

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

1. OCCURRED

DATE: **31-JUL-2008** TIME: **1645** HOURS

2. OPERATOR: **W & T Offshore, L.L.C.**

REPRESENTATIVE: **Will Mire**
TELEPHONE: **(337) 769-2534**

CONTRACTOR:
REPRESENTATIVE:
TELEPHONE:

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

4. LEASE: **G13821**

AREA: **EI** LATITUDE:
BLOCK: **196** LONGITUDE:

5. PLATFORM: **C**
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 **\$50,000**
- H2S/15MIN./20PPM
- REQUIRED MUSTER
- SHUTDOWN FROM GAS RELEASE
- OTHER

6. OPERATION:

- PRODUCTION
- DRILLING
- WORKOVER
- COMPLETION
- HELICOPTER
- MOTOR VESSEL
- PIPELINE SEGMENT NO.
- OTHER **P&A Operations Well C-5**

8. CAUSE:

- EQUIPMENT FAILURE
- HUMAN ERROR
- EXTERNAL DAMAGE
- SLIP/TRIP/FALL
- WEATHER RELATED
- LEAK
- UPSET H2O TREATING
- OVERBOARD DRILLING FLUID
- OTHER **Undetermined at this time.**

9. WATER DEPTH: **96** FT.

10. DISTANCE FROM SHORE: **48** MI.

11. WIND DIRECTION: **NNE**
SPEED: **29** M.P.H.

12. CURRENT DIRECTION: **ENE**
SPEED: **3** M.P.H.

13. SEA STATE: FT.

17. DESCRIBE IN SEQUENCE HOW ACCIDENT HAPPENED:

On July 31, 2008 at approximately 1530 hours, contract company Knight Well Services was performing wireline operations on well C-5 at Eugene Island 196. At the time of the incident the crown valve was shut, and the lubricator was bled to zero when the wireline operator and other contract crew members began to smell smoke indicating something was burning. Their attention was directed to the deck below, where an old abandoned living quarters was located. Upon further investigation of the area they noticed smoke coming from the northwest corner of the building. Attempts to extinguish the flames were unsuccessful. A mustering notification for all non-essential personnel was ordered by the person-in-charge (PIC). All facility personnel responded with the exception of three crew members who were in the process of isolating the C-5 well. Once the fire became uncontrollable all remaining personnel on board mustered to safety and evacuated the facility by means of a stand-by boat located adjacent to the platform. Fire monitors onboard the M/V Miss Mia were used to cool and extinguish the fire.

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

Based on photos gathered during the investigation, a burnt cigarette butt was found in a classified and non-smoking area of the burnt building subsequent to the fire. Although there was no way to trace cigarette smoking to the actual cause, a probable cause is identified based on the fact that someone could have been smoking in the non-smoking area prior to the fire.

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

Photo evidence indicates that several one gallon metal containers of possible liquid substances was stored inside the abandoned living quarters.

20. LIST THE ADDITIONAL INFORMATION:

21. PROPERTY DAMAGED: NATURE OF DAMAGE:
1-Temporary Rental Galley 1-Destroyed, fire
2-Facility Quarters 2-Destroyed, fire
3-Parts storage locker 3-Destroyed, fire

ESTIMATED AMOUNT (TOTAL): \$50,000

22. RECOMMENDATIONS TO PREVENT RECURRENCE NARRATIVE:

N/A

23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: NO

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

N/A

25. DATE OF ONSITE INVESTIGATION:

01-AUG-2008

26. ONSITE TEAM MEMBERS:

29. ACCIDENT INVESTIGATION
PANEL FORMED: NO

OCS REPORT:

30. DISTRICT SUPERVISOR:

Elliott S. Smith

APPROVED

DATE: 12-NOV-2008

FIRE/EXPLOSION ATTACHMENT

1. SOURCE OF IGNITION: **undetermined - evidence indicates possible cigarette butt was ignition source**

2. TYPE OF FUEL: GAS
 OIL
 DIESEL
 CONDENSATE
 HYDRAULIC
 OTHER **unknown liquid substances**

3. FUEL SOURCE: **several one gallon metal containers**

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 **fire monitor on standby vessel**

INJURY/FATALITY/WITNESS ATTACHMENT

OPERATOR REPRESENTATIVE

INJURY

CONTRACTOR REPRESENTATIVE

FATALITY

OTHER RWO Company Rep.

