

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

1. OCCURRED
DATE: **05-JUL-2007** TIME: **2100** HOURS

2. OPERATOR: **Apache Corporation**
REPRESENTATIVE: **Gary Wetzel**
TELEPHONE: **(337) 354-8130**
CONTRACTOR:
REPRESENTATIVE:
TELEPHONE:

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

4. LEASE: **G01220**
AREA: **EI** LATITUDE:
BLOCK: **158** 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 **2 Multiple flash
burns**

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
 H2S/15MIN./20PPM
 REQUIRED MUSTER
 SHUTDOWN FROM GAS RELEASE
 OTHER **Flash fire with two injured.**

6. OPERATION:

PRODUCTION
 DRILLING
 WORKOVER
 COMPLETION
 HELICOPTER
 MOTOR VESSEL
 PIPELINE SEGMENT NO.
 OTHER **Gas Compressor Repairs**

8. CAUSE:

EQUIPMENT FAILURE
 HUMAN ERROR
 EXTERNAL DAMAGE
 SLIP/TRIP/FALL
 WEATHER RELATED
 LEAK
 UPSET H2O TREATING
 OVERBOARD DRILLING FLUID
 OTHER **Leaking SDV**

9. WATER DEPTH: **83** FT.

10. DISTANCE FROM SHORE: **40** MI.

11. WIND DIRECTION: **SE**
SPEED: **1** M.P.H.

12. CURRENT DIRECTION: **W**
SPEED: **1** M.P.H.

13. SEA STATE: FT.

17. DESCRIBE IN SEQUENCE HOW ACCIDENT HAPPENED:

On July 5, 2007 at approximately 2100 hours, a flash fire occurred in the low pressure (LP) compressor building on the Eugene Island Block 158 Platform C. The fire resulted in multiple flash burns to the hands, arms and faces of two (2) Island Operating contract operators. Both were treated onsite by the Field Medic and evacuated for medical treatment to the Lafayette General Hospital. Several contract employees were in the process of removing the suction valve cap on the 3rd state cylinder of the LP compressor when trapped gas forced the cap to pop off and release gas into the compressor building. A flash fire occurred in the compressor building approximately 30 seconds after the release.

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

Gas sources that had been blocked and isolated from flow to the low pressure gas compressor 1st stage suction scrubber apparently leaked through the closed automatic shut down valve (SDV) and closed manual block valve to the 3rd stage cylinder and into the compressor building.

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

The source of ignition may have been the high surface temperature of the compressor exhaust manifold system. All electrical connections and junction boxes in the area of the compressor were inspected to verify that the integrity of the electrical system had not been compromised.

20. LIST THE ADDITIONAL INFORMATION:

- Attachment 1 - Apache Corporation Gas Detection Calibration report (compressor building) dated 7/6/07.
- Attachment 2 - Labor ticket from Delta Safety Systems for the calibration of the compressor building gas detectors.
- Attachment 3 - Apache Corporation Incident/Accident report dated 7/7/07.
- Attachment 4 - Apache Corporation Job Safety Analysis (JSA) dated 7/5/07.
- Attachment 5 - Island Operating Company Witness Statement.
- Attachment 6 - Pictures taken by onsite inspectors on 7/10/07.
- Attachment 7 - Apache Corporation Final Accident Investigation report dated 8/6/07.

21. PROPERTY DAMAGED: NATURE OF DAMAGE:
1-Plastic label sign attached to vessel 1-Melted from heat
2-Fusible plugs (TSE) 2-Melted from heat

ESTIMATED AMOUNT (TOTAL): \$

22. RECOMMENDATIONS TO PREVENT RECURRENCE NARRATIVE:

The MMS Lafayette District has no recommendations to the MMS Office of Safety Management.

23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: NO

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

No violations sited as a result of this investigation.

25. DATE OF ONSITE INVESTIGATION:

10-JUL-2007

26. ONSITE TEAM MEMBERS:

Tom Basey / Jason Abshire / Leo Dartez /

29. ACCIDENT INVESTIGATION

PANEL FORMED: NO

OCS REPORT:

30. DISTRICT SUPERVISOR:

Elliott S. Smith

APPROVED

DATE: 09-AUG-2007

FIRE/EXPLOSION ATTACHMENT

1. SOURCE OF IGNITION: **Possibly the compressor's exhaust manifold system**

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

3. FUEL SOURCE: **Leaking inlet Shut Down Valve (SDV)**

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

INJURY/FATALITY/WITNESS ATTACHMENT

OPERATOR REPRESENTATIVE

INJURY

CONTRACTOR REPRESENTATIVE

FATALITY

OTHER _____

WITNESS

NAME:

HOME ADDRESS:

CITY:

STATE:

WORK PHONE:

TOTAL OFFSHORE EXPERIENCE: 7 YEARS

EMPLOYED BY:

BUSINESS ADDRESS:

CITY:

STATE:

ZIP CODE:

OPERATOR REPRESENTATIVE

INJURY

CONTRACTOR REPRESENTATIVE

FATALITY

OTHER _____

WITNESS

NAME:

HOME ADDRESS:

CITY:

STATE:

WORK PHONE:

TOTAL OFFSHORE EXPERIENCE: 1.5 YEARS

EMPLOYED BY:

BUSINESS ADDRESS:

CITY:

STATE:

ZIP CODE:

INJURY/FATALITY/WITNESS ATTACHMENT

OPERATOR REPRESENTATIVE

CONTRACTOR REPRESENTATIVE

OTHER _____

INJURY

FATALITY

WITNESS

NAME:

HOME ADDRESS:

CITY:

STATE:

WORK PHONE:

TOTAL OFFSHORE EXPERIENCE: .6 YEARS

EMPLOYED BY:

BUSINESS ADDRESS:

CITY:

STATE:

ZIP CODE:

OPERATOR REPRESENTATIVE

CONTRACTOR REPRESENTATIVE

OTHER _____

INJURY

FATALITY

WITNESS

NAME:

HOME ADDRESS:

CITY:

STATE:

WORK PHONE:

TOTAL OFFSHORE EXPERIENCE: .1 YEARS

EMPLOYED BY:

BUSINESS ADDRESS:

CITY:

STATE:

ZIP CODE: