

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

ACCIDENT INVESTIGATION REPORT

1. OCCURRED

DATE: **31-MAR-2011** TIME: **2220** HOURS

2. OPERATOR: **W & T Energy VI, LLC**
REPRESENTATIVE: **Salter, Jeff**
TELEPHONE: **(504) 210-8167**
CONTRACTOR:
REPRESENTATIVE:
TELEPHONE:

- STRUCTURAL DAMAGE
- CRANE
- OTHER LIFTING DEVICE
- DAMAGED/DISABLED SAFETY SYS.
- INCIDENT >\$25K **Fire**
- H2S/15MIN./20PPM
- REQUIRED MUSTER
- SHUTDOWN FROM GAS RELEASE
- OTHER **TSE shut-down from fire**

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

6. OPERATION:

4. LEASE: **G19931**
AREA: **MC** LATITUDE:
BLOCK: **243** LONGITUDE:

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

5. PLATFORM: **A(MATTERHORN SE)**
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 _____

- FATALITY
- POLLUTION
- FIRE
- EXPLOSION

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

9. WATER DEPTH: **2816** FT.

10. DISTANCE FROM SHORE: **30** MI.

11. WIND DIRECTION: **S**
SPEED: **12** M.P.H.

12. CURRENT DIRECTION:
SPEED: M.P.H.

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

13. SEA STATE: **3** FT.

17. INVESTIGATION FINDINGS:

On March 31, 2011, at 2220 hours, on W&T Offshore's Lease OCS-G G19931, Mississippi Canyon (MC) Block 243, A Platform, a fire occurred when a transformer, located above the bulk oil treater MKB 1070, had an electrical malfunction and ignited oil. The burning oil dripped from the transformer to the bulk oil treater below, allowing the fire to spread. There was no report of injuries or pollution.

Sequence of Events:

At 2220 hours, with two night operators on duty, the facility shut in as a result of a fire activating a Temperature Safety Element (TSE) located above the bulk oil treater MBK 1070. The deluge system automatically activated.

At 2224 hours, the fire team responded to the fire visible at the transformer over the bulk oil treater. The flames were extinguished after two minutes using the fire extinguishers followed by water.

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

Electrical failure originating from the secondary make-up box of the transformer located above the bulk oil treater MBK 1070. Ignition was likely from overheating or an arc in exposed wiring, found where the DC connects to the diode bank in the secondary make-up box.

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

The fire spread as a flexible conduit line from the transformer leaked transformer dielectric fluid to the bulk oil treater located below the transformer. It is believed that vibration/metal fatigue caused the flexible conduit line to leak.

20. LIST THE ADDITIONAL INFORMATION:

The operator agreed to provide any additional information following their investigation of the transformer and associated electrical system.

21. PROPERTY DAMAGED:

NATURE OF DAMAGE:

**Transformer and Main Power Cables to the Fire
Production Deck**

ESTIMATED AMOUNT (TOTAL): **\$998,000**

22. RECOMMENDATIONS TO PREVENT RECURRENCE NARRATIVE:

At this time, the District has no recommendation to BOEMRE.

23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: **NO**

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

25. DATE OF ONSITE INVESTIGATION:

01-APR-2011

26. ONSITE TEAM MEMBERS:

John Calvin / Kevin Sterling /

29. ACCIDENT INVESTIGATION

PANEL FORMED: **NO**

OCS REPORT:

30. DISTRICT SUPERVISOR:

David Trocquet

APPROVED

DATE: **18-APR-2011**

FIRE/EXPLOSION ATTACHMENT

1. SOURCE OF IGNITION: **Electrical malfunction on transformer.**

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

3. FUEL SOURCE: **Leaking flexible conduit line on Transformer**

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 **Deluge System**

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 :

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 :

INJURY/FATALITY/WITNESS ATTACHMENT

OPERATOR REPRESENTATIVE

INJURY

CONTRACTOR REPRESENTATIVE

FATALITY

OTHER _____

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TOTAL OFFSHORE EXPERIENCE :

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