

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF OCEAN ENERGY MANAGEMENT, REGULATION AND ENFORCEMENT
GULF OF MEXICO REGION

ACCIDENT INVESTIGATION REPORT

1. OCCURRED

DATE: 10-FEB-2011 TIME: 0945 HOURS

2. OPERATOR: Hall-Houston Exploration II, L.P.
REPRESENTATIVE: Camp, Kathy
TELEPHONE: (713) 201-9627
CONTRACTOR: Wood Group Production Services
REPRESENTATIVE: STINNET, RICK
TELEPHONE: (361) 438-2230

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

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

6. OPERATION:

4. LEASE: G15740
AREA: GA LATITUDE:
BLOCK: 151 LONGITUDE:

- PRODUCTION
- DRILLING
- WORKOVER
- COMPLETION
- HELICOPTER
- MOTOR VESSEL
- PIPELINE SEGMENT NO.
- OTHER

5. PLATFORM: B
RIG NAME:

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

8. CAUSE:

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

- EQUIPMENT FAILURE
- HUMAN ERROR
- EXTERNAL DAMAGE
- SLIP/TRIP/FALL
- WEATHER RELATED
- LEAK
- UPSET H2O TREATING
- OVERBOARD DRILLING FLUID
- OTHER _____

FATALITY
 POLLUTION
 FIRE
 EXPLOSION

9. WATER DEPTH: 40 FT.

LWC HISTORIC BLOWOUT
 UNDERGROUND
 SURFACE
 DEVERTER
 SURFACE EQUIPMENT FAILURE OR PROCEDURES

10. DISTANCE FROM SHORE: 13 MI.

11. WIND DIRECTION: N
SPEED: 23 M.P.H.

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

COLLISION HISTORIC >\$25K <=\$25K 13. SEA STATE: 5 FT.

17. INVESTIGATION FINDINGS:

The Injured Party (IP) arrived at the facility to bring the well on production by first starting the hydraulic pump located inside the instrument panel to open the SCSSV. Upon opening the SCSSV, the pump failed to shut off. The IP then opened the panel, checked for leaks, and used a metal wrench to tap on the pump to "unstick" the relay. The wrench caused a spark when it contacted the pump and ignited gas accumulations inside the panel. The IP received minor burns to the face, but was able to immediately extinguish the flash fire using one (1) 30 lb dry chemical fire extinguisher. The IP did not seek any medical treatment.

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

The IP did not take steps to clear the panel of gas accumulations or prevent sparks due to static or friction between the wrench and pump.

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

Dry weather provided favorable conditions for static electricity.

20. LIST THE ADDITIONAL INFORMATION:

21. PROPERTY DAMAGED:

None

NATURE OF DAMAGE:

None

ESTIMATED AMOUNT (TOTAL):

\$

22. RECOMMENDATIONS TO PREVENT RECURRENCE NARRATIVE:

The Lake Jackson District has no recommendations for the Agency to prevent recurrence.

23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: YES

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

FROM INC

"G112 - The lessee failed to take all precautions and actions to remove or prevent any sparks and sources of ignition in an area having accumulations of hazardous hydrocarbons. Additionally, the lessee failed to take all precautions and actions to remove all hazardous hydrocarbons in order to preserve personnel safety and equipment."

25. DATE OF ONSITE INVESTIGATION:

11-FEB-2011

26. ONSITE TEAM MEMBERS:
James Holmes / Marco Deleon /
Phillip Couvillion /

29. ACCIDENT INVESTIGATION
PANEL FORMED: **NO**

OCS REPORT:

30. DISTRICT SUPERVISOR:

Stephen P. Martinez

APPROVED

DATE: **31-MAY-2011**

FIRE/EXPLOSION ATTACHMENT

1. SOURCE OF IGNITION: **Spark caused by metal wrench contact to hydraulic pump**

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

3. FUEL SOURCE: **Instrument gas accumulation in panel**

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

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 :

