

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

1. OCCURRED

DATE: **14-FEB-2007** TIME: **0945** HOURS

2. OPERATOR:

**SPN Resources, LLC**

REPRESENTATIVE: **Gill Smith**

TELEPHONE: **(504) 263-4287**

CONTRACTOR: **PRODUCTION MANAGEMENT INCORPORA**

REPRESENTATIVE: **Randall Stutes**

TELEPHONE: **(800) 647-1575**

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

4. LEASE: **G01031**

AREA: **SS** LATITUDE: **28.375202**  
BLOCK: **253** LONGITUDE: **-91.073198**

5. PLATFORM: **E**

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: **180** FT.

10. DISTANCE FROM SHORE: **68** MI.

11. WIND DIRECTION: **NNE**  
SPEED: **10** M.P.H.

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

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

17. DESCRIBE IN SEQUENCE HOW ACCIDENT HAPPENED:

The platform personnel arrived on the platform and were conducting their walk-around of the platform when they heard a large boom. One of the operators heard the boom while in the well bay sub-cellar deck. He pulled the ESD station in the well bay and headed up the stairs. He noticed a fire in the area of the compressor. He went back down the stairs to go start the fire water pump. Two other operators were on the top deck when they heard the boom. One of these operators walked over to see where the noise was coming from. He tried to close the valve on the compressor but the area was too noisy. He went to get some ear protection. When he returned, the gas had ignited. The other operator felt a mist falling down from above and he pulled the ESD station behind the fire wall of the compressor top deck. All of the operators fought the fire using dry chemical as well as the fire water system. The fire was extinguished in about ten minutes. The compressor was secured by closing valves and was locked shut.

After the fire was put out, the crew found that a one inch double wire braided hose failed. This allowed high pressure gas to vent and flow onto the hot metal of the gas compressor. A misty spray followed the venting and consequently ignited and burned the escaping gas. The flow was configured to flow from the third stage of the compressor, through an adjustable choke, through a flow safety valve, and then through the high pressure wire braided hose. Downstream of the hose, the hot gas was sent in a one inch pipe that carried the gas to the sub-cellar deck. This high pressure gas was used to unthaw gas lift lines during cold weather.

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

The cause of this incident was the failure of a high pressure double wire braided hose downstream of the third stage of the compressor.

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

The hose may have been worn from harmonic vibrations through the wire braids within the hose.

20. LIST THE ADDITIONAL INFORMATION:

n/a

21. PROPERTY DAMAGED: NATURE OF DAMAGE:  
Hoses, belts, gauges, ignition wiring All burnt equipment will have to be  
harnesses and coils, control panel, level repaired and replaced.  
controllers, light fixture, and sight  
glasses on storage tanks.

ESTIMATED AMOUNT (TOTAL): \$22,310

22. RECOMMENDATIONS TO PREVENT RECURRANCE 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:  
15-FEB-2007

26. ONSITE TEAM MEMBERS:  
Ken Colwart / Terry Hollier / Amy  
Wilson /

29. ACCIDENT INVESTIGATION  
PANEL FORMED: NO  
OCS REPORT:

30. DISTRICT SUPERVISOR:  
Michael J. Saucier

APPROVED

DATE: 09-APR-2007

# FIRE/EXPLOSION ATTACHMENT

1. SOURCE OF IGNITION: **Compressor Manifold**

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

3. FUEL SOURCE: **High pressure gas hose that broke**

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

# 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 :  
HOME ADDRESS :  
CITY : STATE :  
WORK PHONE : TOTAL OFFSHORE EXPERIENCE : YEARS  
EMPLOYED BY : **SPN Resources, LLC / 02636**  
BUSINESS ADDRESS : **12707 North Freeway**  
**Suite 200**  
CITY : **Houston** STATE : **TX**  
ZIP CODE : **77060**

<input type="checkbox"/> OPERATOR REPRESENTATIVE	<input type="checkbox"/> INJURY
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