1. OCCURRED

   DATE: 31-MAR-2011  TIME: 2220 HOURS

2. OPERATOR: W & T Energy VI, LLC
   REPRESENTATIVE: Salter, Jeff
   TELEPHONE: (504) 210-8167

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

4. LEASE: G19931
   AREA: MC  LATITUDE:
   BLOCK: 243  LONGITUDE:

5. PLATFORM: A(MATTERHORN SE)
   RIG NAME:

6. ACTIVITY: EXPLORATIONAL (POE)
   DEVELOPMENT/PRODUCT ON (DOCD/POD)

7. TYPE:
   - HI STOR C INJURY
   - REQUIRED EVACUATION ON
   - LTA (1-3 days)
   - LTA (>3 days)
   - RW/JT (1-3 days)
   - RW/JT (>3 days)
   - OTHER INJURY

   - FATALITY
   - POLLUTION
   - FIRE
   - EXPLOSION

8. CAUSE:
   - EQUIPMENT FAILURE
   - HUMAN ERROR
   - EXTERNAL DAMAGE
   - SLIP/TIP/P FALL
   - WEATHER RELATED
   - LEAK
   - UPSET H2O TREATING
   - OVERBOARD DRILLING FLUID
   - OTHER

9. WATER DEPTH: 2816 FT.

10. DISTANCE FROM SHORE: 30 MI.

11. WIND DIRECTION: S
    SPEED: 12 M.P.H.

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

13. SEA STATE: 3 FT.
17. INVESTIGATION FINDINGS:

On March 31, 2011, at 2220 hours, on W&T Offshore’s Lease OCS-G G19931, Mississippi Canyon (MC) Block 243, A Platform, a fire occurred when a transformer, located above the bulk oil treater MKB 1070, had an electrical malfunction and ignited oil. The burning oil dripped from the transformer to the bulk oil treater below, allowing the fire to spread. There was no report of injuries or pollution.

Sequence of Events:
At 2220 hours, with two night operators on duty, the facility shut in as a result of a fire activating a Temperature Safety Element (TSE) located above the bulk oil treater MBK 1070. The deluge system automatically activated.

At 2224 hours, the fire team responded to the fire visible at the transformer over the bulk oil treater. The flames were extinguished after two minutes using the fire extinguishers followed by water.

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

Electrical failure originating from the secondary make-up box of the transformer located above the bulk oil treater MBK 1070. Ignition was likely from overheating or an arc in exposed wiring, found where the DC connects to the diode bank in the secondary make-up box.

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

The fire spread as a flexible conduit line from the transformer leaked transformer dielectric fluid to the bulk oil treater located below the transformer. It is believed that vibration/metal fatigue caused the flexible conduit line to leak.

20. LIST THE ADDITIONAL INFORMATION:

The operator agreed to provide any additional information following their investigation of the transformer and associated electrical system.
21. PROPERTY DAMAGED: Transformer and Main Power Cables to the Fire Production Deck

NATURE OF DAMAGE: 

ESTIMATED AMOUNT (TOTAL): $998,000

22. RECOMMENDATIONS TO PREVENT RECURRANCE NARRATIVE:

At this time, the District has no recommendation to BOEMRE.

23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: NO

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

25. DATE OF ON-SITE INVESTIGATION: 01-APR-2011

26. ON-SITE TEAM MEMBERS: John Calvin / Kevin Sterling /

27. ACCIDENT INVESTIGATION PANEL FORMED: NO

28. ACCIDENT CLASSIFICATION: 01-APR-2011 MINOR

29. OCS REPORT:

30. DISTRICT SUPERVISOR: David Trocquet

APPROVED DATE: 18-APR-2011

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EV2010R 19-APR-2011
1. SOURCE OF IGNITION: Electrical malfunction on transformer.

2. TYPE OF FUEL:
   - [ ] GAS
   - [ ] OIL
   - [ ] DIESEL
   - [ ] CONDENSATE
   - [ ] HYDRAULIC
   - [x] OTHER transformer oil

3. FUEL SOURCE: Leaking flexible conduit line on Transformer

4. WERE PRECAUTIONS OR ACTIONS TAKEN TO ISOLATE KNOWN SOURCES OF IGNITION PRIOR TO THE ACCIDENT? NO

5. TYPE OF FIREFIGHTING EQUIPMENT UTILIZED:
   - [x] HANDHELD
   - [ ] WHEELED UNIT
   - [ ] FIXED CHEMICAL
   - [x] FIXED WATER
   - [ ] NONE
   - [x] OTHER Deluge System
INJURY/FATALITY/WITNESS ATTACHMENT

X OPERATOR REPRESENTATIVE
☐ CONTRACTOR REPRESENTATIVE
☐ OTHER ________________________

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

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

X OPERATOR REPRESENTATIVE
☐ CONTRACTOR REPRESENTATIVE
☐ OTHER ________________________

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

EMPLOYED BY:
BUSINESS ADDRESS:
CITY: STATE:
ZIP CODE:
X OPERATOR REPRESENTATIVE  □ INJURY
□ CONTRACTOR REPRESENTATIVE  □ FATALITY
□ OTHER ______________________     X WITNESS

NAME: Bret W. Zelle
HOME ADDRESS: 510 Frances Street
CITY: Magnolia
STATE: AR
WORK PHONE:  TOTAL OFFSHORE EXPERIENCE: YEARS
EMPLOYED BY: 
BUSINESS ADDRESS:
CITY: STATE: 
ZIP CODE: 