UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF SAFETY AND ENVIRONMENTAL ENFORCEMENT GULF OF MEXICO REGION

ACCIDENT INVESTIGATION REPORT

l.	$oldsymbol{arphi}$	TRUCTURAL DAMAGE CRANE
2.	OPERATOR: Anadarko Petroleum Corporation REPRESENTATIVE: TELEPHONE: CONTRACTOR: REPRESENTATIVE: TELEPHONE:	OTHER LIFTING DAMAGED/DISABLED SAFETY SYS. Deluge Valve 24 V Supply ENCIDENT >\$25K E2S/15MIN./20PPM REQUIRED MUSTER SHUTDOWN FROM GAS RELEASE OTHER
3.	OPERATOR/CONTRACTOR REPRESENTATIVE/SUPERVISOR ON SITE AT TIME OF INCIDENT:	8. OPERATION:
1.	LEASE: G11081 AREA: GC LATITUDE: BLOCK: 645 LONGITUDE:	DRILLING WORKOVER COMPLETION HELICOPTER MOTOR VESSEL
5.	PLATFORM: A(HOLSTEIN SPAR RIG NAME:	PIPELINE SEGMENT NO. OTHER
5.	, , , , , , , , , , , , , , , , , , , ,	9. CAUSE:
7.	TYPE: INJURIES: HISTORIC INJURY OPERATOR CONTRACTO REQUIRED EVACUATION LTA (1-3 days) LTA (>3 days) RW/JT (1-3 days) RW/JT (53 days)	EQUIPMENT FAILURE HUMAN ERROR EXTERNAL DAMAGE SLIP/TRIP/FALL WEATHER RELATED LEAK UPSET H2O TREATING OVERBOARD DRILLING FLUID OTHER
	FATALITY Other Injury	10. WATER DEPTH: 4340 FT.
	POLLUTION X FIRE EXPLOSION	11. DISTANCE FROM SHORE: 119 MI. 12. WIND DIRECTION: SPEED: M.P.H.
	LWC HISTORIC BLOWOUT UNDERGROUND SURFACE DEVERTER	13. CURRENT DIRECTION: SPEED: M.P.H. 14. SEA STATE: FT.
	SURFACE EQUIPMENT FAILURE OR PROCEDURES	15. PICTURES TAKEN:
	COLLISION HISTORIC >\$25K <=\$25K	16. STATEMENT TAKEN:

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On June 27, 2022, at approximately 1755 hours, a fire occurred inside a Pressurized Welding Enclosure (PWE) on the Northeast side of Green Canyon (GC) Block 645 Platform A (Holstein). The facility is owned and operated by Anadarko Petroleum Corporation.

Sequence of Events:

At approximately 1655 hours, construction crew stopped hot work for the day while the Firewatch remained outside of PWE until approximately 1730 hours.

At approximately 1755 hours, the firewater pump kicked on and deluge in Zone 4 activated. The Ballast Control Operator (BCO) went to investigate why the pump was on. Upon arriving at PWE #2 the BCO could see heavy smoke and a flame approximately 2 feet high coming from the lower part of the PWE. Two members of the Emergency Response Team (ERT) arrived on location at approximately 1758 hours. ERT was able to put the fire out utilizing a nearby hose reel. At approximately 1809 hours, Zone 4 deluge was shut down.

At approximately 1820 hours, an investigation of the scene lead to the discovery of severed wire(s).

BSEE Investigation:

On June 29, 2022, BSEE investigation team conducted on site incident investigation. Information obtained during this investigation determined that on June 27, 2022, at approximately 1655 hours, personnel conducting hot work knocked off for the day. At that time, all personnel including Firewatch exited from inside PWE. After site was secured and general housekeeping completed, at approximately 1700 hours, a Firewatch grabbed a portable fire extinguisher and posted inside the airlock of the PWE for approximately 20 minutes. He then stood out on the perimeter of the PWE for the remaining time.

At approximately 1730 hours, the Firewatch stood down. The air lock of a PWE is constructed to allow personnel to enter and exit the PWE without losing positive pressure so work can continue. Inside the air lock is a door to enter inside the work area which has a window that allows personnel to see inside the PWE. The nature of work being conducted inside PWE was to repair some damaged walkway beams. For this to be accomplished, a harness was to be worn and the Firewatch was alone during the 30-minute cool down.

Personnel on board were not aware of the fire until approximately 1755 hours when the firewater pump started and deluge Zone 4 activated. The cause of the activation was not due to fire being detected but because the wire(s) that the fire burned through inside the PWE were lines that control the activation of deluge Zone 4.

The BSEE investigation team found that facility wiring inside the PWE had been wrapped incorrectly with Panther felt enabling slag from hot work to get down inside of the wrapping and smolder, causing the wire and felt to catch fire. Panther felt is the material used for hot work protection (i.e., fire blanket). The felt was wrapped in such a manner that the tape joint was facing toward the work being conducted. Safe Zone's (owner of PWE) standard operating procedures is to have two firewatchers during hot work operations, one inside and one outside. However, only one Firewatch was on location at the PWE for the 30 minutes after hot work was completed.

The BSEE investigation team also noted that fire and smoke detection systems inside of the PWE are part of the power system that enables the hot work to be conducted. When this control panel was turned off, fire and smoke detection systems inside the PWE are also disabled. As a corrective action, Anadarko plans to separate power supply for fire and smoke detection so that monitoring can continue even after hot work has concluded.

BSEE Recommendation:

BSEE has two recommendations for this incident. One, adding a second Firewatch to PWE hot work operations inside and to remain on station for the full 30 minutes after hot work is complete. The second is to add the ability of the control room to monitor the status of at least one fire and one gas detection at all times.

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

Improper wrapping of Panther felt of Zone 4 deluge wiring.

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

Firewatch outside of pressurized welding enclosure during 30 minute cool down.

20. LIST THE ADDITIONAL INFORMATION:

N/A

21. PROPERTY DAMAGED: NATURE OF DAMAGE:

Wiring for Deluge

Melted

ESTIMATED AMOUNT (TOTAL):

22. RECOMMENDATIONS TO PREVENT RECURRANCE NARRATIVE:

Adding a second firewatch to the inside of PWE. Adding the ability of the control room to monitor a gas and smoke detector continuously.

- 23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: NO
- 24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

None

25. DATE OF ONSITE INVESTIGATION: 28. ACCIDENT CLASSIFICATION:

29-JUN-0202

26. INVESTIGATION TEAM MEMBERS: 29. ACCIDENT INVESTIGATION

/ Torrin Domangue / Keith Barrios / PANEL FORMED: N

27. OPERATOR REPORT ON FILE:

30. DISTRICT SUPERVISOR: Amy

Pellegrin

OCS REPORT:

APPROVED

DATE: 07-OCT-2022

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