

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

1. OCCURRED

DATE: **31-OCT-2006** TIME: **0920** HOURS

2. OPERATOR: **Walter Oil & Gas Corporation**

REPRESENTATIVE: **Judy Archer**
 TELEPHONE: **(713) 659-1222**

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

REPRESENTATIVE: **Joe Peschier**
 TELEPHONE: **(337) 769-0240**

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

4. LEASE: **G22262**

AREA: **HI** LATITUDE: **28.04714526**
 BLOCK: **A 539** LONGITUDE: **-93.28520619**

5. PLATFORM: **A**

RIG NAME:

6. ACTIVITY: EXPLORATION(POE)
 DEVELOPMENT/PRODUCTION
 (DOCD/POD)

7. TYPE:

- HISTORIC INJURY
- REQUIRED EVACUATION
 - LTA (1-3 days)
 - LTA (>3 days) 1
 - 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: **230** FT.

10. DISTANCE FROM SHORE: **95** MI.

11. WIND DIRECTION: **SW**
 SPEED: **12** M.P.H.

12. CURRENT DIRECTION: **SW**
 SPEED: **6** M.P.H.

13. SEA STATE: **FT.**

17. DESCRIBE IN SEQUENCE HOW ACCIDENT HAPPENED:

The Island Operator's employee was attempting to close the line heater choke. The choke had the proper wheel to close, but the employee used a pipe wrench on the wheel to help him close it. The pipe wrench slipped, causing the employee to fall to the grating. The employee broke his left wrist and cut his right knee. The employee was working alone on an unmanned platform at the time of the accident.

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

Use of an improper tool is considered to be the probable cause of the accident.

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

21. PROPERTY DAMAGED:

NATURE OF DAMAGE:

N/A

ESTIMATED AMOUNT (TOTAL):

22. RECOMMENDATIONS TO PREVENT RECURRENCE NARRATIVE:

The Lake Jackson District has no recommendations.

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

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

25. DATE OF ONSITE INVESTIGATION:

01-NOV-2006

26. ONSITE TEAM MEMBERS:

Ronald Cook /

29. ACCIDENT INVESTIGATION

PANEL FORMED: **NO**

OCS REPORT:

30. DISTRICT SUPERVISOR:

DDykes for Ed Smith

APPROVED

DATE: **29-DEC-2006**