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

1. OCCURRED
DATE: 11-APR-2006 TIME: 1400 HOURS

2. OPERATOR: Stone Energy Corporation
REPRESENTATIVE: RONALD TOUCHET
TELEPHONE: (337) 291-7704

3. LEASE: G01153
AREA: VR LATITUDE: 
BLOCK: 256 LONGITUDE: 

4. PLATFORM: E
RIG NAME 

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

6. TYPE: ☐ FIRE ☐ EXPLOSION ☐ BLOWOUT ☐ COLLISION ☐ INJURY NO. 2 ☐ 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: 180 FT.

10. DISTANCE FROM SHORE: 88 MI.

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

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

13. SEA STATE: FT.

14. OPERATOR REPRESENTATIVE/ SUPERVISOR ON SITE AT TIME OF INCIDENT:
Walter Swan
CITY: Ocean Springs STATE: MS
TELEPHONE: (228) 238-0411

15. CONTRACTOR:

16. CONTRACTOR REPRESENTATIVE/ SUPERVISOR ON SITE AT TIME OF INCIDENT:
Luke Landry
CITY: Jeannerette STATE: LA
TELEPHONE: (337) 577-2923
17. DESCRIBE IN SEQUENCE HOW ACCIDENT HAPPENED:

As the welder was cutting rail guides off of a temporary 70 ton crane, the oxygen side of a cutting hose parted approximately one and a half inches behind the torch assembly. This mixture ignited and burnt the welder's glove and hand. The crane operator that was watching the operation grabbed the hose about 12 inches behind the torch assembly and "kink" it to stop the flame. Two other hands made their way to the bottle rack and turned off the supply to the hose. At this time the crane operator let go of the "kink", and in doing so, the excess pressure that was left on the hose exhausted and ignited, burning the crane operator's hand and wrist area. The fire watch extinguished one 30 pound extinguisher and put out remaining flame. Both injured persons were given first aid on site and flown to a hospital.

MMS inspectors on site condemned the hose, regulators, torch assembly and all associated fittings. Stone will send all this equipment in to get tested and will provide MMS with their findings. At this time probable causes include, but are not limited to, faulty hose, faulty check valves on torch assembly, and faulty regulators causing overpressure of hose. The hose is rated for 150 psi. Oxygen bottles under normal conditions may contain up to 2000 psi. Propylene bottles can contain up to 300 psi. Regulators were set that morning at 10 psi for the Propylene and 50 for the oxygen. The hose was in new condition.

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

At this time probable causes include, but are not limited to, faulty hose, faulty check valves on torch assembly, and faulty regulators causing overpressure of hose.

19. LIST THE CONTRIBUTING CAUSE(S) OF ACCIDENT:
21. PROPERTY DAMAGED: Hose, regulators, torch assembly, PPE

NATURE OF DAMAGE: Fire Damage

ESTIMATED AMOUNT (TOTAL): $500

22. RECOMMENDATIONS TO PREVENT RECURRANCE NARRATIVE:
Double check hoses for integrity.

23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: NO

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

25. DATE OF ONSITE INVESTIGATION:
13-APR-2006

26. ONSITE TEAM MEMBERS: WAYNE WEBSTER / ERIC FONTENOT /

27. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: NO

28. ACCIDENT INVESTIGATION PANEL FORMED: NO

29. OCS REPORT:

30. DISTRICT SUPERVISOR:
Larry Williamson

APPROVED
DATE: 17-APR-2006
INJURY/FATALITY/WITNESS ATTACHMENT

☐ OPERATOR REPRESENTATIVE
☐ CONTRACTOR REPRESENTATIVE
☒ OTHER  WELDER

INJURY
FATALITY
WITNESS

NAME:
HOME ADDRESS:
CITY: STATE:
WORK PHONE: (337) 365-9408
EMPLOYED BY:
BUSINESS ADDRESS:
CITY: STATE:
ZIP CODE:

TOTAL OFFSHORE EXPERIENCE: YEARS

☐ OPERATOR REPRESENTATIVE
☐ CONTRACTOR REPRESENTATIVE
☒ OTHER  CRANE OPERATOR

INJURY
FATALITY
WITNESS

NAME:
HOME ADDRESS:
CITY: STATE:
WORK PHONE: (337) 365-9408
EMPLOYED BY:
BUSINESS ADDRESS:
CITY: STATE:
ZIP CODE:

TOTAL OFFSHORE EXPERIENCE: YEARS
INJURY/FATALITY/WITNESS ATTACHMENT

□ OPERATOR REPRESENTATIVE  □ INJURY
□ CONTRACTOR REPRESENTATIVE  □ FATALITY
□ OTHER  NEW CENTURY OFFSHORE  □ WITNESS

NAME:
HOME ADDRESS:
CITY:  STATE:
WORK PHONE:  (337) 365-9408  TOTAL OFFSHORE EXPERIENCE:  YEARS
EMPLOYED BY:
BUSINESS ADDRESS:
CITY:  STATE:
ZIP CODE: