

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

1. OCCURRED

DATE: **18-NOV-2006** TIME: **1315** HOURS

2. OPERATOR: **Dominion Exploration & Production**

REPRESENTATIVE: **Steve Stegeman**

TELEPHONE: **(504) 289-0617**

CONTRACTOR:

REPRESENTATIVE: **Roy Bennet**

TELEPHONE: **(832) 462-7571**

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

4. LEASE: **G12761**

AREA: **WC** LATITUDE:

BLOCK: **130** LONGITUDE:

5. PLATFORM:

RIG NAME: **ROWAN BOB PALMER (GORILLA RIG)**

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

- 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

6. OPERATION:

- PRODUCTION
- DRILLING
- WORKOVER
- COMPLETION
- HELICOPTER
- 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 _____

9. WATER DEPTH: **50 FT.**

10. DISTANCE FROM SHORE: **35 MI.**

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

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

13. SEA STATE: **FT.**

17. DESCRIBE IN SEQUENCE HOW ACCIDENT HAPPENED:

A meeting was held on December 12, 2006 with representatives of Dominion Exploration & Production, Inc. to discuss the well control and pollution incident that occurred on November 18, 2006. The meeting established that the well control / pollution incident was the result of inadequate training of rig personnel on proper procedure(s) for backing out hold-down pins in the wellhead flange. Once the packing gland nut had backed out to the point where insufficient threads were available to hold the nut in the wellhead flange the fluid pressure in the well forced the packing gland nut / hold-down pin from the wellhead flange. Which resulted in the loss of well control and the spilling of mineral oil-based mud into the Gulf.

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

Inadequate training of rig personnel. Failure to recognize the packing gland nut was backing out along with the hold-down pin.

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

1. Loss of circulation during liner cementing operations resulting in supercharging of the formation.
2. Failure of the liner top packer allowing formation pressure into the wellbore.
3. Failure to fill the hole while coming out of the hole with the drill pipe.

21. PROPERTY DAMAGED:

None

NATURE OF DAMAGE:

None

ESTIMATED AMOUNT (TOTAL):

22. RECOMMENDATIONS TO PREVENT RECURRENCE NARRATIVE:

Designate specific rig personnel and provide training to work on the wellhead.

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

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

25. DATE OF ONSITE INVESTIGATION:

26. ONSITE TEAM MEMBERS:

29. ACCIDENT INVESTIGATION
PANEL FORMED: **NO**

OCS REPORT:

30. DISTRICT SUPERVISOR:

Larry Williamson

APPROVED

DATE: **12-FEB-2007**

BLOWOUT ATTACHMENT

1. WELL NAME: **004** WELL NO.: **177004125900** LEASE: **G12761**
2. OPERATION: DRILLING COMPLETION
 WORKOVER PRODUCTION
3. SIMULTANEOUS OPERATIONS IN PROGRESS? **NO**
4. FLUID TYPE: WEIGHT: PPG
5. BOP STACK CONFIGURATION: SIZE: IN
PRESS RATING: PSI
6. BOP STACK - LAST TEST DATE PRIOR TO INCIDENT: PRESSURE: PSI
7. LAST CASING STRING SET: FT SIZE: IN
8. SIZE OF DRILLING/WORKOVER STRING IN HOLE: IN
9. KICK SIZE: BBLs
10. FLUID KILL WEIGHT: PPG
11. INITIAL S.I.C.P.: PSI
12. S.I.D.P./W.S.P.: PSI
13. PRIOR HOLE PROBLEMS? **YES**
14. WELL CONTROL EQUIPMENT INITIALLY ACTIVATED:
- | | |
|--|--------------------------------------|
| <input type="checkbox"/> ANNULAR BO | <input type="checkbox"/> SCSSV |
| <input checked="" type="checkbox"/> PIPE | <input type="checkbox"/> SSV |
| <input type="checkbox"/> BLIND | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> BLIND SHEA | |
15. EVACUATION: **YES**

-
- | | |
|--|---|
| 16. DIVERTER SYSTEM VALVE SIZE:
LINE SIZE:
<input checked="" type="checkbox"/> SINGLE SPOOL
<input type="checkbox"/> DUAL SPOOL | 21. SSSV TYPE:

DATE LAST TESTED: |
| 17. WAS WELL DIVERTED? NO | 22. TREE: ON <input type="checkbox"/> OFF <input checked="" type="checkbox"/> |
| 18. BOTTOM HOLE ASSEMBLY: | 23. SURFACE SAFETY
EQUIPMENT IN SERVICE? NO |
| 19. DRILLING DEPTH: TVD MD | 24. WELL TD: TVD MD |
| 20. DATE LAST FORMATION INTEGRITY TEST: | 25. OPEN PERF? NO |

