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

1. OCCURRED
   DATE: 19-FEB-2004 TIME: 2045 HOURS

2. OPERATOR: ChevronTexaco Corporation
   REPRESENTATIVE: 
   TELEPHONE: 

3. LEASE: G02388
   AREA: HI LATITUDE: 
   BLOCK: A 563 LONGITUDE: 

4. PLATFORM: B
   RIG NAME 

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

6. TYPE: ☑ FIRE ☐ EXPLOSION ☐ BLOWOUT ☐ COLLISION
   ☐ INJURY NO. 0 ☐ FATALITY NO. 0 ☐ POLLUTION ☐ OTHER

7. OPERATION: ☑ PRODUCTION ☐ DRILLING ☐ WORKOVER ☐ COMPLETION ☐ MOTOR VESSEL
   ☐ PIPELINE SEGMENT NO. ☐ TELEPHONE: ☐ 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: 305 FT.

10. DISTANCE FROM SHORE: 86 MI.

11. WIND DIRECTION: SW
    SPEED: 40 M.P.H.

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

13. SEA STATE: 8 FT.

16. OPERATOR REPRESENTATIVE/SUPERVISOR ON SITE AT TIME OF INCIDENT:
    CITY: STATE: TELEPHONE: 

CONTRACTOR: CONTRACTOR REPRESENTATIVE/SUPERVISOR ON SITE AT TIME OF INCIDENT:
    CITY: STATE: TELEPHONE: 

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EV2010R * * * * Public Information Copy * * * * 18-JUN-2004
17. DESCRIBE IN SEQUENCE HOW ACCIDENT HAPPENED:

Employees responded to an LSH alarm on the filter separator. When employees went to open up the reboiler to purge it prior to relighting the unit, they noticed smoke coming from the south end of the vessel. An employee went down some steps and around to the south end of the unit and spotted a small flame. Personnel extinguished the flame by using one 20# K fire extinguisher in addition to a potable water hose.

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

Internal corrosion

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

A pinhole in a weld leaked glycol and condensate

20. LIST THE ADDITIONAL INFORMATION:
21. PROPERTY DAMAGED: 
   Insulation

   NATURE OF DAMAGE: burned/melted

   ESTIMATED AMOUNT (TOTAL): $1,000

22. RECOMMENDATIONS TO PREVENT RECURRANCE NARRATIVE:
   Check for leaks. No recommendations for MMS.

23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: NO

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:
   n/a

25. DATE OF ONSITE INVESTIGATION:
   27-FEB-2004

26. ONSITE TEAM MEMBERS:
   Lori Bartel 

29. ACCIDENT INVESTIGATION PANEL FORMED:
   NO

   OCS REPORT:

30. DISTRICT SUPERVISOR:
   Pausina for Smith

   APPROVED
   DATE: 27-APR-2004
1. SOURCE OF IGNITION: Heated component reached the flash point of the gas and/or condensate

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

3. FUEL SOURCE: Pinhole in vessel

4. WERE PRECAUTIONS OR ACTIONS TAKEN TO ISOLATE KNOWN SOURCES OF IGNITION PRIOR TO THE ACCIDENT? YES

5. TYPE OF FIREFIGHTING EQUIPMENT UTILIZED:  
   - [X] HANDHELD
   - [ ] WHEELED UNIT
   - [ ] FIXED CHEMICAL
   - [ ] FIXED WATER
   - [ ] NONE
   - [X] OTHER potable water hose