

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

1. OCCURRED  
 DATE: **31-JUL-2008** TIME: **1645** HOURS

2. OPERATOR: **W & T Offshore, L.L.C.**  
 REPRESENTATIVE: **Will Mire**  
 TELEPHONE: **(337) 769-2534**  
 CONTRACTOR:  
 REPRESENTATIVE:  
 TELEPHONE:

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

4. LEASE: **G13821**  
 AREA: **EI** LATITUDE:  
 BLOCK: **196** LONGITUDE:

5. PLATFORM: **C**  
 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 **\$50,000**  
 H2S/15MIN./20PPM  
 REQUIRED MUSTER  
 SHUTDOWN FROM GAS RELEASE  
 OTHER

6. OPERATION:

PRODUCTION  
 DRILLING  
 WORKOVER  
 COMPLETION  
 HELICOPTER  
 MOTOR VESSEL  
 PIPELINE SEGMENT NO.  
 OTHER **P&A Operations Well C-5**

8. CAUSE:

EQUIPMENT FAILURE  
 HUMAN ERROR  
 EXTERNAL DAMAGE  
 SLIP/TRIP/FALL  
 WEATHER RELATED  
 LEAK  
 UPSET H2O TREATING  
 OVERBOARD DRILLING FLUID  
 OTHER **Undetermined at this time.**

9. WATER DEPTH: **96** FT.

10. DISTANCE FROM SHORE: **48** MI.

11. WIND DIRECTION: **NNE**  
 SPEED: **29** M.P.H.

12. CURRENT DIRECTION: **ENE**  
 SPEED: **3** M.P.H.

13. SEA STATE: FT.

17. DESCRIBE IN SEQUENCE HOW ACCIDENT HAPPENED:

On July 31, 2008 at approximately 1530 hours, contract company Knight Well Services was performing wireline operations on well C-5 at Eugene Island 196. At the time of the incident the crown valve was shut, and the lubricator was bled to zero when the wireline operator and other contract crew members began to smell smoke indicating something was burning. Their attention was directed to the deck below, where an old abandoned living quarters was located. Upon further investigation of the area they noticed smoke coming from the northwest corner of the building. Attempts to extinguish the flames were unsuccessful. A mustering notification for all non-essential personnel was ordered by the person-in-charge (PIC). All facility personnel responded with the exception of three crew members who were in the process of isolating the C-5 well. Once the fire became uncontrollable all remaining personnel on board mustered to safety and evacuated the facility by means of a stand-by boat located adjacent to the platform. Fire monitors onboard the M/V Miss Mia were used to cool and extinguish the fire.

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

Based on photos gathered during the investigation, a burnt cigarette butt was found in a classified and non-smoking area of the burnt building subsequent to the fire. Although there was no way to trace cigarette smoking to the actual cause, a probable cause is identified based on the fact that someone could have been smoking in the non-smoking area prior to the fire.

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

Photo evidence indicates that several one gallon metal containers of possible liquid substances was stored inside the abandoned living quarters.

20. LIST THE ADDITIONAL INFORMATION:

21. PROPERTY DAMAGED: NATURE OF DAMAGE:  
1-Temporary Rental Galley 1-Destroyed, fire  
2-Facility Quarters 2-Destroyed, fire  
3-Parts storage locker 3-Destroyed, fire

ESTIMATED AMOUNT (TOTAL): \$50,000

22. RECOMMENDATIONS TO PREVENT RECURRENCE NARRATIVE:

N/A

23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: NO

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

N/A

25. DATE OF ONSITE INVESTIGATION:

01-AUG-2008

26. ONSITE TEAM MEMBERS:

29. ACCIDENT INVESTIGATION  
PANEL FORMED: NO

OCS REPORT:

30. DISTRICT SUPERVISOR:

Elliott S. Smith

APPROVED

DATE: 12-NOV-2008

# FIRE/EXPLOSION ATTACHMENT

1. SOURCE OF IGNITION: **undetermined - evidence indicates possible cigarette butt was ignition source**

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

3. FUEL SOURCE: **several one gallon metal containers**

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 monitor on standby vessel**

# INJURY/FATALITY/WITNESS ATTACHMENT

OPERATOR REPRESENTATIVE

INJURY

CONTRACTOR REPRESENTATIVE

FATALITY

OTHER RWO Company Rep.

