UNITED STATES DEPARTME	INT OF THE INTERIOR
MINERALS MANAGE	MENT SERVICE
GULF OF MEXIC	CO REGION
ACCIDENT INVESTION	GATION REPORT
1. OCCURRED	STRUCTURAL DAMAGE
DATE: 14-FEB-2007 TIME: 0945 HOURS	CRANE
	OTHER LIFTING DEVICE
2. OPERATOR: SPN Resources, LLC REPRESENTATIVE: Gill Smith	DAMAGED/DISABLED SAFETY SYS.
TELEPHONE: (504) 263-4287	INCIDENT >\$25K H2S/15MIN./20PPM
CONTRACTOR: PRODUCTION MANAGEMENT INCORPORA	REQUIRED MUSTER
REPRESENTATIVE: Randall Stutes TELEPHONE: (800) 647-1575	SHUTDOWN FROM GAS RELEASE
TELEFIONE: (800) 047-1373	OTHER
3. OPERATOR/CONTRACTOR REPRESENTATIVE/SUPERVISOR	6. OPERATION:
ON SITE AT TIME OF INCIDENT:	
	X PRODUCTION
4. LEASE: G01031	DRILLING WORKOVER
AREA: SS LATITUDE: 28.375202	COMPLETION
BLOCK: 253 LONGITUDE: -91.073198	HELICOPTER
5. PLATFORM: E	MOTOR VESSEL PIPELINE SEGMENT NO.
RIG NAME:	OTHER
	8. CAUSE:
6. ACTIVITY: EXPLORATION(POE) X DEVELOPMENT/PRODUCTION	
(DOCD/POD)	X EQUIPMENT FAILURE HUMAN ERROR
7. TYPE:	EXTERNAL DAMAGE
HISTORIC INJURY	SLIP/TRIP/FALL WEATHER RELATED
REQUIRED EVACUATION LTA (1-3 days)	LEAK
LTA (>3 days	UPSET H20 TREATING
RW/JT (1-3 days)	OVERBOARD DRILLING FLUID OTHER
RW/JT (>3 days) Other Injury	
☐ Gener Injury □ FATALITY	9. WATER DEPTH: 180 FT.
POLLUTION	10. DISTANCE FROM SHORE: 68 MI.
X FIRE	
EXPLOSION	11. WIND DIRECTION: NNE
LWC HISTORIC BLOWOUT UNDERGROUND	SPEED: 10 M.P.H.
SURFACE	
DEVERTER	12. CURRENT DIRECTION: W SPEED: 1 M.P.H.
SURFACE EQUIPMENT FAILURE OR PROCEDURES	JUDI - L M.F.II.
COLLISION HISTORIC >\$25K <pre>COLLISION</pre>	13. SEA STATE: 3 FT.

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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:

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

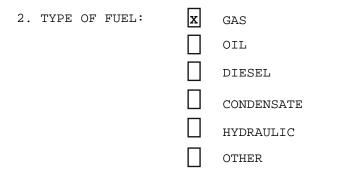
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FIRE/EXPLOSION ATTACHMENT

1. SOURCE OF IGNITION: Compressor Manifold



- 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	
						x	WHEELED UNIT	
							FIXED CHEMICAI	
						x	FIXED WATER	
							NONE	
							OTHER	

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INJURY/FATALITY/WITNESS ATTACHMENT

x OPERATOR REPR CONTRACTOR RE OTHER		INJURY FATALITY X WITNESS	
NAME: HOME ADDRESS: CITY: WORK PHONE: EMPLOYED BY:	PN Resources, Li	STATE: TOTAL OFFSHORE EXPERIENCE: LC / 02636	YEARS
BUSINESS ADDRESS CITY: ZIP CODE:	: 12707 North Suite 200 Houston 77060	Freeway STATE: TX	
<pre>OPERATOR REPR CONTRACTOR RE OTHER OTHER NAME: HOME ADDRESS: CITY: WORK PHONE: EMPLOYED BY: BUSINESS ADDRESS CITY: ZIP CODE:</pre>	PRESENTATIVE	INJURY FATALITY X WITNESS STATE: TOTAL OFFSHORE EXPERIENCE: STATE:	YEARS

INJURY/FATALITY/WITNESS ATTACHMENT

<pre>OPERATOR REPRESENTATIVE CONTRACTOR REPRESENTATIVE OTHER</pre>	INJURY FATALITY X WITNESS	
NAME: HOME ADDRESS: CITY:	STATE:	
WORK PHONE: EMPLOYED BY: BUSINESS ADDRESS:	TOTAL OFFSHORE EXPERIENCE:	YEAR
CITY: ZIP CODE:	STATE :	
 OPERATOR REPRESENTATIVE CONTRACTOR REPRESENTATIVE OTHER 	INJURY FATALITY X WITNESS	
NAME: HOME ADDRESS: CITY:	STATE:	
HOME ADDRESS:	STATE: TOTAL OFFSHORE EXPERIENCE:	YEAR

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