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

ACCIDENT INVESTIGATION REPORT

1.	OCCURRED				
	DATE:		STRUCTURAL DAMAGE		
	17-APR-2010 TIME: 1500 HOURS		CRANE		
			OTHER LIFTING DEVICE		
2.	OPERATOR: Energy Resource Technology GOM, In	l	DAMAGED/DISABLED SAFETY SYS.		
	REPRESENTATIVE: Brewer, Patty		INCIDENT >\$25K		
	TELEPHONE: (281) 578-3388		H2S/15MIN./20PPM		
	CONTRACTOR:		REQUIRED MUSTER		
	REPRESENTATIVE:		SHUTDOWN FROM GAS RELEASE		
	TELEPHONE:		OTHER		
3.	OPERATOR/CONTRACTOR REPRESENTATIVE/SUPERVISOR ON SITE AT TIME OF INCIDENT:	6.	OPERATION:		
			☐ PRODUCTION		
4			DRILLING		
4.	LEASE: 00442		WORKOVER		
	AREA: EI LATITUDE: 28.567		COMPLETION		
	BLOCK: 128A LONGITUDE: -91.3657		HELICOPTER MOTOR MEGALIA		
_	DIATEODIA		MOTOR VESSEL PIPELINE SEGMENT NO.		
5.	PLATFORM: JC		X OTHER Well Abandonment Operations		
	RIG NAME:		office well induded operations		
6.	ACTIVITY: EXPLORATION(POE)	8.	CAUSE:		
	DEVELOPMENT/PRODUCTION (DOCD/POD)		EQUIPMENT FAILURE		
7.	TYPE:		HUMAN ERROR		
	Dutamonta tutuny		EXTERNAL DAMAGE SLIP/TRIP/FALL		
	HISTORIC INJURY REQUIRED EVACUATION		WEATHER RELATED		
	LTA (1-3 days)		H LEAK		
	LTA (>3 days)		UPSET H20 TREATING		
	RW/JT (1-3 days)		OVERBOARD DRILLING FLUID		
	RW/JT (>3 days)		X OTHER No welding JSA		
	Other Injury				
	☐ FATALITY	9.	WATER DEPTH: 55 FT.		
	POLLUTION				
	X FIRE	10.	DISTANCE FROM SHORE: 33 MI.		
	EXPLOSION				
	LWC HISTORIC BLOWOUT	TI.	WIND DIRECTION:		
	UNDERGROUND		SPEED: M.P.H.		
	SURFACE				
	DEVERTER	12.	. CURRENT DIRECTION:		
	SURFACE EQUIPMENT FAILURE OR PROCEDURES		SPEED: M.P.H.		
			SEA STATE: ET		

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17. INVESTIGATION FINDINGS:

On 17 April 2010 during a well plug and abandonment project a 100 barrel stock tank containing 30 barrels of flammable liquid was ignited. While preparing to pull the surface casing, a Welders's Helper (WH) began to cut a hole in the casing. The WH began using the acetylene cutting torch that was located 3 to 5 feet from the 100 barrel stock tank. The acetylene cutting torch and the cutting operation was in close proximity for the slag and sparks to ignite the flammable hydrocarbons located in the 100 barrel stock tank. The 100 barrel tank has an open top but was covered with a tarp at the time of the fire. Due to the cutting operations being located 3 to 5 feet from the tank, the tarp ignited from the sparks causing the 30 barrels to ignite. The two Fire Watchers on duty attempted unsuccessfully to fight the fire with several hand-held fire extinguishers. A hose from the water to a pump located on the platform's upper deck was utilized to gain control of the fire. The stand-by boat sent two 5 gallon buckets of fire fighting foam to assist in the effort to control the fire. The fire was extinguished in approximately 30 minutes with no injuries or pollution resulting from this incident.

Prior to welding, as per CFR 250.113, any equipment containing hydrocarbons or other flammable substances must be moved at least 35 feet horizontally from the welding area.

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

The fire was caused by the molten spray from the cutting operation, contacting the tarp covering the 30 bbls of flammable liquid.

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

*Prior to any welding or burning operations being conducted, personnel failed to adequately assess the area and remove the flammables before issuing a hot work permit.

*There was no welding Job Safety Analysis (JSA) conducted for the cutting torch operations.

20. LIST THE ADDITIONAL INFORMATION:

21. PROPERTY DAMAGED:

NATURE OF DAMAGE:

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\$500

22. RECOMMENDATIONS TO PREVENT RECURRANCE NARRATIVE:

The MMS Lafayette District office makes no recommendations to the MMS Regional Office of Safety Management (OSM).

- 23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: YES
- 24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

INC G-303 is issued "After the Fact" to document that on 17 April 2010 Energy Resources Technology GOM failed to ensure equipment containing hydrocarbons or other flammable substances relocated at least 35 feet horizontally from the welding site. Energy Resources Technology GOM failed to comply by performing cutting operations within 3 to 5 feet from a 100 bbl storage tank containing hydrocarbons causing a fire to ignite.

Energy Resources Technology GOM is advised to submit a letter of explanation addressing this INC, including plans for elinimating future incidents of this nature, to the MMS Lafayette District Manager.

25. DATE OF ONSITE INVESTIGATION:

20-APR-2010

26. ONSITE TEAM MEMBERS:

Tom Basey / Wade Guillotte / Chris Adams /

29. ACCIDENT INVESTIGATION PANEL FORMED: NO

OCS REPORT:

30. DISTRICT SUPERVISOR:

Elliott S. Smith

APPROVED

DATE: 08-JUN-2010

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FIRE/EXPLOSION ATTACHMENT

1.	SOURCE OF IGN	IITION: A	cetylene	cutting	torch		
2.	TYPE OF FUEL:		GAS OIL DIESEL CONDENSA	ኒጥፑ			
			HYDRAUL				
		x	OTHER	liquid	hydroc	arbons	
3.	FUEL SOURCE:	100 bar	rel stock	tank			
4.	WERE PRECAUTI KNOWN SOURCES						NO
5.	TYPE OF FIREF	'IGHTING E	QUIPMENT	UTILIZI	ED: X	HANDHE	LD
						WHEELE	D UNIT
						FIXED	CHEMICAL
						FIXED	WATER
						NONE	
					x	OTHER	Fire Fighting Foam and a hose was run from the water level to deck

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INJURY/FATALITY/WITNESS ATTACHMENT

OPERATOR REPRESENTATIVE CONTRACTOR REPRESENTATIVE OTHER	INJURY FATALITY WITNESS	
NAME: HOME ADDRESS:		
CITY:	STATE:	
WORK PHONE:	TOTAL OFFSHORE EXPERIENCE:	YEA
EMPLOYED BY: BUSINESS ADDRESS:		
CITY:	STATE:	
ZIP CODE:		
OPERATOR REPRESENTATIVE	<pre>Injury</pre>	
OPERATOR REPRESENTATIVE CONTRACTOR REPRESENTATIVE OTHER	FATALITY	
X CONTRACTOR REPRESENTATIVE	FATALITY	
X CONTRACTOR REPRESENTATIVE OTHER NAME: HOME ADDRESS:	FATALITY X WITNESS	
X CONTRACTOR REPRESENTATIVE OTHER NAME: HOME ADDRESS: CITY:	FATALITY WITNESS STATE:	VI
X CONTRACTOR REPRESENTATIVE OTHER NAME: HOME ADDRESS:	FATALITY X WITNESS	YI
X CONTRACTOR REPRESENTATIVE OTHER NAME: HOME ADDRESS: CITY:	FATALITY WITNESS STATE:	Y
CONTRACTOR REPRESENTATIVE OTHER NAME: HOME ADDRESS: CITY: WORK PHONE:	FATALITY WITNESS STATE:	Y
X CONTRACTOR REPRESENTATIVE OTHER NAME: HOME ADDRESS: CITY: WORK PHONE: EMPLOYED BY:	FATALITY WITNESS STATE:	Y

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INJURY/FATALITY/WITNESS ATTACHMENT

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

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