

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

ACCIDENT INVESTIGATION REPORT

1. OCCURRED

DATE: 17-APR-2010 TIME: 1500 HOURS

2. OPERATOR: Energy Resource Technology GOM, Inc.
REPRESENTATIVE: Brewer, Patty
TELEPHONE: (281) 578-3388
CONTRACTOR:
REPRESENTATIVE:
TELEPHONE:

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

4. LEASE: 00442
AREA: EI LATITUDE: 28.567
BLOCK: 128A LONGITUDE: -91.3657

5. PLATFORM: JC
RIG NAME:

6. ACTIVITY: EXPLORATION (POE)
 DEVELOPMENT/PRODUCTION
(DOCD/POD)

7. TYPE:

HISTORIC INJURY
 REQUIRED EVACUATION
 LTA (1-3 days)
 LTA (>3 days)
 RW/JT (1-3 days)
 RW/JT (>3 days)
 Other Injury

FATALITY
 POLLUTION
 FIRE
 EXPLOSION

LWC HISTORIC BLOWOUT
 UNDERGROUND
 SURFACE
 DEVERTER
 SURFACE EQUIPMENT FAILURE OR PROCEDURES

COLLISION HISTORIC >\$25K <=\$25K

STRUCTURAL DAMAGE
 CRANE
 OTHER LIFTING DEVICE
 DAMAGED/DISABLED SAFETY SYS.
 INCIDENT >\$25K
 H2S/15MIN./20PPM
 REQUIRED MUSTER
 SHUTDOWN FROM GAS RELEASE
 OTHER

6. OPERATION:

PRODUCTION
 DRILLING
 WORKOVER
 COMPLETION
 HELICOPTER
 MOTOR VESSEL
 PIPELINE SEGMENT NO.
 OTHER Well Abandonment Operations

8. CAUSE:

EQUIPMENT FAILURE
 HUMAN ERROR
 EXTERNAL DAMAGE
 SLIP/TRIP/FALL
 WEATHER RELATED
 LEAK
 UPSET H2O TREATING
 OVERBOARD DRILLING FLUID
 OTHER No welding JSA

9. WATER DEPTH: 55 FT.

10. DISTANCE FROM SHORE: 33 MI.

11. WIND DIRECTION:
SPEED: M.P.H.

12. CURRENT DIRECTION:
SPEED: M.P.H.

13. SEA STATE: FT.

17. INVESTIGATION FINDINGS:

On 17 April 2010 during a well plug and abandonment project a 100 barrel stock tank containing 30 barrels of flammable liquid was ignited. While preparing to pull the surface casing, a Welders's Helper (WH) began to cut a hole in the casing. The WH began using the acetylene cutting torch that was located 3 to 5 feet from the 100 barrel stock tank. The acetylene cutting torch and the cutting operation was in close proximity for the slag and sparks to ignite the flammable hydrocarbons located in the 100 barrel stock tank. The 100 barrel tank has an open top but was covered with a tarp at the time of the fire. Due to the cutting operations being located 3 to 5 feet from the tank, the tarp ignited from the sparks causing the 30 barrels to ignite. The two Fire Watchers on duty attempted unsuccessfully to fight the fire with several hand-held fire extinguishers. A hose from the water to a pump located on the platform's upper deck was utilized to gain control of the fire. The stand-by boat sent two 5 gallon buckets of fire fighting foam to assist in the effort to control the fire. The fire was extinguished in approximately 30 minutes with no injuries or pollution resulting from this incident.

Prior to welding, as per CFR 250.113, any equipment containing hydrocarbons or other flammable substances must be moved at least 35 feet horizontally from the welding area.

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

The fire was caused by the molten spray from the cutting operation, contacting the tarp covering the 30 bbls of flammable liquid.

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

*Prior to any welding or burning operations being conducted, personnel failed to adequately assess the area and remove the flammables before issuing a hot work permit.

*There was no welding Job Safety Analysis (JSA) conducted for the cutting torch operations.

20. LIST THE ADDITIONAL INFORMATION:

21. PROPERTY DAMAGED:

NATURE OF DAMAGE:

ESTIMATED AMOUNT (TOTAL): \$500

22. RECOMMENDATIONS TO PREVENT RECURRENCE NARRATIVE:

The MMS Lafayette District office makes no recommendations to the MMS Regional Office of Safety Management (OSM).

23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: YES

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

INC G-303 is issued "After the Fact" to document that on 17 April 2010 Energy Resources Technology GOM failed to ensure equipment containing hydrocarbons or other flammable substances relocated at least 35 feet horizontally from the welding site. Energy Resources Technology GOM failed to comply by performing cutting operations within 3 to 5 feet from a 100 bbl storage tank containing hydrocarbons causing a fire to ignite.

Energy Resources Technology GOM is advised to submit a letter of explanation addressing this INC, including plans for eliminating future incidents of this nature, to the MMS Lafayette District Manager.

25. DATE OF ONSITE INVESTIGATION:

20-APR-2010

26. ONSITE TEAM MEMBERS:

Tom Basey / Wade Guillotte / Chris Adams /

29. ACCIDENT INVESTIGATION

PANEL FORMED: NO

OCS REPORT:

30. DISTRICT SUPERVISOR:

Elliott S. Smith

APPROVED

DATE: 08-JUN-2010

FIRE/EXPLOSION ATTACHMENT

1. SOURCE OF IGNITION: **Acetylene cutting torch**

2. TYPE OF FUEL: GAS
 OIL
 DIESEL
 CONDENSATE
 HYDRAULIC
 OTHER **liquid hydrocarbons**

3. FUEL SOURCE: **100 barrel stock tank**

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 **Fire Fighting Foam and a hose
was run from the water level to
deck**

INJURY/FATALITY/WITNESS ATTACHMENT

OPERATOR REPRESENTATIVE

INJURY

CONTRACTOR REPRESENTATIVE

FATALITY

OTHER _____

WITNESS

NAME:

HOME ADDRESS:

CITY:

STATE:

WORK PHONE:

TOTAL OFFSHORE EXPERIENCE:

YEARS

EMPLOYED BY:

BUSINESS ADDRESS:

CITY:

STATE:

ZIP CODE:

OPERATOR REPRESENTATIVE

INJURY

CONTRACTOR REPRESENTATIVE

FATALITY

OTHER _____

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

CONTRACTOR REPRESENTATIVE

OTHER _____

INJURY

FATALITY

WITNESS

NAME:

HOME ADDRESS:

CITY:

STATE:

WORK PHONE:

TOTAL OFFSHORE EXPERIENCE:

YEARS

EMPLOYED BY:

BUSINESS ADDRESS:

CITY:

STATE:

ZIP CODE:

OPERATOR REPRESENTATIVE

CONTRACTOR REPRESENTATIVE

OTHER _____

INJURY

FATALITY

WITNESS

NAME:

HOME ADDRESS:

CITY:

STATE:

WORK PHONE:

TOTAL OFFSHORE EXPERIENCE:

YEARS

EMPLOYED BY:

BUSINESS ADDRESS:

CITY:

STATE:

ZIP CODE: