

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

1. OCCURRED
DATE: **20-MAY-2007** TIME: **0430** HOURS

2. OPERATOR: **Newfield Exploration Company**
REPRESENTATIVE: **Dickey Marze**
TELEPHONE: **(337) 735-9118**
CONTRACTOR:
REPRESENTATIVE:
TELEPHONE:

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

4. LEASE: **G05803**
AREA: **EW** LATITUDE:
BLOCK: **947** LONGITUDE:

5. PLATFORM: **A**
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

- FATALITY
- POLLUTION
- FIRE
- EXPLOSION

- LWC HISTORIC BLOWOUT
- UNDERGROUND
 - SURFACE
 - DEVERTER
 - SURFACE EQUIPMENT FAILURE OR PROCEDURES

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

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

6. OPERATION:

- PRODUCTION
- DRILLING
- WORKOVER
- COMPLETION
- HELICOPTER
- MOTOR VESSEL
- PIPELINE SEGMENT NO.
- 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: _____ FT.

10. DISTANCE FROM SHORE: _____ MI.

11. WIND DIRECTION: **E**
SPEED: **20** M.P.H.

12. CURRENT DIRECTION: **E**
SPEED: **3** M.P.H.

13. SEA STATE: **3** FT.

17. DESCRIBE IN SEQUENCE HOW ACCIDENT HAPPENED:

On May 20, 2007, at the Ewing Banks Block 947 A Platform, subsequent to returning the platform to production, the platform Operator responded to a platform alarm to find the glycol unit down due to a Level Safety High (LSH) on the glycol contactor and skimmer. The unit was reset and the reboiler burner relit on the second try. The unit was running for approximately 5-8 minutes when the operator saw a blue flame at the glycol unit's intake arrester. The fire then further ignited at the glycol reboiler flame arrester, jumped to the glycol pumps and spread to the contact tower and fuel gas skid. The crew extinguished the fire with dry chemical and the fire water system.

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

Although it was not determined what caused the LSH on the glycol unit, platform start-up problems that could have contributed to the LSH included the glycol pump being shut down even though there was a continued influx of fluid to the glycol unit, overpressure in the system resulting in the glycol unit's high fluid level, or the glycol unit's media being cool during shut down then expanding subsequent to start up resulting in an increased flow and level.

It was determined that the source of the fuel for the fire was a leaking Temperature Safety Element (TSE) on the glycol unit, and a continuously bleeding Fisher 67 pressure regulator located on the contactor.

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

None.

20. LIST THE ADDITIONAL INFORMATION:

None.

21. PROPERTY DAMAGED:

NATURE OF DAMAGE:

Fisher 67 controller, contactor, replaced All damaged equipment had to be replaced. three (3) 8", ten (10) 2" and approximately twenty-five (25) 1" block vales, replaced 1" fuel supply lines and fittings exposed on skid.

ESTIMATED AMOUNT (TOTAL): \$163,000

22. RECOMMENDATIONS TO PREVENT RECURRENCE NARRATIVE:

Due to the specific nature of this incident, the Houma District has no recommendations to report to the Regional Office.

23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: NO

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

N/A

25. DATE OF ONSITE INVESTIGATION:

21-MAY-2007

26. ONSITE TEAM MEMBERS:

Doug Sevin /

29. ACCIDENT INVESTIGATION

PANEL FORMED: NO

OCS REPORT:

30. DISTRICT SUPERVISOR:

Michael J. Saucier

APPROVED

DATE: 09-JUL-2007

FIRE/EXPLOSION ATTACHMENT

1. SOURCE OF IGNITION: **Back draft of the reboiler flame that spread to the fuel leak**

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

3. FUEL SOURCE: **Leaking fuel gas system**

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
 OTHER