

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

1. OCCURRED

DATE: **08-AUG-2007** TIME: **2118** HOURS

2. OPERATOR:

Merit Energy Company

REPRESENTATIVE: **Llyod Sigue**

TELEPHONE: **(337) 262-8192**

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

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

6. OPERATION:

4. LEASE:

G15212

AREA:

VR

LATITUDE:

BLOCK:

408

LONGITUDE:

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

5. PLATFORM:

A

RIG NAME:

6. ACTIVITY:

EXPLORATION(POE)

DEVELOPMENT/PRODUCTION (DOCD/POD)

7. TYPE:

HISTORIC INJURY

REQUIRED EVACUATION 1

LTA (1-3 days)

LTA (>3 days)

RW/JT (1-3 days)

RW/JT (>3 days) 1

Other Injury

FATALITY

POLLUTION

FIRE

EXPLOSION

LWC 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

9. WATER DEPTH: **389** FT.

10. DISTANCE FROM SHORE: **95** MI.

11. WIND DIRECTION: **N**
SPEED: **2** M.P.H.

12. CURRENT DIRECTION: **S**
SPEED: **2** M.P.H.

13. SEA STATE: **0** FT.

17. DESCRIBE IN SEQUENCE HOW ACCIDENT HAPPENED:

At approximately 9:18 pm, platform personnel heard a popping noise. Operator opened the living quarters door and saw flames shooting up from the production deck downstairs. Personnel sounded the alarm and activated ESD system. (Platform was already shutting in on TSE). Personnel started down the stairway, having to use fire extinguisher along the way. Once downstairs, personnel noticed that fire was originating from pipeline pump skid. Lead operator started fighting fire in skid with chemical extinguishers. Other personnel were gathering extra extinguishers at the same time and started helping lead operator. Once fire was under control, platform personnel contacted VR 369 to send the boat. Upon arrival of the boat, all unessential personnel were instructed to board the vessel and stand by. Platform personnel pulled fire hose from boat to the pipeline pump skid and sprayed pumps with firewater until equipment was satisfactorily cooled down. Personnel then secured platform, boarded the boat and traveled to VR 369 for the remainder of the night.

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

Pipeline pump packing nut backed off of packing, allowing oil to spray some 30 feet. During that process, oil contacted the hot exhaust system of the other pipeline pump causing it to ignite. "Wrap around" insulation blankets were being utilized on both of the gas driven pipeline pump engines, instead of a rigid/ sealed type insulation that provides a better form of protection.

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

The hatch/ cover on the pipeline pump packing rod box was not secured with nuts and bolts as it was originally designed. This in turn allowed the velocity of the leak to push the hatch/ cover open and spray oil all over equipment and engines. If hatch/ cover would have been properly secured, the leak could have (should have) been contained in the packing box which drains directly to the skid.

20. LIST THE ADDITIONAL INFORMATION:

Upon activation of the TSE/ESD, the emergency diesel generator, which drives the firewater pump, started briefly and then shut down. This action left only chemical extinguishers that could be used to fight the fire. At the time of the incident there were 5 souls on board and three wells were producing approximately 1800 bbls of oil per day.

21. PROPERTY DAMAGED: PIPELINE PUMPS, ASSOCIATED WIRING
NATURE OF DAMAGE: HEAT, FIRE, SMOKE

ESTIMATED AMOUNT (TOTAL): \$350,000

22. RECOMMENDATIONS TO PREVENT RECURRENCE NARRATIVE:

The Lake Charles District recommends a SAFETY ALERT be issued to include the following recommendations:

1. Make sure that covers/ hatches are secure on pipeline pump packing boxes.
2. Inspect packing nuts regularly to ensure tightness.
3. Insulate exhaust stacks on engines, where there is a probability of oil coming into contact with them, with rigid/ sealed insulation instead of blanket "wrap around" insulation.
4. Install barrier between gas driven engines and pipeline pump unit to avoid any fluid from contacting the engine or exhaust of engine.

23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: YES

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

- G-112 Cover to packing box not secured in a manner consistent with it's design.
- P-132 Fire water pump failed to run for at least 30 minutes during a platform shut in.
- G-152 Engine exhaust not insulated in a manner to prevent exposure to hydrocarbon liquids.

25. DATE OF ONSITE INVESTIGATION:

09-AUG-2007

26. ONSITE TEAM MEMBERS:

JARROTT GUILLORY / ERIC FONTENOT /

29. ACCIDENT INVESTIGATION

PANEL FORMED: NO

OCS REPORT:

30. DISTRICT SUPERVISOR:

Larry Williamson

APPROVED

DATE: 07-DEC-2007

FIRE/EXPLOSION ATTACHMENT

1. SOURCE OF IGNITION: **Exhaust stack on gas driven pipeline pump**

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

3. FUEL SOURCE: **pipeline pump packing gland**

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

<input checked="" type="checkbox"/> OPERATOR REPRESENTATIVE	<input type="checkbox"/> INJURY
<input type="checkbox"/> CONTRACTOR REPRESENTATIVE	<input type="checkbox"/> FATALITY
<input type="checkbox"/> OTHER _____	<input checked="" type="checkbox"/> WITNESS

NAME: **TED BREAUX**

HOME ADDRESS:

CITY: STATE:

WORK PHONE: TOTAL OFFSHORE EXPERIENCE: YEARS

EMPLOYED BY:

BUSINESS ADDRESS:

CITY: STATE:

ZIP CODE:

<input type="checkbox"/> OPERATOR REPRESENTATIVE	<input type="checkbox"/> INJURY
<input checked="" type="checkbox"/> CONTRACTOR REPRESENTATIVE	<input type="checkbox"/> FATALITY
<input type="checkbox"/> OTHER _____	<input checked="" type="checkbox"/> WITNESS

NAME: **MARTY CHIRRICK**

HOME ADDRESS:

CITY: STATE:

WORK PHONE: TOTAL OFFSHORE EXPERIENCE: YEARS

EMPLOYED BY:

BUSINESS ADDRESS:

CITY: STATE:

ZIP CODE:

INJURY/FATALITY/WITNESS ATTACHMENT

<input type="checkbox"/>	OPERATOR REPRESENTATIVE	<input type="checkbox"/>	INJURY
<input checked="" type="checkbox"/>	CONTRACTOR REPRESENTATIVE	<input type="checkbox"/>	FATALITY
<input type="checkbox"/>	OTHER _____	<input checked="" type="checkbox"/>	WITNESS

NAME: **TERRY SEAUX**

HOME ADDRESS:

CITY:

STATE:

WORK PHONE:

TOTAL OFFSHORE EXPERIENCE:

YEARS

EMPLOYED BY:

BUSINESS ADDRESS:

CITY:

STATE:

ZIP CODE:

<input type="checkbox"/>	OPERATOR REPRESENTATIVE	<input checked="" type="checkbox"/>	INJURY
<input type="checkbox"/>	CONTRACTOR REPRESENTATIVE	<input type="checkbox"/>	FATALITY
<input checked="" type="checkbox"/>	OTHER <u>CONSTRUCTION PERSONNEL</u>	<input checked="" type="checkbox"/>	WITNESS

NAME: **JAY WOMACK**

HOME ADDRESS:

CITY:

STATE:

WORK PHONE:

TOTAL OFFSHORE EXPERIENCE:

YEARS

EMPLOYED BY:

BUSINESS ADDRESS:

CITY:

STATE:

ZIP CODE:

INJURY/FATALITY/WITNESS ATTACHMENT

<input type="checkbox"/>	OPERATOR REPRESENTATIVE	<input type="checkbox"/>	INJURY
<input type="checkbox"/>	CONTRACTOR REPRESENTATIVE	<input type="checkbox"/>	FATALITY
<input checked="" type="checkbox"/>	OTHER <u>CONSTRUCTION PERSONNEL</u>	<input checked="" type="checkbox"/>	WITNESS

NAME: **ALFRED BEGNEAUX**

HOME ADDRESS:

CITY:

STATE:

WORK PHONE:

TOTAL OFFSHORE EXPERIENCE:

YEARS

EMPLOYED BY:

BUSINESS ADDRESS:

CITY:

STATE:

ZIP CODE:

