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

#### **ACCIDENT INVESTIGATION REPORT**

## For Public Release

1.	OCCURRED	_
	DATE:	STRUCTURAL DAMAGE
	06-AUG-2014 TIME: 0200 HOURS	CRANE
		OTHER LIFTING DEVICE
2.	OPERATOR: Energy XXI GOM, LLC	DAMAGED/DISABLED SAFETY SYS.
	REPRESENTATIVE:	INCIDENT >\$25K
	TELEPHONE:	H2S/15MIN./20PPM
	CONTRACTOR: Wood Group Production Services -	REQUIRED MUSTER
	REPRESENTATIVE:	SHUTDOWN FROM GAS RELEASE
	TELEPHONE:	OTHER
3.	OPERATOR/CONTRACTOR REPRESENTATIVE/SUPERVISOR ON SITE AT TIME OF INCIDENT:	6. OPERATION:
		X PRODUCTION
		DRILLING
4.	LEASE: G02433	WORKOVER
	AREA: HI LATITUDE:	COMPLETION
	BLOCK: A 368 LONGITUDE: -	HELICOPTER
		MOTOR VESSEL
5.	PLATFORM: - A	PIPELINE SEGMENT NO. OTHER
	RIG NAME:	U OTHER
6	ACTIVITY:	8. CAUSE:
ο.	ACTIVITY: EXPLORATION (POE)  X DEVELOPMENT/PRODUCTION	
	(DOCD/POD)	EQUIPMENT FAILURE
7.	TYPE:	X HUMAN ERROR
	DILLIAMODE C. TNITTING	EXTERNAL DAMAGE - SLIP/TRIP/FALL -
	HISTORIC INJURY -	WEATHER RELATED
	A  1.2 0 11.2 2 11.10 01.11 1 01.	LEAK RELATED
	LTA (1-3 days) LTA (>3 days	UPSET H20 TREATING
	RW/JT (1-3 days)	OVERBOARD DRILLING FLUID
		OTHER
	Other Injury-	
		9. WATER DEPTH: 314 FT.
	FATALITY	
	POLLUTION	10. DISTANCE FROM SHORE: 116 MI.
	EXPLOSION	
	L EXPLOSION	11. WIND DIRECTION: -
	LWC- HISTORIC BLOWOUT	SPEED: M.P.H.
	UNDERGROUND	
	SURFACE	12. CURRENT DIRECTION:
	DEVERTER	SPEED: M.P.H.
	SURFACE EQUIPMENT FAILURE OR PROCEDURES	··
	COLLISION HISTORIC >\$25K <=\$25K	13. SEA STATE: FT.

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On August 6, 2014 at approximately 2:00 am, the main platform generator shut down at Energy XXI's High Island A368 'A' platform, OCS-G-02433. Two contract operators for Energy XXI were in bed sleeping when the main platform generator shut down. Both operators went downstairs to the main generator to determine the cause of the shut down. Upon investigation, the operators observed the main generator belts had severed causing the engine to overheat and shut down due to high temperature. The operators then went to the backup diesel generator and attempted to start the unit. The backup diesel generator utilizes two 12 volt direct current (VDC) batteries in series to start the generator's diesel engine. The Lead Operator pushed the start switch on the backup diesel generator and the starter engaged briefly then stopped. The 12 VDC batteries were located side by side in separate battery boxes adjacent to the backup diesel generator. The 'A' Operator (Injured Party / IP) removed the cover from the first battery box to check for loose battery post terminal connections and they were secure. The IP then removed the second battery box cover to verify the terminals were secure. When the IP moved the battery terminal connections in battery box #2, it sparked. The sparks from the loose battery terminal connection in battery box #2 are believed to have been the ignition source that caused an accumulation of hydrogen gas in battery box #2 to explode. The explosion caused battery acid to be blown in the face and eyes of the IP.

The Lead Operator flushed the IP's face and eyes with water and contacted the High Island A368 'B' facility to request them to call for the Search and Rescue (SAR) Helicopter for evacuation of the IP. The SAR Helicopter arrived at High Island A368 'A' at approximately 4:30 am and transported the IP to Lake Charles Memorial Hospital.

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

Sparks from a loose battery terminal connection on the #2 battery for the backup diesel generator are suspected to have ignited a hydrogen gas accumulation in the #2 battery box causing the battery to explode.

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

The IP failed to wear Personal Protective Equipment (PPE) to protect face and eyes prior to checking the battery terminal connections on the backup diesel generator.

Both operators were in bed when the Main Generator shut down. Fatigue, darkness, and failure to observe surroundings were possible contributing factors.

20. LIST THE ADDITIONAL INFORMATION:

The IP was released from Doctors' care to full duty on 12-Aug-2014.

21. PROPERTY DAMAGED:

NATURE OF DAMAGE:

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	ESTIMATED AMOUNT (TOTAL):	\$2	00		
22.	RECOMMENDATIONS TO PREVENT RECURRANCE NARRATIVE:				
	None.				
23.	POSSIBLE OCS VIOLATIONS RELATED TO A	CCII	ENT: YES		
24.	SPECIFY VIOLATIONS DIRECTLY OR INDIR	ECTI	Y CONTRIBUT	ING. 1	NARRATIVE:
	1 G-110 'C' Incident of Non Complian The Lessee failed to perform all ope provide for the preservation and con investigation revealed that operator the incident.	rati serv	ons in a sa ation of pr	fe an	d workmanlike manner and y and the environment. Th
25.	DATE OF ONSITE INVESTIGATION:				
	07-AUG-2014				
26.	ONSITE TEAM MEMBERS:	29.	. ACCIDENT IN PANEL FORME	– – – –	GATION
	Edward Keown /			ED: <b>NO</b>	
			OCS REPORT:	:	
		30.	DISTRICT SU	JPERVI	SOR:
			Stephen P.	Marti	inez
			APPROVED		
			DATE:	06-00	CT-2014

### INJURY/FATALITY/WITNESS ATTACHMENT

OPERATOR REPRESENTATIVE	<b>X</b> INJURY				
X CONTRACTOR REPRESENTATIVE	FATALITY				
OTHER	WITNESS				
NAME:					
HOME ADDRESS:					
CITY:	STATE:				
WORK PHONE:	TOTAL OFFSHORE EXPERIENCE:	YEARS			

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#### INJURY/FATALITY/WITNESS ATTACHMENT

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EMPLOYED BY: -	
BUSINESS ADDRESS:	
CITY:	STATE: -
ZIP CODE:	

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