UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF OCEAN ENERGY MANAGEMENT, REGULATION AND ENFORCEMENT GULF OF MEXICO REGION

ACCIDENT INVESTIGATION REPORT

1.	OCCURRED DATE: 10-APR-2011 TIME: 0836 HOURS	STRUCTURAL DAMAGE
2.	OPERATOR: W & T Offshore, Inc. REPRESENTATIVE: Salter, Jeff TELEPHONE: (504) 210-8167 CONTRACTOR: REPRESENTATIVE: TELEPHONE:	OTHER LIFTING DEVICE DAMAGED/DISABLED SAFETY SYS. INCIDENT >\$25K H2S/15MIN./20PPM REQUIRED MUSTER SHUTDOWN FROM GAS RELEASE X OTHER Generator Fire
3.	OPERATOR/CONTRACTOR REPRESENTATIVE/SUPERVISOR ON SITE AT TIME OF INCIDENT:	6. OPERATION:
4.	LEASE: G02759 AREA: HI LATITUDE: BLOCK: A 389 LONGITUDE:	X PRODUCTION DRILLING WORKOVER COMPLETION HELICOPTER MOTOR VESSEL
5.	PLATFORM: A RIG NAME:	PIPELINE SEGMENT NO. OTHER
	ACTIVITY: EXPLORATION (POE) DEVELOPMENT/PRODUCTION (DOCD/POD) TYPE: HISTORIC INJURY REQUIRED EVACUATION LTA (1-3 days) LTA (>3 days RW/JT (1-3 days) RW/JT (>3 days)	8. CAUSE: X EQUIPMENT FAILURE HUMAN ERROR EXTERNAL DAMAGE SLIP/TRIP/FALL WEATHER RELATED LEAK UPSET H2O TREATING OVERBOARD DRILLING FLUID OTHER
	Other Injury FATALITY POLLUTION	9. WATER DEPTH: 410 FT. 10. DISTANCE FROM SHORE: 110 MI.
	X FIRE EXPLOSION	11. WIND DIRECTION:
	LWC HISTORIC BLOWOUT UNDERGROUND SURFACE DEVERTER	SPEED: M.P.H. 12. CURRENT DIRECTION: SPEED: M.P.H.
	☐ SURFACE EQUIPMENT FAILURE OR PROCEDURES COLLISION ☐ HISTORIC ☐ >\$25K ☐ <=\$25K	

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17. INVESTIGATION FINDINGS:

From approximately 0800 to 0835 hours, () Operator A and () Mechanic B performed preventative maintenance on the #2 engine portion of the #2 generator. At approximately 0836 hours, both men attempted to activate the generator from the switch gear/control panel in the Master Control Center (MCC) immediately adjacent to the generator room. Once the engine came up to speed (20-30 sec), a loud electrical pop was heard coming from the generator room. Mechanic B opened the door, saw smoke and fire coming from within the #2 generator's dust cover/end guard and announced "fire, fire". Both men exited the MCC on the south door going outside and activated the Emergency Shut Down (ESD) #9. Operator A then picked up the 30# purple K Amorex fire extinguisher from the west handrail, immediately west of the generator room, entered the west entrance and extinguished the fire through the end cover's bottom grating. At approximately 1000 hours, following a review of the incident, the #1 generator was placed on line and normal platform operations resumed.

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

An electrical arc (pop) in the electrical wiring caused a short between the generator windings which lasted long enough to catch the insulation sleeve to the heater wire on fire.

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

The worn insulation between the winding wires was in the proximity of insulation sleeve, allowing the short to catch fire.

20. LIST THE ADDITIONAL INFORMATION:

As compared to the repair cost, the estimated generator replacement cost was \$151,000 with an estimated delivery date of 18-20 weeks. BOEMRE will request that the operator consider including a visual inspection of the winding wire insulation during their preventative maintenance to determine if foreign items or loose generator components create unnecessary wear on the insulation.

21. PROPERTY DAMAGED:

NATURE OF DAMAGE:

#2 generator

Electrical short within windings

ESTIMATED AMOUNT (TOTAL): \$39,192

22. RECOMMENDATIONS TO PREVENT RECURRANCE NARRATIVE:

The Lake Jackson District has no recommendations for the Agency.

- 23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: ${\bf NO}$
- 24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

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None

25. DATE OF ONSITE INVESTIGATION:

11-APR-2011

26. ONSITE TEAM MEMBERS:

Aaron Campbell /

29. ACCIDENT INVESTIGATION PANEL FORMED: NO

OCS REPORT:

30. DISTRICT SUPERVISOR:

John McCarroll

APPROVED DATE: 08-JUN-2011

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FIRE/EXPLOSION ATTACHMENT

1. SOURCE OF IGNITION: Short in generator windings										
2.	TYPE OF FUEL:		GAS							
			OIL							
			DIESEL							
			CONDENS	ATE						
			HYDRAUL	IC						
		x	OTHER	wire insu	ılati	lon				
3.	FUEL SOURCE: N/A									
4.	WERE PRECAUTIONS OF KNOWN SOURCES OF IC						NO			
5.	TYPE OF FIREFIGHTIN	NG E	QUIPMENT	UTILIZED	: X	HANDHE	ELD			
						WHEELE	D UN	IT		
						FIXED	CHEM	ICAL		
						FIXED	WATE	R		
						NONE				
					X	OTHER		purple K Amor completely di		was

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INJURY/FATALITY/WITNESS ATTACHMENT

OPERATOR REPRESENTATIVE CONTRACTOR REPRESENTATIVE OTHER Operator A	INJURY FATALITY X WITNESS	
NAME: HOME ADDRESS: CITY: WORK PHONE: EMPLOYED BY: BUSINESS ADDRESS:	STATE: TOTAL OFFSHORE EXPERIENCE:	YEARS
CITY: ZIP CODE:	STATE:	
OPERATOR REPRESENTATIVE CONTRACTOR REPRESENTATIVE OTHER Mechanic B	INJURY FATALITY X WITNESS	
NAME: HOME ADDRESS: CITY: WORK PHONE:	STATE: TOTAL OFFSHORE EXPERIENCE:	YEARS
EMPLOYED BY: BUSINESS ADDRESS:	TOTAL OFFSHORE EXPERIENCE.	TEAKS
CITY: ZIP CODE:	STATE:	

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