

Incident Report

Remarks

The parking brake on the T-6 thruster failed to release during start up operations, causing a small brake pad fire. It extinguished by itself when the brake pads released. Only damage was to brake pads.

Inspected control system for parking brake on all thrusters to ensured that they were working properly. Item added to daily PM: Function parking brakes daily on any thrusters that are not running.

Incident Report

Contact Information

Name: Campise, Debra
Company: (00078) Chevron U.S.A. Inc.
Company Name:
Phone Number: 832-854-2617
Cell Phone Number: 832-854-2617
E-mail Addresss: cmps@chevron.com
Supervisor Name: Mike Sprawls
Contact Comments: Drilling Tech.

Name: Niemuth, Steve
Company: (00078) Chevron U.S.A. Inc.
Company Name:
Phone Number: 832-854-4162
Cell Phone Number: 713-447-2855
E-mail Addresss: snie@chevron.com
Supervisor Name: Craig Goulden
Contact Comments: HES Drilling Specialist

Name: Wunderlich, Randy
Company: (20863) Transocean Offshore
Company Name:
Phone Number: 337-735-3530
Cell Phone Number: 337-735-3530
E-mail Addresss: r7500oim@enscous.com
Supervisor Name: Rusty Fox
Contact Comments: OIM for Ensco 7500

Incident Report

OCCURRED DATE: 24-JUN-2008 TIME: 1750 HOURS
LEASE: G230 AREA: AT BLOCK: 138 PLATFORM: RIGNAME: ENSCO 7500
API WELL NUMBER: 608184006801
OPERATOR: Chevron U.S.A. Inc.
REPRESENTATIVE: Campise, Debra TELEPHONE: 832-854-2617

TYPE: INJURIES

<input type="checkbox"/>	REQUIRED EVACUATION
<input type="checkbox"/>	LTA (1-3 days)
<input type="checkbox"/>	LTA (>3 days)
<input type="checkbox"/>	RW/JT (1-3 days)
<input type="checkbox"/>	RW/JT (>3 days)
<input type="checkbox"/>	Other Injury

<input type="checkbox"/>	FATALITY
<input checked="" type="checkbox"/>	FIRE
<input type="checkbox"/>	EXPLOSION
<input type="checkbox"/>	STRUCTURAL DAMAGE
<input type="checkbox"/>	CRANE
<input type="checkbox"/>	OTHER LIFTING DEVICE _____
<input type="checkbox"/>	DAMAGED/DISABLED SAFETY SYS. _____
<input type="checkbox"/>	INCIDENT >\$25K _____
<input type="checkbox"/>	H2S/15MIN./20PPM
<input type="checkbox"/>	REQUIRED MUSTER
<input type="checkbox"/>	SHUTDOWN FROM GAS RELEASE
<input type="checkbox"/>	OTHER

LOSS OF WELL CONTROL		COLLISION	
<input type="checkbox"/>	UNDERGROUND	<input type="checkbox"/>	>\$25K
<input type="checkbox"/>	SURFACE	<input type="checkbox"/>	<=\$25K
<input type="checkbox"/>	DEVERTER		
<input type="checkbox"/>	SURFACE EQUIPMENT FAILURE OR PROCEDURES		

TELEPHONE: 832-854-2617

OPERATION:

<input type="checkbox"/>	PRODUCTION	<input checked="" type="checkbox"/>	EXPLORATION (POE)
<input checked="" type="checkbox"/>	DRILLING	<input type="checkbox"/>	DEVELOPMENT/PRODUCTION
<input type="checkbox"/>	WORKOVER		(DOCD/POD)
<input type="checkbox"/>	COMPLETION		
<input type="checkbox"/>	HELICOPTER		
<input type="checkbox"/>	MOTOR VESSEL		
<input type="checkbox"/>	PIPELINE SEGMENT NO.		_____
<input type="checkbox"/>	OTHER		

POLLUTION: VOLUME: BBL

APPEARANCE :

LATITUDE:

LONGITUDE :

TYPE :

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

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