WITNESS

NAME:

HOME ADDRESS:

CITY:

STATE:

WORK PHONE:

TOTAL OFFSHORE EXPERIENCE: **10** YEARS

EMPLOYED BY:

BUSINESS ADDRESS:

CITY:

STATE:

ZIP CODE:

OPERATOR REPRESENTATIVE

INJURY

CONTRACTOR REPRESENTATIVE

FATALITY

OTHER Knight Well Service

WITNESS

NAME:

HOME ADDRESS:

CITY:

STATE:

WORK PHONE:

TOTAL OFFSHORE EXPERIENCE: **14** YEARS

EMPLOYED BY:

BUSINESS ADDRESS:

CITY:

STATE:

ZIP CODE:

# INJURY/FATALITY/WITNESS ATTACHMENT

OPERATOR REPRESENTATIVE

INJURY

CONTRACTOR REPRESENTATIVE

FATALITY

OTHER Danos and Curole

WITNESS

NAME:

HOME ADDRESS:

CITY:

STATE:

WORK PHONE:

TOTAL OFFSHORE EXPERIENCE: 10 YEARS

EMPLOYED BY:

BUSINESS ADDRESS:

CITY:

STATE:

ZIP CODE:

OPERATOR REPRESENTATIVE

INJURY

CONTRACTOR REPRESENTATIVE

FATALITY

OTHER Knight Well Services, Supervi

WITNESS

NAME:

HOME ADDRESS:

CITY:

STATE:

WORK PHONE:

TOTAL OFFSHORE EXPERIENCE: 6 YEARS

EMPLOYED BY:

BUSINESS ADDRESS:

CITY:

STATE:

ZIP CODE:

# INJURY/FATALITY/WITNESS ATTACHMENT

OPERATOR REPRESENTATIVE

INJURY

CONTRACTOR REPRESENTATIVE

FATALITY

OTHER E-Line Supervi.

WITNESS

NAME:

HOME ADDRESS:

CITY:

STATE:

WORK PHONE:

TOTAL OFFSHORE EXPERIENCE: 1 YEARS

EMPLOYED BY:

BUSINESS ADDRESS:

CITY:

STATE:

ZIP CODE:

OPERATOR REPRESENTATIVE

INJURY

CONTRACTOR REPRESENTATIVE

FATALITY

OTHER Knight Well Services

WITNESS

NAME:

HOME ADDRESS:

CITY:

STATE:

WORK PHONE:

TOTAL OFFSHORE EXPERIENCE: .1 YEARS

EMPLOYED BY:

BUSINESS ADDRESS:

CITY:

STATE:

ZIP CODE:

# INJURY/FATALITY/WITNESS ATTACHMENT

OPERATOR REPRESENTATIVE

INJURY

CONTRACTOR REPRESENTATIVE

FATALITY

OTHER Knights Well Services

WITNESS

NAME:

HOME ADDRESS:

CITY:

STATE:

WORK PHONE:

TOTAL OFFSHORE EXPERIENCE: **1.5** YEARS

EMPLOYED BY:

BUSINESS ADDRESS:

CITY:

STATE:

ZIP CODE:

OPERATOR REPRESENTATIVE

INJURY

CONTRACTOR REPRESENTATIVE

FATALITY

OTHER Knights Well Service

WITNESS

NAME:

HOME ADDRESS:

CITY:

STATE:

WORK PHONE:

TOTAL OFFSHORE EXPERIENCE: **.25** YEARS

EMPLOYED BY:

BUSINESS ADDRESS:

CITY:

STATE:

ZIP CODE: