

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

1. OCCURRED

DATE: **11-APR-2006** TIME: **1400** HOURS

2. OPERATOR: **Stone Energy Corporation**

REPRESENTATIVE: **RONALD TOUCHET**

TELEPHONE: **(337) 291-7704**

3. LEASE: **G01153**

AREA: **VR** LATITUDE:

BLOCK: **256** LONGITUDE:

4. PLATFORM: **E**

RIG NAME

5. ACTIVITY: EXPLORATION(POE)

DEVELOPMENT/PRODUCTION
(DOCD/POD)

6. TYPE: FIRE

EXPLOSION

BLOWOUT

COLLISION

INJURY NO. 2

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 _____

9. WATER DEPTH: **180** FT.

10. DISTANCE FROM SHORE: **88** MI.

11. WIND DIRECTION:

SPEED: M.P.H.

12. CURRENT DIRECTION:

SPEED: M.P.H.

13. SEA STATE: FT.

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

Walter Swan

CITY: **Ocean Springs** STATE: **MS**

TELEPHONE: **(228) 238-0411**

CONTRACTOR:

CONTRACTOR REPRESENTATIVE/
SUPERVISOR ON SITE AT TIME OF INCIDENT:

Luke Landry

CITY: **Jeanerrete** STATE: **LA**

TELEPHONE: **(337) 577-2923**

17. DESCRIBE IN SEQUENCE HOW ACCIDENT HAPPENED:

As the welder was cutting rail guides off of a temporary 70 ton crane, the oxygen side of a cutting hose parted approximately one and a half inches behind the torch assembly. This mixture ignited and burnt the welder's glove and hand. The crane operator that was watching the operation grabbed the hose about 12 inches behind the torch assembly and "kink" it to stop the flame. Two other hands made their way to the bottle rack and turned off the supply to the hose. At this time the crane operator let go of the "kink", and in doing so, the excess pressure that was left on the hose exhausted and ignited, burning the crane operator's hand and wrist area. The fire watch extinguished one 30 pound extinguisher and put out remaining flame. Both injured persons were given first aid on site and flown to a hospital.

MMS inspectors on site condemned the hose, regulators, torch assembly and all associated fittings. Stone will send all this equipment in to get tested and will provide MMS with their findings. At this time probable causes include, but are not limited to, faulty hose, faulty check valves on torch assembly, and faulty regulators causing overpressure of hose. The hose is rated for 150 psi. Oxygen bottles under normal conditions may contain up to 2000 psi. Propylene bottles can contain up to 300 psi. Regulators were set that morning at 10 psi for the Propylene and 50 for the oxygen. The hose was in new condition.

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

At this time probable causes include, but are not limited to, faulty hose, faulty check valves on torch assembly, and faulty regulators causing overpressure of hose.

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

21. PROPERTY DAMAGED:

Hose, regulators, torch assembly, PPE

NATURE OF DAMAGE:

Fire Damage

ESTIMATED AMOUNT (TOTAL):

\$500

22. RECOMMENDATIONS TO PREVENT RECURRENCE NARRATIVE:

Double check hoses for integrity.

23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: **NO**

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

25. DATE OF ONSITE INVESTIGATION:

13-APR-2006

26. ONSITE TEAM MEMBERS:

WAYNE WEBSTER / ERIC FONTENOT /

29. ACCIDENT INVESTIGATION

PANEL FORMED: **NO**

OCS REPORT:

30. DISTRICT SUPERVISOR:

Larry Williamson

APPROVED

DATE: **17-APR-2006**

INJURY/FATALITY/WITNESS ATTACHMENT

<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>WELDER</u>	<input type="checkbox"/>	WITNESS

NAME:

HOME ADDRESS:

CITY:

STATE:

WORK PHONE: (337) 365-9408 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>CRANE OPERATOR</u>	<input type="checkbox"/>	WITNESS

NAME:

HOME ADDRESS:

CITY:

STATE:

WORK PHONE: (337) 365-9408 TOTAL OFFSHORE EXPERIENCE: YEARS

EMPLOYED BY:

BUSINESS ADDRESS:

CITY:

STATE:

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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>NEW CENTURY OFFSHORE</u>	<input checked="" type="checkbox"/>	WITNESS

NAME:

HOME ADDRESS:

CITY:

STATE:

WORK PHONE: (337) 365-9408 TOTAL OFFSHORE EXPERIENCE: YEARS

EMPLOYED BY:

BUSINESS ADDRESS:

CITY:

STATE:

ZIP CODE: