

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

1. OCCURRED

DATE: **14-FEB-2007** TIME: **0945** HOURS

2. OPERATOR:

SPN Resources, LLC

REPRESENTATIVE: **Gill Smith**

TELEPHONE: **(504) 263-4287**

CONTRACTOR: **PRODUCTION MANAGEMENT INCORPORA**

REPRESENTATIVE: **Randall Stutes**

TELEPHONE: **(800) 647-1575**

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

4. LEASE:

G01031

AREA: **SS** LATITUDE: **28.375202**

BLOCK: **253** LONGITUDE: **-91.073198**

5. PLATFORM:

E

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: **180** FT.

10. DISTANCE FROM SHORE: **68** MI.

11. WIND DIRECTION: **NNE**
SPEED: **10** M.P.H.

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

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

17. DESCRIBE IN SEQUENCE HOW ACCIDENT HAPPENED:

The platform personnel arrived on the platform and were conducting their walk-around of the platform when they heard a large boom. One of the operators heard the boom while in the well bay sub-cellar deck. He pulled the ESD station in the well bay and headed up the stairs. He noticed a fire in the area of the compressor. He went back down the stairs to go start the fire water pump. Two other operators were on the top deck when they heard the boom. One of these operators walked over to see where the noise was coming from. He tried to close the valve on the compressor but the area was too noisy. He went to get some ear protection. When he returned, the gas had ignited. The other operator felt a mist falling down from above and he pulled the ESD station behind the fire wall of the compressor top deck. All of the operators fought the fire using dry chemical as well as the fire water system. The fire was extinguished in about ten minutes. The compressor was secured by closing valves and was locked shut.

After the fire was put out, the crew found that a one inch double wire braided hose failed. This allowed high pressure gas to vent and flow onto the hot metal of the gas compressor. A misty spray followed the venting and consequently ignited and burned the escaping gas. The flow was configured to flow from the third stage of the compressor, through an adjustable choke, through a flow safety valve, and then through the high pressure wire braided hose. Downstream of the hose, the hot gas was sent in a one inch pipe that carried the gas to the sub-cellar deck. This high pressure gas was used to unthaw gas lift lines during cold weather.

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

The cause of this incident was the failure of a high pressure double wire braided hose downstream of the third stage of the compressor.

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

The hose may have been worn from harmonic vibrations through the wire braids within the hose.

20. LIST THE ADDITIONAL INFORMATION:

n/a

21. PROPERTY DAMAGED: NATURE OF DAMAGE:
Hoses, belts, gauges, ignition wiring All burnt equipment will have to be
harnesses and coils, control panel, level repaired and replaced.
controllers, light fixture, and sight
glasses on storage tanks.

ESTIMATED AMOUNT (TOTAL): \$22,310

22. RECOMMENDATIONS TO PREVENT RECURRANCE 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:
n/a

25. DATE OF ONSITE INVESTIGATION:
15-FEB-2007

26. ONSITE TEAM MEMBERS:
Ken Colwart / Terry Hollier / Amy
Wilson /

29. ACCIDENT INVESTIGATION
PANEL FORMED: NO
OCS REPORT:

30. DISTRICT SUPERVISOR:
Michael J. Saucier

APPROVED

DATE: 09-APR-2007

FIRE/EXPLOSION ATTACHMENT

1. SOURCE OF IGNITION: **Compressor Manifold**

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

3. FUEL SOURCE: **High pressure gas hose that broke**

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

INJURY/FATALITY/WITNESS ATTACHMENT

<input checked="" type="checkbox"/> OPERATOR REPRESENTATIVE	<input type="checkbox"/> INJURY
<input type="checkbox"/> CONTRACTOR REPRESENTATIVE	<input type="checkbox"/> FATALITY
<input type="checkbox"/> OTHER _____	<input checked="" type="checkbox"/> WITNESS

NAME :
HOME ADDRESS :
CITY : STATE :
WORK PHONE : TOTAL OFFSHORE EXPERIENCE : YEARS
EMPLOYED BY : **SPN Resources, LLC / 02636**
BUSINESS ADDRESS : **12707 North Freeway**
Suite 200
CITY : **Houston** STATE : **TX**
ZIP CODE : **77060**

<input type="checkbox"/> OPERATOR REPRESENTATIVE	<input type="checkbox"/> INJURY
<input checked="" type="checkbox"/> CONTRACTOR REPRESENTATIVE	<input type="checkbox"/> FATALITY
<input type="checkbox"/> OTHER _____	<input checked="" type="checkbox"/> WITNESS

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<input checked="" type="checkbox"/>	CONTRACTOR REPRESENTATIVE	<input type="checkbox"/>	FATALITY
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