

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

1. OCCURRED

DATE: **11-JUL-2006** TIME: **1715** HOURS

2. OPERATOR: **Anadarko Petroleum Corporation**

REPRESENTATIVE: **Gary Price**

TELEPHONE: **(337) 371-2560**

3. LEASE: **G18402**

AREA: **GC** LATITUDE:

BLOCK: **608** LONGITUDE:

4. PLATFORM: **A-Marco Polo**

RIG NAME:

5. ACTIVITY: EXPLORATION(POE)

DEVELOPMENT/PRODUCTION
(DOCD/POD)

6. TYPE: FIRE

EXPLOSION

BLOWOUT

COLLISION

INJURY NO. 0

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: **4300** FT.

10. DISTANCE FROM SHORE: **117** MI.

11. WIND DIRECTION: **S**

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

12. CURRENT DIRECTION: **N**

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

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

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

Gary Price

CITY: STATE:

TELEPHONE:

CONTRACTOR: **PRODUCTION MANAGEMENT
INCORPORATED**

CONTRACTOR REPRESENTATIVE/
SUPERVISOR ON SITE AT TIME OF INCIDENT:

Andrew Briggs

CITY: STATE:

TELEPHONE:

17. DESCRIBE IN SEQUENCE HOW ACCIDENT HAPPENED:

At approximately 1715 hours on July 11, 2006, a fire occurred on Fuel Gas Compressor "A". A 3/4" street ell connected to a drain valve installed on the first stage discharge bottle parted. This allowed gas to be released around the right side of the compressor. The gas was then ignited by the turbo charger on the right bank. Maintenance personnel were working on Flash Gas Compressor "B" when the released occurred. The release of the gas was heard and the concussion of the release was felt by the maintenance personnel.

Upon discovering the fire, the maintenance personnel called for help and initiated a manual ESD of the gas compressor and production platform. Temperature Safety Elements (TSE'S) melted immediately and activated the deluge system. Maintenance personnel started fighting the fire, then the designated fire fighting team assembled and quickly responded to the fire. The fire was extinguished with two 150 lb. dry chemical units and two fire hose using AFFF foam. The fire team continued to apply water and foam for 30 minutes after the fire was extinguished to cool down the area.

All personnel onboard responded to the alarm and reported to their assigned muster stations and were accounted for. Once the area was cleared; the foam tanks and the 150 lb. dry chemical units were refilled, checked for proper operations and returned to service. The TSE'S that were affected were replaced and the TSE loop was tested for proper operation.

There were no injuries or pollution as a result of this incident.

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

A 3/4" street ell connected to a drain valve installed on the first stage discharge bottle parted (broke at the threads). This released gas which was ignited by the right bank turbo charger. The Lessee is conducting engineering assessment in order to determine what caused the fitting to break.

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

There are no possible contributing causes for this incident.

21. PROPERTY DAMAGED: NATURE OF DAMAGE:
compressor piping, electrical wiring, insulation, and engine accessories **burned and destroyed**

ESTIMATED AMOUNT (TOTAL): **\$45,000**

22. RECOMMENDATIONS TO PREVENT RECURRENCE NARRATIVE:
There are no recommendations from MMS in regards to this incident.

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

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:
None

25. DATE OF ONSITE INVESTIGATION:
12-JUL-2006

26. ONSITE TEAM MEMBERS:
Kelly Bouzigard / Freddie L. Mosely /

29. ACCIDENT INVESTIGATION
PANEL FORMED: **NO**

OCS REPORT:

30. DISTRICT SUPERVISOR:
FPausina for MSaucier

APPROVED

DATE: **02-AUG-2006**

FIRE/EXPLOSION ATTACHMENT

1. SOURCE OF IGNITION: **Gas compressor turbo charger**

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

3. FUEL SOURCE: **Gas compressor's first stage discharge bottle**

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 **AFFF foam**