

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

ACCIDENT INVESTIGATION REPORT

1. OCCURRED

DATE: 20-SEP-2010 TIME: 1950 HOURS

2. OPERATOR: Contango Operators, Inc.

REPRESENTATIVE: Younger, Suzy
TELEPHONE: (281) 698-8520

CONTRACTOR:
REPRESENTATIVE:
TELEPHONE:

- STRUCTURAL DAMAGE
- CRANE
- OTHER LIFTING DEVICE
- DAMAGED/DISABLED SAFETY SYS.
- INCIDENT >\$25K
- H2S/15MIN./20PPM
- REQUIRED MUSTER
- SHUTDOWN FROM GAS RELEASE
- OTHER **Failure to bleed gas**

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

6. OPERATION:

4. LEASE: G31362

AREA: EI LATITUDE:
BLOCK: 11 LONGITUDE:

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

5. PLATFORM: H-CMP

RIG NAME:

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

8. CAUSE:

7. TYPE:

- HISTORIC INJURY
- REQUIRED EVACUATION 1
- LTA (1-3 days)
- LTA (>3 days) 1
- 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 **Didn't verify gas pressure**

- FATALITY
- POLLUTION
- FIRE
- EXPLOSION

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

9. WATER DEPTH: 13 FT.
10. DISTANCE FROM SHORE: 5 MI.
11. WIND DIRECTION:
SPEED: M.P.H.
12. CURRENT DIRECTION:
SPEED: M.P.H.
13. SEA STATE: FT.

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

17. INVESTIGATION FINDINGS:

On 20 September 2010 at approximately 1950 hours, a contact rigger (CR) received severe burns on both of his arms due to a flash fire igniting while pulling a plumber's plug from a 12" high pressure (HP) vent line during construction operations. The CR was waiting to assist in installing a 12" spool piece once the plumber's plug was removed. Several production separators that could possibly release gas to the HP vent line were isolated and pressure was bled to zero. The pipelines and meter runs were not bled down but were isolated from the HP vent line with block valves. The block valves were not locked or chained but flagging was applied to each valve to indicate block valves were in the closed position. The plumber's plug was installed to prevent any gas leaks that might occur from entering the installation sight due to welding operations. Down stream of the plumber's plug, the 12" HP vent line was open ended to allow any accumulation of gas to escape in a safe area. Due to miscommunication prior to removing the plumber's plug, a spool piece was installed down stream sealing the opening. With both sides sealed, gas was able to accumulate from several possible pressurized sources that connected to the 12" HP vent line. The ground clamps for the welding machine were connected to a flange located two to three feet in front of the plug. When the plug was pulled, gas was released from the 12" HP vent line and was possibly ignited by the ground clamps that were in use at the time of the incident. The injured CR was flown to Our Lady of Lourdes Medical Center where he underwent grafting procedures to his forearms.

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

Installing the spool piece before removing the plumber's plug allowed gas to accumulate in the 12" HP vent line. Verifying there was no pressure in the 12" HP vent line should have been done before removing the plumber's plug. Two separators (MBD 2120 and MBD 2110), that included needle valves down stream of the relief valves, could have been used to verify pressure.

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

Prior to removing the plumber's plug, personnel failed to adequately assess the area for all possible hazards as follows:

*The welding machine ground clamps should have removed to a safe location, and verifying no gas pressure prior to removing the plumber's plug.

*As per Contango's Lock Out Tag Out Procedure (Section 1.3 pg.3) Double Block and Bleed - Block valves should seal effectively and be secured with a chain and lock. The Contango operators used flagging tape to indicate the valves were closed and failed to verify that gas accumulation was present due to valves not sealing effectively.

*Miscommunication occurred between construction personnel as to when the spool piece should have been installed. The spool piece should have been installed after the plumber's plug was removed.

20. LIST THE ADDITIONAL INFORMATION:

21. PROPERTY DAMAGED: NATURE OF DAMAGE:
None N/A

ESTIMATED AMOUNT (TOTAL): \$

22. RECOMMENDATIONS TO PREVENT RECURRANCE NARRATIVE:

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

23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: YES

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

INC G-110 is issued "After the Fact" to document that Contango Resources Company failed to protect health, safety and the environment by not performing operations in a safe and workmanlike manner as follows: Contango Resources Company failed to communicate proper construction operations in a safe manner to protect the equipment and employees. A contract rigger involved in construction operations was injured due to lack of communication. The accident was the result of miscommunication by installing a spool piece before removing a plumber's plug that allowed gas pressure to accumulate, and failure to follow Contango Resources Company's Lock Out Tag Out procedure.

Contango Resources Company is advised to submit a letter of explanation addressing the aforementioned INC., and its plans for eliminating future incidents of this nature to the BOEM Lafayette District.

25. DATE OF ONSITE INVESTIGATION:

21-SEP-2010

26. ONSITE TEAM MEMBERS:

Mark Malbrue / Fred Brink / Jason Abshire / Wade Guillotte / Tom Basey /

29. ACCIDENT INVESTIGATION

PANEL FORMED: NO

OCS REPORT:

30. DISTRICT SUPERVISOR:

Elliott S. Smith

APPROVED
DATE:

12-OCT-2010

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 _____

WITNESS

NAME :

HOME ADDRESS :

CITY :

STATE :

WORK PHONE :

TOTAL OFFSHORE EXPERIENCE :

YEARS

EMPLOYED BY :

BUSINESS ADDRESS :

CITY :

STATE :

ZIP CODE :

