

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

1. OCCURRED

DATE: **20-AUG-2005** TIME: **0900** HOURS

2. OPERATOR: **Hunt Oil Company**

REPRESENTATIVE: **Donny Hunt**

TELEPHONE: **(713) 871-3401**

3. LEASE: **G05537**

AREA: **SS** LATITUDE:

BLOCK: **80** LONGITUDE:

4. PLATFORM: **A**

RIG NAME

5. ACTIVITY: EXPLORATION(POE)

DEVELOPMENT/PRODUCTION
(DOCD/POD)

6. TYPE: FIRE

EXPLOSION

BLOWOUT

COLLISION

INJURY NO. 0

FATALITY NO. 0

POLLUTION

OTHER _____

7. OPERATION: PRODUCTION

DRILLING

WORKOVER

COMPLETION

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 **Leak**

9. WATER DEPTH: **28** FT.

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

11. WIND DIRECTION: **N**

SPEED: **5** M.P.H.

12. CURRENT DIRECTION: **SSE**

SPEED: **1** M.P.H.

13. SEA STATE: **1** FT.

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

CITY: STATE:

TELEPHONE:

CONTRACTOR: **ISLAND OPERATORS CO. INC.**

CONTRACTOR REPRESENTATIVE/
SUPERVISOR ON SITE AT TIME OF INCIDENT:

Jarrold Simon

CITY: **Scott** STATE: **LA**

TELEPHONE: **(337) 235-9594**

17. DESCRIBE IN SEQUENCE HOW ACCIDENT HAPPENED:

A fire occurred on the pipeline pumps at Ship Shoal Block 80, Platform A at 0900 hours on August 20, 2005. The platform had shutdown earlier during the day at 0600 hours. This platform is unmanned. A platform operator was dropped off to bring the Ship Shoal 80, Platform A back on line at 0800 hours, in conjunction with another operator who was dropped off at Ship Shoal Block 79, Platform A.

A second operator boarded the Ship Shoal 80 Platform A at 0900 hours to assist in bringing the platform back onto production. As the helicopter prepared to depart, the operators were at the main control panel and heard a low thumping sound and saw flames coming from the corner of the platform where the oil pumps are located. They activated the ESD system. The fire became intense immediately and the operators abandoned the platform. They boarded the helicopter and evacuated to Ship Shoal 79, Platform A.

A call for help was issued. The M/V Carla G, which was located at Shoal Shoal Block 105 arrived on the scene of the accident with fire monitors at 1030 hours. The fire was extinguished at 1145 hours. Cooling water was then continued and the platform was monitored for flashback. The operators boarded the Shoal Shoal 80, Platform A at 1215 hours and then proceeded to shut various valves to prevent pollution.

A Hunt Petroleum representative arrived at 1300 hours and began interviews about the incident.

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

One of the pipeline pump packing glands failed and allowed oil to spray onto the engine exhaust which in turn ignited.

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

According to the Lessee investigation, no pump internal failure could be identified. The platform operator was running both pumps simultaneously. This caused cavitation. This cavitation caused the pumps to have severe vibration which led to packing failure. There was no barrier installed between the pump and the drivers to prevent oil from spraying onto the engine exhaust hot surface in the event of a leak.

21. PROPERTY DAMAGED:

Oil Pipeline skid

NATURE OF DAMAGE:

burned and destroyed

ESTIMATED AMOUNT (TOTAL): **\$250,000**

22. RECOMMENDATIONS TO PREVENT RECURRENCE NARRATIVE:

Due to the nature of this incident the MMS has no recommendations.

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

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

None

25. DATE OF ONSITE INVESTIGATION:

22-AUG-2005

26. ONSITE TEAM MEMBERS:

Julie King / Freddie L. Mosely /

29. ACCIDENT INVESTIGATION

PANEL FORMED: **NO**

OCS REPORT:

30. DISTRICT SUPERVISOR:

Pausina for Saucier

APPROVED

DATE: **27-OCT-2005**

FIRE/EXPLOSION ATTACHMENT

1. SOURCE OF IGNITION: **Pipeline Pump engine exhaust**

2. TYPE OF FUEL:

<input type="checkbox"/>	GAS
<input checked="" type="checkbox"/>	OIL
<input type="checkbox"/>	DIESEL
<input type="checkbox"/>	CONDENSATE
<input type="checkbox"/>	HYDRAULIC
<input type="checkbox"/>	OTHER

3. FUEL SOURCE: **Pipeline Pump**

4. WERE PRECAUTIONS OR ACTIONS TAKEN TO ISOLATE
KNOWN SOURCES OF IGNITION PRIOR TO THE ACCIDENT ? **NO**

5. TYPE OF FIREFIGHTING EQUIPMENT UTILIZED:

<input type="checkbox"/>	HANDHELD
<input type="checkbox"/>	WHEELED UNIT
<input type="checkbox"/>	FIXED CHEMICAL
<input checked="" type="checkbox"/>	FIXED WATER
<input type="checkbox"/>	NONE
<input checked="" type="checkbox"/>	OTHER M/V Carla G