

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

1. OCCURRED

DATE: **12-MAR-2008** TIME: **0750** HOURS

2. OPERATOR:

**Shell Offshore Inc.**

REPRESENTATIVE: **DiCarlo, Theresa**

TELEPHONE: **(504) 728-6237**

CONTRACTOR:

REPRESENTATIVE:

TELEPHONE:

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

4. LEASE:

**G05889**

AREA: **GC** LATITUDE:

BLOCK: **65** LONGITUDE:

5. PLATFORM:

**A-Bullwinkle**

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

H2S/15MIN./20PPM

REQUIRED MUSTER

SHUTDOWN FROM GAS RELEASE

OTHER

6. OPERATION:

PRODUCTION

DRILLING

WORKOVER

COMPLETION

HELICOPTER

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: **1353** FT.

10. DISTANCE FROM SHORE: **90** MI.

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

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

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

17. DESCRIBE IN SEQUENCE HOW ACCIDENT HAPPENED:

On March 12, 2008 at 7:50 am, an employee observed a fire on the bridle of the HP Separator (MBD 115). Another employee pushed the fire/man overboard alarm. The platform mustered and all personnel were accounted for in seven minutes. The fire team controlled the fire using hand-held dry chemical fire extinguishers. The flame was contained but re-ignited several times due to electrical arcing from the heat tracing. The heat trace was isolated from its power supply to stop the electrical arcing and reignition of the fire.

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

The probable cause of the incident was damage and/or wear and tear of the heat trace element. This damage led to a short circuit, arcing and overheating of the insulation material. Eventually, an incipient fire occurred on the heat trace wrapped around a nozzle coming from the separator. The failed heat trace element was sent in to the provider for analysis which confirmed the above statement.

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

The breaker did not trip and cut off power supply to the heat trace element because the current being drawn by the fault was too low to be cleared by the circuit breaker.

In order for the breaker to trip, a continuous 15 amp current is required. The current was not high enough because it was an arcing fault with high impedance instead of a solid fault of low impedance.

The heat trace continued to arc after the initial failure which caused a flame to return multiple times after extinguishing. The power source could not be found immediately because there was no local disconnect switch that would terminate the power.

20. LIST THE ADDITIONAL INFORMATION:

n/a

21. PROPERTY DAMAGED:

**Heat trace element**

NATURE OF DAMAGE:

**Burnt**

ESTIMATED AMOUNT (TOTAL):

**\$100**

22. RECOMMENDATIONS TO PREVENT RECURRENCE 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:

25. DATE OF ONSITE INVESTIGATION:

26. ONSITE TEAM MEMBERS:

**Amy Wilson /**

29. ACCIDENT INVESTIGATION

PANEL FORMED: **NO**

OCS REPORT:

30. DISTRICT SUPERVISOR:

**Bryan Domangue**

APPROVED

DATE: **21-MAY-2008**

# FIRE/EXPLOSION ATTACHMENT

1. SOURCE OF IGNITION: **Electrical heat trace**

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

3. FUEL SOURCE: **Insulation material and oxygen in the air**

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