Orleans District concurs with the Operators recommendations to prevent recurrence:

Ensure that standard safe practices are followed when working on rotating equipment.

Conduct pre-job safety review with contractors

Review energy isolation policies with contractors

Review safety equipment locations with contractors

23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: YES

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

G-110 (c) During compression test, vent line for starter was uncoupled allowing gas to vent.

25. DATE OF ONSITE INVESTIGATION:

14-APR-2006

26. ONSITE TEAM MEMBERS:

Eric Neal / Robert Neal /

29. ACCIDENT INVESTIGATION

PANEL FORMED: NO

OCS REPORT:

30. DISTRICT SUPERVISOR:

FPausina for TTrosclair

APPROVED

DATE: 08-JUN-2006

FIRE/EXPLOSION ATTACHMENT

1. SOURCE OF IGNITION: **Air intake on pipeline pump PAX-340**

2. TYPE OF FUEL:
- GAS
 - OIL
 - DIESEL
 - CONDENSATE
 - HYDRAULIC
 - OTHER

3. FUEL SOURCE: **Vent line on starter was uncoupled allowing migration of fuel gas.**

4. WERE PRECAUTIONS OR ACTIONS TAKEN TO ISOLATE KNOWN SOURCES OF IGNITION PRIOR TO THE ACCIDENT ? **NO**

5. TYPE OF FIREFIGHTING EQUIPMENT UTILIZED:
- HANDHELD
 - WHEELED UNIT
 - FIXED CHEMICAL
 - FIXED WATER
 - NONE
 - OTHER

INJURY/FATALITY/WITNESS ATTACHMENT

<input type="checkbox"/>	OPERATOR REPRESENTATIVE	<input checked="" type="checkbox"/>	INJURY
<input checked="" type="checkbox"/>	CONTRACTOR REPRESENTATIVE	<input type="checkbox"/>	FATALITY
<input type="checkbox"/>	OTHER _____	<input type="checkbox"/>	WITNESS

NAME:

HOME ADDRESS:

CITY:

STATE:

WORK PHONE:

TOTAL OFFSHORE EXPERIENCE:

YEARS

EMPLOYED BY:

BUSINESS ADDRESS:

CITY:

STATE:

ZIP CODE:

<input type="checkbox"/>	OPERATOR REPRESENTATIVE	<input checked="" type="checkbox"/>	INJURY
<input type="checkbox"/>	CONTRACTOR REPRESENTATIVE	<input type="checkbox"/>	FATALITY
<input checked="" type="checkbox"/>	OTHER <u>Power House</u> _____	<input type="checkbox"/>	WITNESS

NAME:

HOME ADDRESS:

CITY:

STATE:

WORK PHONE:

TOTAL OFFSHORE EXPERIENCE:

YEARS

EMPLOYED BY:

BUSINESS ADDRESS:

CITY:

STATE:

ZIP CODE:

INJURY/FATALITY/WITNESS ATTACHMENT

OPERATOR REPRESENTATIVE

INJURY

CONTRACTOR REPRESENTATIVE

FATALITY

OTHER Power House

WITNESS

NAME:

HOME ADDRESS:

CITY:

STATE:

WORK PHONE:

TOTAL OFFSHORE EXPERIENCE:

YEARS

EMPLOYED BY:

BUSINESS ADDRESS:

CITY:

STATE:

ZIP CODE: