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
   ☑ PATALITY
   ☑ POLLUTION
   ☑ FIRE
   ☑ EXPLOSION

LWC ☑ HISTORIC BLOWOUT
     UNDERGROUND
     SURFACE
     DEVERTER
     SURFACE EQUIPMENT FAILURE OR PROCEDURES
   ☑ COLLISION
     ☑ HISTORIC
     ☑ >$25K
     ☑ <=$25K

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:
   1-Temporary Rental Galley
   2-Facility Quarters
   3-Parts storage locker

   NATURE OF DAMAGE:
   1-Destroyed, fire
   2-Destroyed, fire
   3-Destroyed, fire

   ESTIMATED AMOUNT (TOTAL): $50,000

22. RECOMMENDATIONS TO PREVENT RECURRANCE 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
1. SOURCE OF IGNITION: undetermined - evidence indicates possible cigarette butt was ignition source

2. TYPE OF FUEL:  
   - [ ] GAS
   - [ ] OIL
   - [ ] DIESEL
   - [ ] CONDENSATE
   - [ ] HYDRAULIC
   - [x] 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
   - [x] OTHER fire monitor on standby vessel
OPERATOR REPRESENTATIVE  INJURY
CONTRACTOR REPRESENTATIVE  FATALITY
OTHER  RWO Company Rep.  WITNESS

OPERATOR REPRESENTATIVE  INJURY
CONTRACTOR REPRESENTATIVE  FATALITY
OTHER  Knight Well Service  WITNESS

NAME:
HOME ADDRESS:
CITY: STATE:
WORK PHONE: TOTAL OFFSHORE EXPERIENCE: 10 YEARS
EMPLOYED BY:
BUSINESS ADDRESS:
CITY: STATE:
ZIP CODE:

NAME:
HOME ADDRESS:
CITY: STATE:
WORK PHONE: TOTAL OFFSHORE EXPERIENCE: 14 YEARS
EMPLOYED BY:
BUSINESS ADDRESS:
CITY: STATE:
ZIP CODE:
### Operator Representative Injury
- **Contractor Representative**
- **Other** Danos and Curole

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### Contractor Representative Fatality
- **Other** Knight Well Services, Supervi

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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 [Knight Well Services] [ ] WITNESS

NAME:
HOME ADDRESS:
CITY: STATE:
WORK PHONE: TOTAL OFFSHORE EXPERIENCE: 1.5 YEARS

EMPLOYED BY:
BUSINESS ADDRESS:
CITY: STATE:
ZIP CODE:

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