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

ACCIDENT INVESTIGATION REPORT

1. OCCURRED
   DATE: 27-FEB-2010 TIME: 2140 HOURS
2. OPERATOR: BHP Billiton Petroleum (GOM) Inc.
   REPRESENTATIVE: Wilson, Susan
   TELEPHONE: (713) 599-6349
3. OPERATOR/CONTRACTOR REPRESENTATIVE/SUPERVISOR
   ON SITE AT TIME OF INCIDENT:
4. LEASE: G31753
   AREA: GC LATITUDE:
   BLOCK: 817 LONGITUDE:
5. PLATFORM: T.O. DEVELOPMENT DRILLER I
6. ACTIVITY: EXPLORATION (POE)
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
   □ 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:
   □ OVERBOARD DRILLING FLUID
9. WATER DEPTH: 4439 FT.
10. DISTANCE FROM SHORE: 114 MI.
11. WIND DIRECTION: N
    SPEED: 1 M.P.H.
12. CURRENT DIRECTION: N
    SPEED: 1 M.P.H.
13. SEA STATE: 1 FT.
17. INVESTIGATION FINDINGS:

On 27 February 2010 at approximately 2140 hours, a fire was reported in the air receiver room at the port aft tank top level of the Development Driller 1. A leaking saltwater line that runs through the bulkhead from the purifier room to the air receiver room was being removed in preparation for replacement. The bulkhead was being cut with a torch where the pipe penetrates the bulkhead. There were two fire watches and two welders involved in this task. There was a fire watch stationed on each side of the bulkhead so that the air purifier room and the air receiver room could be monitored.

The welders were in the air purifier room cutting towards the air receiver room. Approximately ten minutes after initiating cutting, the fire watch in the air receiver room noticed smoke and flames. The fire watch immediately put out the fire with his assigned dry chemical extinguisher. The smoke set off the bridges smoke alarm and the Dynamic Positioning Operator immediately sounded the fire alarm. The welders and fire watches secured the work area and evacuated. A full muster was held and the fire team assembled and inspected the area to ensure that the fire was extinguished and could not reignite. The all clear signal was given at 2206 hours.

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

The fire was caused by the molten spray from the cutting operations contacting the black pipe insulation of an air line.

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

Failure to remove or protect the flammable substance from the area before welding operations began.

20. LIST THE ADDITIONAL INFORMATION:

To prevent this incident from reoccurring, BHP Billiton updates their Task Specific Think Plan to ensure the proper use of fire blankets in jobs that require the use of a cutting torch. They reviewed this incident with the crews and used it as an opportunity to stress the importance of hazard awareness to the crews.

21. PROPERTY DAMAGED: N/A

NATURE OF DAMAGE: Smoke

ESTIMATED AMOUNT (TOTAL): $ 

22. RECOMMENDATIONS TO PREVENT RECURRENCE NARRATIVE:

The Houma District office has no recommendations to report to the Regional Office.

The Houma District concurs with BHP Billiton's recommendations to prevent reoccurrence listed in Item 20 of this 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:
   Josh Ladner /

29. ACCIDENT INVESTIGATION PANEL FORMED: NO

OCS REPORT:

30. DISTRICT SUPERVISOR:
   Bryan A. Domangue

APPROVED DATE: 01-AUG-2010
1. SOURCE OF IGNITION: *Molten spray from cutting operations*

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

3. FUEL SOURCE: *Pipe insulation*

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
   - [ ] FIXED WATER
   - [ ] NONE
   - [ ] OTHER
<table>
<thead>
<tr>
<th>Role</th>
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<tbody>
<tr>
<td>OPERATOR REPRESENTATIVE</td>
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<tr>
<td>CONTRACTOR REPRESENTATIVE</td>
<td>X</td>
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<tr>
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**NAME:**

**HOME ADDRESS:**

**CITY:**

**STATE:**

**WORK PHONE:**

**TOTAL OFFSHORE EXPERIENCE:**

**YEARS**

**EMPLOYED BY:**

**BUSINESS ADDRESS:**

**CITY:**

**STATE:**

**ZIP CODE:**