

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

1. OCCURRED

DATE: **30-OCT-2005** TIME: **1500** HOURS

2. OPERATOR: **Marlin Energy Offshore,  
L.L.C.**

REPRESENTATIVE: **Lee Lawson**

TELEPHONE: **(337) 769-4064**

3. LEASE: **00263**

AREA: **ST** LATITUDE: **29.0226738**

BLOCK: **21** LONGITUDE: **-90.257612**

4. PLATFORM: **80**

RIG NAME

5. ACTIVITY:  EXPLORATION (POE)

DEVELOPMENT/PRODUCTION  
(DOCD/POD)

6. TYPE:  FIRE

EXPLOSION

BLOWOUT

COLLISION

INJURY NO. 1

FATALITY NO. 0

POLLUTION

OTHER

7. OPERATION:  PRODUCTION

DRILLING

WORKOVER

COMPLETION

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 trapped gas

9. WATER DEPTH: **36** FT.

10. DISTANCE FROM SHORE: **15** MI.

11. WIND DIRECTION: **NNE**

SPEED: **5** M.P.H.

12. CURRENT DIRECTION: **E**

SPEED: **1** M.P.H.

13. SEA STATE: **2** FT.

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

**Bob Hoffpauir**

CITY: **Lafayette** STATE: **LA**

TELEPHONE: **(337) 235-9112**

CONTRACTOR: **Superior Energy Services, Inc.**

CONTRACTOR REPRESENTATIVE/  
SUPERVISOR ON SITE AT TIME OF INCIDENT:

**Will Sanchez**

CITY: **Harvey** STATE: **LA**

TELEPHONE: **(800) 259-7774**

17. DESCRIBE IN SEQUENCE HOW ACCIDENT HAPPENED:

At the time of the incident, the crew was preparing the well for a sidetrack. Eight nuts and bolts were removed from the tubing hanger flange. The hanger pins were backed out and one was removed. The bleed port was opened and an allen screw was removed. Four nuts and bolts were left that could not be removed by a hammer wrench or impact wrench. A hot work permit was completed, a gas detector was used indicating no signs of hydrocarbons, and a fire watch was stationed. While cutting with a torch on the first of the four nuts that remained, a flash fire occurred. Every precaution was taken to prevent a fire, but moving the flange around allowed gas that was trapped in the hanger to migrate and catch fire. The fire flared up and caught the injured party's neck area causing a red rash. They put burn cream on the rash area and the injured party returned to work. The fire flashed up and went out, so no fire fighting equipment was used.

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

Trapped gas in the hanger that was released when the nut was cut.

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

Nuts that were unable to be unscrewed.

21. PROPERTY DAMAGED:

**none**

NATURE OF DAMAGE:

**n/a**

ESTIMATED AMOUNT (TOTAL):

**\$**

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:

**none**

25. DATE OF ONSITE INVESTIGATION:

26. ONSITE TEAM MEMBERS:

**Amy Gresham /**

29. ACCIDENT INVESTIGATION

PANEL FORMED: **NO**

OCS REPORT:

30. DISTRICT SUPERVISOR:

**Michael J. Saucier**

APPROVED

DATE: **21-DEC-2005**

# FIRE/EXPLOSION ATTACHMENT

1. SOURCE OF IGNITION: **Cutting torch**

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

3. FUEL SOURCE: **Trapped gas**

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

NAME:

HOME ADDRESS:

CITY:

STATE:

WORK PHONE:

TOTAL OFFSHORE EXPERIENCE:

YEARS

EMPLOYED BY: **Superior Energy Services, Inc. / 21461**

BUSINESS ADDRESS: **1615 Poydras Street**

CITY: **New Orleans**

STATE: **LA**

ZIP CODE: **70112**