

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF SAFETY AND ENVIRONMENTAL ENFORCEMENT  
GULF OF MEXICO REGION

# ACCIDENT INVESTIGATION REPORT

1. OCCURRED

DATE: **05-AUG-2011** TIME: **1245** HOURS

2. OPERATOR: **Shell Offshore Inc.**

REPRESENTATIVE:

TELEPHONE:

CONTRACTOR:

REPRESENTATIVE:

TELEPHONE:

- STRUCTURAL DAMAGE
- CRANE
- OTHER LIFTING DEVICE
- DAMAGED/DISABLED SAFETY SYS.
- INCIDENT >\$25K **\$125,000**
- H2S/15MIN./20PPM
- REQUIRED MUSTER
- SHUTDOWN FROM GAS RELEASE
- OTHER **ESD**

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

6. OPERATION:

4. LEASE: **G06896**

AREA: **VK** LATITUDE:

BLOCK: **956** LONGITUDE:

- PRODUCTION
- DRILLING
- WORKOVER
- COMPLETION
- HELICOPTER
- MOTOR VESSEL
- PIPELINE SEGMENT NO.
- OTHER

5. PLATFORM: **A-Ram Powell**

RIG NAME:

6. ACTIVITY:  EXPLORATION (POE)  
 DEVELOPMENT/PRODUCTION  
(DOCD/POD)

8. CAUSE:

7. TYPE:

- HISTORIC INJURY
  - REQUIRED EVACUATION
  - LTA (1-3 days)
  - LTA (>3 days)
  - RW/JT (1-3 days)
  - RW/JT (>3 days)
  - Other Injury

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

- FATALITY
- POLLUTION
- FIRE
- EXPLOSION

- LWC  HISTORIC BLOWOUT
- UNDERGROUND
  - SURFACE
  - DEVERTER
  - SURFACE EQUIPMENT FAILURE OR PROCEDURES

9. WATER DEPTH: **3200** FT.
10. DISTANCE FROM SHORE: **55** MI.
11. WIND DIRECTION: **N**  
SPEED: **6** M.P.H.
12. CURRENT DIRECTION: **SSE**  
SPEED: **2** M.P.H.
13. SEA STATE: **3** FT.

COLLISION  HISTORIC  >\$25K  <=\$25K

17. INVESTIGATION FINDINGS:

On August 5, 2011, Ram Powell experienced a fire inside their Fuel Gas Compressor enclosure located on deck five of the tension leg platform (TLP). ICS response was initiated at 12:45 hours and the platform ESD and blow down followed shortly thereafter. All personnel were mustered safely within 5 minutes of the alarm sounding and the fire team was dispatched to the area of the fire. The fire was extinguished by the fire team and a full stand down was conducted with all personnel. The resulting damage was isolated to the FGC2 enclosure; no surrounding production equipment was affected. All required regulatory agencies were notified of the incident.

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

Unknown as of this date. Operator is planning to remove the compressor from the location and send it in for a teardown by the vendor to determine the cause.

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

20. LIST THE ADDITIONAL INFORMATION:

21. PROPERTY DAMAGED:

**FGC2 Enclosure**

NATURE OF DAMAGE:

**Fire**

ESTIMATED AMOUNT (TOTAL):           **\$125,000**

22. RECOMMENDATIONS TO PREVENT RECURRANCE NARRATIVE:

**The BSEE New Orleans District makes no recommendations to the Agency.**

23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT:

NO

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

25. DATE OF ONSITE INVESTIGATION:

06-AUG-2011

26. ONSITE TEAM MEMBERS:

Kevin Sterling / Tom Meyer / Dave  
Emelien /

29. ACCIDENT INVESTIGATION

PANEL FORMED: NO

OCS REPORT:

30. DISTRICT SUPERVISOR:

David J. Trocquet

APPROVED

DATE: 15-AUG-2012

# FIRE/EXPLOSION ATTACHMENT

1. SOURCE OF IGNITION: **Unknown**

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

3. FUEL SOURCE: **Compressor**

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 into skid**

# INJURY/FATALITY/WITNESS ATTACHMENT

OPERATOR REPRESENTATIVE

INJURY

CONTRACTOR REPRESENTATIVE

FATALITY

OTHER \_\_\_\_\_

WITNESS

NAME :

HOME ADDRESS :

CITY :

STATE :

WORK PHONE :

TOTAL OFFSHORE EXPERIENCE :

YEARS

EMPLOYED BY :

BUSINESS ADDRESS :

CITY :

STATE :

ZIP CODE :

