

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

1. OCCURRED  
DATE: **05-JUL-2007** TIME: **2100** HOURS

2. OPERATOR: **Apache Corporation**  
REPRESENTATIVE: **Gary Wetzel**  
TELEPHONE: **(337) 354-8130**  
CONTRACTOR:  
REPRESENTATIVE:  
TELEPHONE:

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

4. LEASE: **G01220**  
AREA: **EI** LATITUDE:  
BLOCK: **158** LONGITUDE:

5. PLATFORM: **C**  
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 **2 Multiple flash burns**

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 **Flash fire with two injured.**

6. OPERATION:

PRODUCTION  
 DRILLING  
 WORKOVER  
 COMPLETION  
 HELICOPTER  
 MOTOR VESSEL  
 PIPELINE SEGMENT NO.  
 OTHER **Gas Compressor Repairs**

8. CAUSE:

EQUIPMENT FAILURE  
 HUMAN ERROR  
 EXTERNAL DAMAGE  
 SLIP/TRIP/FALL  
 WEATHER RELATED  
 LEAK  
 UPSET H2O TREATING  
 OVERBOARD DRILLING FLUID  
 OTHER **Leaking SDV**

9. WATER DEPTH: **83** FT.

10. DISTANCE FROM SHORE: **40** MI.

11. WIND DIRECTION: **SE**  
SPEED: **1** M.P.H.

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

13. SEA STATE: FT.

17. DESCRIBE IN SEQUENCE HOW ACCIDENT HAPPENED:

On July 5, 2007 at approximately 2100 hours, a flash fire occurred in the low pressure (LP) compressor building on the Eugene Island Block 158 Platform C. The fire resulted in multiple flash burns to the hands, arms and faces of two (2) Island Operating contract operators. Both were treated onsite by the Field Medic and evacuated for medical treatment to the Lafayette General Hospital. Several contract employees were in the process of removing the suction valve cap on the 3rd state cylinder of the LP compressor when trapped gas forced the cap to pop off and release gas into the compressor building. A flash fire occurred in the compressor building approximately 30 seconds after the release.

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

Gas sources that had been blocked and isolated from flow to the low pressure gas compressor 1st stage suction scrubber apparently leaked through the closed automatic shut down valve (SDV) and closed manual block valve to the 3rd stage cylinder and into the compressor building.

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

The source of ignition may have been the high surface temperature of the compressor exhaust manifold system. All electrical connections and junction boxes in the area of the compressor were inspected to verify that the integrity of the electrical system had not been compromised.

20. LIST THE ADDITIONAL INFORMATION:

- Attachment 1 - Apache Corporation Gas Detection Calibration report (compressor building) dated 7/6/07.
- Attachment 2 - Labor ticket from Delta Safety Systems for the calibration of the compressor building gas detectors.
- Attachment 3 - Apache Corporation Incident/Accident report dated 7/7/07.
- Attachment 4 - Apache Corporation Job Safety Analysis (JSA) dated 7/5/07.
- Attachment 5 - Island Operating Company Witness Statement.
- Attachment 6 - Pictures taken by onsite inspectors on 7/10/07.
- Attachment 7 - Apache Corporation Final Accident Investigation report dated 8/6/07.

21. PROPERTY DAMAGED: NATURE OF DAMAGE:  
1-Plastic label sign attached to vessel 1-Melted from heat  
2-Fusible plugs (TSE) 2-Melted from heat

ESTIMATED AMOUNT (TOTAL): \$

22. RECOMMENDATIONS TO PREVENT RECURRENCE NARRATIVE:

The MMS Lafayette District has no recommendations to the MMS Office of Safety Management.

23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: NO

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

No violations sited as a result of this investigation.

25. DATE OF ONSITE INVESTIGATION:

10-JUL-2007

26. ONSITE TEAM MEMBERS:

Tom Basey / Jason Abshire / Leo Dartez /

29. ACCIDENT INVESTIGATION

PANEL FORMED: NO

OCS REPORT:

30. DISTRICT SUPERVISOR:

Elliott S. Smith

APPROVED

DATE: 09-AUG-2007

# FIRE/EXPLOSION ATTACHMENT

1. SOURCE OF IGNITION: **Possibly the compressor's exhaust manifold system**

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

3. FUEL SOURCE: **Leaking inlet Shut Down Valve (SDV)**

4. WERE PRECAUTIONS OR ACTIONS TAKEN TO ISOLATE  
KNOWN SOURCES OF IGNITION PRIOR TO THE ACCIDENT ? **YES**

5. TYPE OF FIREFIGHTING EQUIPMENT UTILIZED:
- HANDHELD
  - WHEELED UNIT
  - FIXED CHEMICAL
  - FIXED WATER
  - NONE
  - OTHER

# INJURY/FATALITY/WITNESS ATTACHMENT

OPERATOR REPRESENTATIVE

INJURY

CONTRACTOR REPRESENTATIVE

FATALITY

OTHER \_\_\_\_\_

WITNESS

NAME:

HOME ADDRESS:

CITY:

STATE:

WORK PHONE:

TOTAL OFFSHORE EXPERIENCE: 7 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: 1.5 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 : **.6** 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 : **.1** YEARS

EMPLOYED BY :

BUSINESS ADDRESS :

CITY :

STATE :

ZIP CODE :