WITNESS

NAME:

HOME ADDRESS:

CITY:

STATE:

WORK PHONE:

TOTAL OFFSHORE EXPERIENCE: **10** YEARS

EMPLOYED BY:

BUSINESS ADDRESS:

CITY:

STATE:

ZIP CODE:

OPERATOR REPRESENTATIVE

INJURY

CONTRACTOR REPRESENTATIVE

FATALITY

OTHER Knight Well Service

WITNESS

NAME:

HOME ADDRESS:

CITY:

STATE:

WORK PHONE:

TOTAL OFFSHORE EXPERIENCE: **14** YEARS

EMPLOYED BY:

BUSINESS ADDRESS:

CITY:

STATE:

ZIP CODE:

INJURY/FATALITY/WITNESS ATTACHMENT

OPERATOR REPRESENTATIVE

INJURY

CONTRACTOR REPRESENTATIVE

FATALITY

OTHER Danos and Curole

WITNESS

NAME:

HOME ADDRESS:

CITY:

STATE:

WORK PHONE:

TOTAL OFFSHORE EXPERIENCE: 10 YEARS

EMPLOYED BY:

BUSINESS ADDRESS:

CITY:

STATE:

ZIP CODE:

OPERATOR REPRESENTATIVE

INJURY

CONTRACTOR REPRESENTATIVE

FATALITY

OTHER Knight Well Services, Superv.

WITNESS

NAME:

HOME ADDRESS:

CITY:

STATE:

WORK PHONE:

TOTAL OFFSHORE EXPERIENCE: 6 YEARS

EMPLOYED BY:

BUSINESS ADDRESS:

CITY:

STATE:

ZIP CODE:

INJURY/FATALITY/WITNESS ATTACHMENT

OPERATOR REPRESENTATIVE

INJURY

CONTRACTOR REPRESENTATIVE

FATALITY

OTHER E-Line Supervi.

WITNESS

NAME:

HOME ADDRESS:

CITY:

STATE:

WORK PHONE:

TOTAL OFFSHORE EXPERIENCE: 1 YEARS

EMPLOYED BY:

BUSINESS ADDRESS:

CITY:

STATE:

ZIP CODE:

OPERATOR REPRESENTATIVE

INJURY

CONTRACTOR REPRESENTATIVE

FATALITY

OTHER Knight Well Services

WITNESS

NAME:

HOME ADDRESS:

CITY:

STATE:

WORK PHONE:

TOTAL OFFSHORE EXPERIENCE: .1 YEARS

EMPLOYED BY:

BUSINESS ADDRESS:

CITY:

STATE:

ZIP CODE:

INJURY/FATALITY/WITNESS ATTACHMENT

OPERATOR REPRESENTATIVE

INJURY

CONTRACTOR REPRESENTATIVE

FATALITY

OTHER Knights Well Services

WITNESS

NAME:

HOME ADDRESS:

CITY:

STATE:

WORK PHONE:

TOTAL OFFSHORE EXPERIENCE: **1.5** YEARS

EMPLOYED BY:

BUSINESS ADDRESS:

CITY:

STATE:

ZIP CODE:

OPERATOR REPRESENTATIVE

INJURY

CONTRACTOR REPRESENTATIVE

FATALITY

OTHER Knights Well Service

WITNESS

NAME:

HOME ADDRESS:

CITY:

STATE:

WORK PHONE:

TOTAL OFFSHORE EXPERIENCE: **.25** YEARS

EMPLOYED BY:

BUSINESS ADDRESS:

CITY:

STATE:

ZIP CODE: