

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

1. OCCURRED

DATE: **07-NOV-2007** TIME: **0415** HOURS

2. OPERATOR:

**Energy XXI GOM, LLC**

REPRESENTATIVE: **Verdun, Wayne**

TELEPHONE: **(337) 296-4903**

CONTRACTOR: **Wood Group Production Services**

REPRESENTATIVE: **Dronet, Scooter**

TELEPHONE: **(800) 234-0100**

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

4. LEASE:

**G02947**

AREA:

**MP**

LATITUDE:

BLOCK:

**73**

LONGITUDE:

5. PLATFORM:

**A**

RIG NAME:

6. ACTIVITY:

EXPLORATION(POE)

DEVELOPMENT/PRODUCTION  
 (DOCD/POD)

7. TYPE:

HISTORIC INJURY

REQUIRED EVACUATION 1

LTA (1-3 days)

LTA (>3 days)

RW/JT (1-3 days)

RW/JT (>3 days) 1

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: **146** FT.

10. DISTANCE FROM SHORE: **12** 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:

On November 7, 2007, at approximately 4:15, on Energy XXI GOM's, OCS-G 02947, Main Pass (MP) 73 A Platform, a contract employee tripped on a fire hose, twisted his leg and hip and struck his back on the corner of a tool box. Injured Person (IP) stayed offshore that morning and was sent to see a doctor later in the day. IP was put on restricted work duty and will have a follow-up visit on November 12, 2007.

**Sequence of Events:**

Wood Group employee tripped over a fire hose twisting his leg and hip causing him to fall and strike his back on the corner of a tool box. He stayed offshore that morning and went in for crew change indicating that he was not in need of medical care. Wood Group contacted him later that day and decided to send him to a doctor. He was put on light duty and will return to see the doctor on November 12th for a follow-up visit.

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

**Trip Hazard:**  
**Employee was not aware of trip hazard.**

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

20. LIST THE ADDITIONAL INFORMATION:

21. PROPERTY DAMAGED:

**None**

NATURE OF DAMAGE:

**None**

ESTIMATED AMOUNT (TOTAL):

**\$**

22. RECOMMENDATIONS TO PREVENT RECURRENCE NARRATIVE:

**The New Orleans District makes no recommendations to MMS.**

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:

**No onsite investigations /**

29. ACCIDENT INVESTIGATION

PANEL FORMED: **NO**

OCS REPORT:

30. DISTRICT SUPERVISOR:

**Troy Trosclair**

APPROVED

DATE: **15-NOV-2007**