

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

1. OCCURRED

DATE: **22-AUG-2008** TIME: **0926** HOURS

2. OPERATOR: **Nexen Petroleum U.S.A. Inc.**

REPRESENTATIVE: **Miller, Karl**

TELEPHONE: **(337) 735-2504**

CONTRACTOR:

REPRESENTATIVE:

TELEPHONE:

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

4. LEASE:

AREA: **EI** LATITUDE:
BLOCK: **259** LONGITUDE:

5. PLATFORM: **C**
RIG NAME:

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 **Construction**

8. CAUSE:

- ☒ EQUIPMENT FAILURE
- ☐ HUMAN ERROR
- ☐ EXTERNAL DAMAGE
- ☐ SLIP/TRIP/FALL
- ☐ WEATHER RELATED
- ☐ LEAK
- ☐ UPSET H2O TREATING
- ☐ OVERBOARD DRILLING FLUID
- ☐ OTHER _____

9. WATER DEPTH: **160** FT.

10. DISTANCE FROM SHORE: **58** MI.

11. WIND DIRECTION: **E**
SPEED: **10** M.P.H.

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

13. SEA STATE: FT.

17. DESCRIBE IN SEQUENCE HOW ACCIDENT HAPPENED:

On the morning of August 22, 2008 at approximately 0926 hours, the crane operator at Nexen Eugene Island 259 C platform was attempting to lift a gang box from the M/V Grant (field boat). The load was to be placed on the top deck of the production platform. During the lifting process, while the load was suspended over the water, the crane operator heard a loud pop and then felt the boom jerk. He immediately noticed the boom and load falling to the water, but missed the field boat located adjacent to the platform. The crane heel boom section remained attached to the crane pedestal while hanging over the side of the production platform, with the boom tip submerged in the water. Three (3) third party contractors on the platform were standing on top of the compressor building taking measurements to fabricate handrailing, when they were struck by small fragments from the boom cable when it parted. Their injuries were limited to small pieces of wire being embedded in their skin, covering shoulder and neck areas on their upper body.

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

Boom cable fatigue and unnecessary stress resulted in reduced strength and integrity of the boom cable, thereby resulting in boom cable failure.

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

Sudden movement of controls during the lifting operation possibly resulting in unnecessary stress to the boom cable.

20. LIST THE ADDITIONAL INFORMATION:

According to Nexen crane records, documents indicate that during annual and quarterly inspections, the boom heel section had evidence of a bent lacing. Documented evidence from Nexen records indicate that the bent lacing occurred while the boom tip section was being changed during a Quarterly inspection dated January 17, 2008. Nexen has provided documentation of a "pull test" that was performed by a manufacturer representative on that date justifying further use of the crane. After testing was completed, all boom sections were found to be sufficient for heavy lifting operations.

21. PROPERTY DAMAGED:

1-Facility Crane Boom
2-Hand rail on platform top deck
3-One light fixture, top deck.
4-One light fixture pole
5-One PSV vent line, instrument gas

NATURE OF DAMAGE:

1-Destroyed from fall
2-Bent out of place
3-Broken
4-Bent out of place and broken
5-Bent out of place

ESTIMATED AMOUNT (TOTAL):

22. RECOMMENDATIONS TO PREVENT RECCURANCE NARRATIVE:

Lafayette District MMS has no recommendations.

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

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

N/A

25. DATE OF ONSITE INVESTIGATION:

23-AUG-2008

26. ONSITE TEAM MEMBERS:

/ Tom Basey / Jason Abshire /

29. ACCIDENT INVESTIGATION

PANEL FORMED: **NO**

OCS REPORT:

30. DISTRICT SUPERVISOR:

Elliott S. Smith

APPROVED

DATE: **21-OCT-2008**

INJURY/FATALITY/WITNESS ATTACHMENT

☐ OPERATOR REPRESENTATIVE

☐ INJURY

☐ CONTRACTOR REPRESENTATIVE

☐ FATALITY

☒ OTHER Rigger

☒ WITNESS

NAME:

HOME ADDRESS:

CITY:

STATE:

WORK PHONE:

TOTAL OFFSHORE EXPERIENCE: **2.5** YEARS

EMPLOYED BY:

BUSINESS ADDRESS:

CITY:

STATE:

ZIP CODE:

☐ OPERATOR REPRESENTATIVE

☐ INJURY

☐ CONTRACTOR REPRESENTATIVE

☐ FATALITY

☒ OTHER Rigger

☒ WITNESS

NAME:

HOME ADDRESS:

CITY:

STATE:

WORK PHONE:

TOTAL OFFSHORE EXPERIENCE: **4** YEARS

EMPLOYED BY:

BUSINESS ADDRESS:

CITY:

STATE:

ZIP CODE:

INJURY/FATALITY/WITNESS ATTACHMENT

☐ OPERATOR REPRESENTATIVE

☐ INJURY

☐ CONTRACTOR REPRESENTATIVE

☐ FATALITY

☒ OTHER Welder

☒ WITNESS

NAME:

HOME ADDRESS:

CITY:

STATE:

WORK PHONE:

TOTAL OFFSHORE EXPERIENCE: **18** YEARS

EMPLOYED BY:

BUSINESS ADDRESS:

CITY:

STATE:

ZIP CODE:

☐ OPERATOR REPRESENTATIVE

☐ INJURY

☐ CONTRACTOR REPRESENTATIVE

☐ FATALITY

☒ OTHER OTHER

☒ WITNESS

NAME:

HOME ADDRESS:

CITY:

STATE:

WORK PHONE:

TOTAL OFFSHORE EXPERIENCE: **1** YEARS

EMPLOYED BY:

BUSINESS ADDRESS:

CITY:

STATE:

ZIP CODE:

INJURY/FATALITY/WITNESS ATTACHMENT

☐ OPERATOR REPRESENTATIVE

☐ INJURY

☐ CONTRACTOR REPRESENTATIVE

☐ FATALITY

☒ OTHER Contract Inspector

☒ WITNESS

NAME:

HOME ADDRESS:

CITY:

STATE:

WORK PHONE:

TOTAL OFFSHORE EXPERIENCE: **22** YEARS

EMPLOYED BY:

BUSINESS ADDRESS:

CITY:

STATE:

ZIP CODE:

☐ OPERATOR REPRESENTATIVE

☐ INJURY

☐ CONTRACTOR REPRESENTATIVE

☐ FATALITY

☒ OTHER Deck Hand

☒ WITNESS

NAME:

HOME ADDRESS:

CITY:

STATE:

WORK PHONE:

TOTAL OFFSHORE EXPERIENCE: **14** YEARS

EMPLOYED BY:

BUSINESS ADDRESS:

CITY:

STATE:

ZIP CODE:

INJURY/FATALITY/WITNESS ATTACHMENT

☐ OPERATOR REPRESENTATIVE

☐ INJURY

☐ CONTRACTOR REPRESENTATIVE

☐ FATALITY

☒ OTHER Relief Captain

☒ WITNESS

NAME:

HOME ADDRESS:

CITY:

STATE:

WORK PHONE:

TOTAL OFFSHORE EXPERIENCE: **11** YEARS

EMPLOYED BY:

BUSINESS ADDRESS:

CITY:

STATE:

ZIP CODE: