UNITED STATES DEPARTMENT OF THE INTERIOR									
		MENT SERVICE							
ACCIDENT INVESTIGATION REPORT									
1. OCCURRED	8.	CAUSE: X EQUIPMENT FAILURE							
DATE: 30-JUN-2005 TIME: 1205 HOUR:	9	HUMAN ERROR							
	0	EXTERNAL DAMAGE							
2. OPERATOR: Forest Oil Corporation		SLIP/TRIP/FALL							
		WEATHER RELATED							
REPRESENTATIVE: Mitchell Boudreaux		LEAK							
TELEPHONE: (337) 408-6266		UPSET H20 TREATING							
3. LEASE: <b>G25601</b>	OVERBOARD DRILLING FLUID								
AREA: <b>HI</b> LATITUDE: <b>28.36098924</b>		OTHER							
BLOCK: <b>A 287</b> LONGITUDE: -93.7689932		WATER DEPTH: 186 FT.							
		DISTANCE FROM SHORE: 93 MI.							
4. PLATFORM: <b>A</b>	11.	WIND DIRECTION:							
RIG NAME		SPEED: M.P.H.							
5. ACTIVITY: C EXPLORATION(POE)	12.	CURRENT DIRECTION:							
<b>X</b> DEVELOPMENT/PRODUCTION		SPEED: M.P.H.							
(DOCD/POD)	13	SEA STATE: FT.							
6. TYPE: 🕱 FIRE	10.								
EXPLOSION									
BLOWOUT									
COLLISION	16.	OPERATOR REPRESENTATIVE/ SUPERVISOR ON SITE AT TIME OF INCIDENT:							
INJURY NO. 0		STRUCTURE UNMANNED							
FATALITY NO. 0									
<pre>POLLUTION</pre>		CITY: STATE:							
☐ OTHER		TELEPHONE:							
7. OPERATION: X PRODUCTION		CONTRACTOR:							
DRILLING									
		CONTRACTOR REPRESENTATIVE/ SUPERVISOR ON SITE AT TIME OF INCIDENT:							
COMPLETION									
MOTOR VESSEL		CITY: STATE:							
<pre>PIPELINE SEGMENT NO.</pre>		TELEPHONE:							
OTHER									

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## 17. DESCRIBE IN SEQUENCE HOW ACCIDENT HAPPENED:

Production Management, Inc. (PMI) operators on HI 334-B were notified by a PHI pilot from HI 264 that there was a fire on the HI A-287 unmanned platform at 11:45 am. The PHI pilot was going to fly two PMI operators to the platform, but decided it was too dangerous to land. He returned the operators to HI 334-B. The PMI operators waited for their field helicopter to return to the field. The PMI field helicopter pilot picked up three PMI hands from HI A-334 "B" and flew to HI A-287. The pilot decided to land and let the three hands off and then left. The PMI hands immediately began fighting the fire. The fire took about twenty minutes to extinguish. The fire flashed back up and the operators determined the fire was being fed downstream due to the FSV not holding and the PSV not working; believed to be because of the heat from the fire. The gas was shut off with the block valve and fire extinguished at that time.

NOTE: Four 350# wheel units and twelve 30# hand held fire extinguishers were used to fight the fire, and Purple-K was in the extinguishers. When the PMI hands pressured up two of the wheel units, the hoses blew off due to fire damage. The hoses were also burned off of two of the 30# extinguishers.

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

The cause of the fire is believed to be tubing fitting failure due to the glycol pump vibration. The section was 1/2" inch and about two feet long (wet glycol return line) and parted from the fitting at the base of the glycol contact tower, allowing condensate, glycol, and gas to spray onto the reboiler and ignite. The fire was contained by the glycol unit firewall.

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

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21. PROPERTY DAMAGED:

NATURE OF DAMAGE:

High heat melted and warped equipment.

Glycol Skid and Pump Panel Re-Boiler Fire Walls

ESTIMATED AMOUNT (TOTAL): \$100,000

22. RECOMMENDATIONS TO PREVENT RECURRANCE NARRATIVE:

The investigating inspector recommends to MMS that a safety alert be distributed regarding hard piping be used instead of tubing between the contactor and the glycol pump, with more bracing to control vibration.

- 23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: NO
- 24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:
- 25. DATE OF ONSITE INVESTIGATION:

01-JUL-2005

26. ONSITE TEAM MEMBERS:

Ronnie Cook /

29. ACCIDENT INVESTIGATION PANEL FORMED: NO

OCS REPORT:

30. DISTRICT SUPERVISOR:

Ed Smith

APPROVED

DATE: 03-JUL-2005

## **FIRE/EXPLOSION ATTACHMENT**

1.	SOURCE OF IGNI	TION: G	lycol Re	-boiler	(high	temperature	vessel)		
2.	TYPE OF FUEL:		GAS OIL DIESEL CONDENS HYDRAUI OTHER						
3.	FUEL SOURCE:	Gas Off	Contact	Tower					
4.	4. WERE PRECAUTIONS OR ACTIONS TAKEN TO ISOLATE KNOWN SOURCES OF IGNITION PRIOR TO THE ACCIDENT ? <b>NO</b>								
5.	TYPE OF FIREFI	IGHTING E	EQUIPMEN	r utiliz		HANDHELD WHEELED UN FIXED CHEM FIXED WATE NONE OTHER	ICAL		

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