

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

1. OCCURRED

DATE: **06-SEP-2006** TIME: **0800** HOURS

2. OPERATOR: **Kerr-McGee Oil & Gas Corporation**

REPRESENTATIVE: **Gerald Doega**
 TELEPHONE: **(281) 673-6705**

CONTRACTOR: **Baker Energy, Inc.**
 REPRESENTATIVE: **Mark Lemaire**
 TELEPHONE: **(337) 406-8300**

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

4. LEASE: **00336**

AREA: **SS** LATITUDE: **29.093296**
 BLOCK: **33** LONGITUDE: **-91.283085**

5. PLATFORM: **C-3 (PRODUCTION)**
 RIG NAME:

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

7. TYPE:

- HISTORIC INJURY
- REQUIRED EVACUATION 0
 - 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: **20** FT.

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

11. WIND DIRECTION: **N**
 SPEED: **20** M.P.H.

12. CURRENT DIRECTION: **SSE**
 SPEED: **1** M.P.H.

13. SEA STATE: **4** FT.

17. DESCRIBE IN SEQUENCE HOW ACCIDENT HAPPENED:

The employee placed a 36-inch pipewrench and cheater pipe on the 13C Well Header valve to switch the well into test. The employee had his left foot on a padeye and his right foot on the main decking. The cheater pipe was about chest level. When he pulled the wrench towards him, the wrench slipped of the valve and the momentum carried him overboard. He climbed up on some piping and remained there until other crewmembers noticed he was missing. Finally a crew member noticed him in the water. They were able to put a body harness around him and pull him up to the main deck. He had a bump on his head, scratches on his right forearm, and a puncture in the center of his lower back. He was flown into the hospital. He was in the hospital for about a week fighting an infection. He has a broken tail bone and going through physical therapy. There is no indication of when he will return to work.

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

The wrench slipped and the momentum caused him to fall overboard.

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

1. Improper footing may have been a contributing cause to this incident.
2. Improper valve maintenance.
3. Improper tool for the job. Valve has a tool specifically manufactured for the valve. When it becomes difficult to operate valve needs maintenance.

21. PROPERTY DAMAGED:

None

NATURE OF DAMAGE:

n/a

ESTIMATED AMOUNT (TOTAL):

\$

22. RECOMMENDATIONS TO PREVENT RECURRENCE NARRATIVE:

Due to the specific nature of this incident, the Houma District has no recommendations to report to the Regional Office.

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

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

none

25. DATE OF ONSITE INVESTIGATION:

26. ONSITE TEAM MEMBERS:

Amy Wilson /

29. ACCIDENT INVESTIGATION

PANEL FORMED: **NO**

OCS REPORT:

30. DISTRICT SUPERVISOR:

Michael J. Saucier

APPROVED

DATE: **14-DEC-2006**

INJURY/FATALITY/WITNESS ATTACHMENT

<input type="checkbox"/>	OPERATOR REPRESENTATIVE	<input checked="" type="checkbox"/>	INJURY
<input checked="" type="checkbox"/>	CONTRACTOR REPRESENTATIVE	<input type="checkbox"/>	FATALITY
<input type="checkbox"/>	OTHER _____	<input type="checkbox"/>	WITNESS

NAME: **Elijah Herring**

HOME ADDRESS: **1301 S. 1st St.**

CITY: **Monroe** STATE: **LA**

WORK PHONE: _____ TOTAL OFFSHORE EXPERIENCE: **24** YEARS

EMPLOYED BY: **Baker Energy, Inc. / 20290**

BUSINESS ADDRESS: **163 Park Ten Place**

Suite 320

CITY: **Houston** STATE: **TX**

ZIP CODE: **77084**

<input type="checkbox"/>	OPERATOR REPRESENTATIVE	<input type="checkbox"/>	INJURY
<input checked="" type="checkbox"/>	CONTRACTOR REPRESENTATIVE	<input type="checkbox"/>	FATALITY
<input type="checkbox"/>	OTHER _____	<input checked="" type="checkbox"/>	WITNESS

NAME: **Stephen Hicks**

HOME ADDRESS: **5330 Hamilton Drive**

CITY: **Beaumont** STATE: **TX**

WORK PHONE: _____ TOTAL OFFSHORE EXPERIENCE: _____ YEARS

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<input checked="" type="checkbox"/>	CONTRACTOR REPRESENTATIVE	<input type="checkbox"/>	FATALITY
<input type="checkbox"/>	OTHER _____	<input checked="" type="checkbox"/>	WITNESS

NAME: **Serald Fondel**

HOME ADDRESS: **1003 S. Division**

CITY: **Lake Charles** STATE: **LA**

WORK PHONE: _____ TOTAL OFFSHORE EXPERIENCE: _____ YEARS

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