

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

ACCIDENT INVESTIGATION REPORT

1. OCCURRED

DATE: 22-APR-2010 TIME: 0120 HOURS

2. OPERATOR: **Murphy Exploration & Production Co**
REPRESENTATIVE: **Lanza, Robert**
TELEPHONE: (281) 675-9135
CONTRACTOR:
REPRESENTATIVE:
TELEPHONE:

- STRUCTURAL DAMAGE
- CRANE
- OTHER LIFTING DEVICE
- DAMAGED/DISABLED SAFETY SYS.
- INCIDENT >\$25K
- H2S/15MIN./20PPM
- REQUIRED MUSTER
- SHUTDOWN FROM GAS RELEASE
- OTHER **Hydraulic pump seal failure**

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

6. OPERATION:

4. LEASE: **G21790**
AREA: **GC** LATITUDE:
BLOCK: **338** LONGITUDE:

- PRODUCTION
- DRILLING
- WORKOVER
- COMPLETION
- HELICOPTER
- MOTOR VESSEL
- PIPELINE SEGMENT NO.
- OTHER

5. PLATFORM: **A-Front Runner**
RIG NAME:

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

8. CAUSE:

7. TYPE:
 HISTORIC INJURY
 REQUIRED EVACUATION
 LTA (1-3 days)
 LTA (>3 days)
 RW/JT (1-3 days)
 RW/JT (>3 days)
 Other Injury

- EQUIPMENT FAILURE
- HUMAN ERROR
- EXTERNAL DAMAGE
- SLIP/TRIP/FALL
- WEATHER RELATED
- LEAK
- UPSET H2O TREATING
- OVERBOARD DRILLING FLUID
- OTHER _____

FATALITY
 POLLUTION
 FIRE
 EXPLOSION

9. WATER DEPTH: 3330 FT.

LWC HISTORIC BLOWOUT
 UNDERGROUND
 SURFACE
 DEVERTER
 SURFACE EQUIPMENT FAILURE OR PROCEDURES

10. DISTANCE FROM SHORE: 103 MI.

11. WIND DIRECTION: **NNE**
SPEED: 7 M.P.H.

12. CURRENT DIRECTION: **NW**
SPEED: 1 M.P.H.

13. SEA STATE: 3 FT.

COLLISION HISTORIC >\$25K <=\$25K

17. INVESTIGATION FINDINGS:

On 22-April-2010 at 0120 hours, a small fire occurred on the 1100 crane. Initially, two hydraulic pumps were changed out on the 1100 crane. After 8 hours of crane operation, one of the hydraulic boom pump's seals failed which caused the gear box to fill up with hydraulic fluid. The gear box holds a gear oil level of 6 inches, but once the level was reached the oil started spraying out of the gear box vent and released oil onto the Turbo Charger exhaust system. The oil ignited once it reached the Turbo Charger, and the fire was extinguished using the 20 pound extinguisher unit on the crane. After the fire was extinguished, it was observed that the vent was the source of the overflow of oil sprayed directly onto the Turbo Charger exhaust.

There was no damage to the crane, however; the fire blankets around the exhaust were replaced due to being covered in oil. After all repairs were made, the crane was placed back into service.

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

The cause of the incident was the failed seal on the hydraulic pump.

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

The contributing cause was the location of the gear box vent allowed the overflow of oil to spray onto the Turbo Charger exhaust.

20. LIST THE ADDITIONAL INFORMATION:

To prevent this incident from reoccurring, Murphy decided to remove the current vent location and pipe the vent to the engine skid.

21. PROPERTY DAMAGED: NATURE OF DAMAGE:

Fire blankets were the only property that Fire damage.
was damaged.

ESTIMATED AMOUNT (TOTAL): \$500

22. RECOMMENDATIONS TO PREVENT RECURRANCE NARRATIVE:

The Houma District office has no recommendations for the Regional Office.

The Houma District concurs with Murphy's recommendations to prevent reoccurrence listed on this incident report.

23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: NO

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

N/A

25. DATE OF ONSITE INVESTIGATION:

26. ONSITE TEAM MEMBERS:

Casey Bisso /

29. ACCIDENT INVESTIGATION

PANEL FORMED: **NO**

OCS REPORT:

30. DISTRICT SUPERVISOR:

Bryan A. Domangue

APPROVED

DATE: **30-JUL-2010**

FIRE/EXPLOSION ATTACHMENT

1. SOURCE OF IGNITION: **Turbo Charger exhaust sytem**

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

3. FUEL SOURCE: **Hydraulic gear box oil**

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

5. TYPE OF FIREFIGHTING EQUIPMENT UTILIZED: HANDHELD
- WHEELED UNIT
 - FIXED CHEMICAL
 - FIXED WATER
 - NONE
 - OTHER

INJURY/FATALITY/WITNESS ATTACHMENT

OPERATOR REPRESENTATIVE

INJURY

CONTRACTOR REPRESENTATIVE

FATALITY

OTHER _____

WITNESS

NAME:

HOME ADDRESS:

CITY:

STATE:

WORK PHONE:

TOTAL OFFSHORE EXPERIENCE:

YEARS

EMPLOYED BY:

BUSINESS ADDRESS:

CITY:

STATE:

ZIP CODE:

