

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF SAFETY AND ENVIRONMENTAL ENFORCEMENT
GULF OF MEXICO REGION

ACCIDENT INVESTIGATION REPORT

1. OCCURRED

DATE: **15-APR-2011** TIME: **1140** HOURS

2. OPERATOR: **Hilcorp Energy GOM, LLC**
REPRESENTATIVE:
TELEPHONE:
CONTRACTOR: **Hercules Offshore Drilling**
REPRESENTATIVE:
TELEPHONE:

- STRUCTURAL DAMAGE
- CRANE
- OTHER LIFTING DEVICE
- DAMAGED/DISABLED SAFETY SYS.
- INCIDENT >\$25K
- H2S/15MIN./20PPM
- REQUIRED MUSTER
- SHUTDOWN FROM GAS RELEASE
- OTHER **Derrick/plat. NAVAIDS damage**

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

6. OPERATION:

4. LEASE: **G09010**
AREA: **BA** LATITUDE:
BLOCK: **375** LONGITUDE:

- PRODUCTION
- DRILLING
- WORKOVER
- COMPLETION
- HELICOPTER
- MOTOR VESSEL
- PIPELINE SEGMENT NO.
- OTHER **Sidetrack Drill #A-2**

5. PLATFORM: **A**
RIG NAME: **HERCULES 205**

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

8. CAUSE:

7. TYPE:
 HISTORIC INJURY
 REQUIRED EVACUATION
 LTA (1-3 days)
 LTA (>3 days)
 RW/JT (1-3 days)
 RW/JT (>3 days)
 Other Injury

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

FATALITY
 POLLUTION
 FIRE
 EXPLOSION

9. WATER DEPTH: **64** FT.

LWC HISTORIC BLOWOUT
 UNDERGROUND
 SURFACE
 DEVERTER
 SURFACE EQUIPMENT FAILURE OR PROCEDURES

10. DISTANCE FROM SHORE: **11** MI.

11. WIND DIRECTION: **SSW**
SPEED: **29** M.P.H.

12. CURRENT DIRECTION: **NNE**
SPEED: **2** M.P.H.

COLLISION HISTORIC >\$25K <=\$25K

13. SEA STATE: **5** FT.

17. INVESTIGATION FINDINGS:

The Hercules 205 Jackup mobile offshore drilling unit (MODU) was being moved on location to perform work at the Brazos Area (BA) block 375 "A" Platform. The rig was moving as desired slowly toward the platform while the mud mat was being raised and lowered 5 to 6 times to tag bottom in order to slow/stop the MODU as needed. When the MODU reached a distance of approximately 25 feet, the MODU began increasing speed. The order was given to lower the mat and for the tug to supply full power to slow the MODU speed as it approached the platform. Both attempts were unsuccessful at stopping the MODU from impacting the platform. All platform production was shut-in at the time of incident. No injuries, pollution or significant damage occurred to the platform or the MODU.

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

The MODU was moved too fast to allow sufficient time for tug and mat to slow its momentum.

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

The seafloor was said to have previous mat depressions which caused the mats to lose contact with the bottom. High winds also played a role in pushing the MODU into the platform.

20. LIST THE ADDITIONAL INFORMATION:

21. PROPERTY DAMAGED:

Derrick
Derrick Ladder and Ladder Cage
2 NAVAID Lights

NATURE OF DAMAGE:

Slight Damage to the stern and port-aft section of the derrick. Platform NAVAIDS sustained slight damage.

ESTIMATED AMOUNT (TOTAL): \$23,692

22. RECOMMENDATIONS TO PREVENT RECURRANCE NARRATIVE:

The Lake Jackson District has no recommendations to the Agency to prevent recurrence.

23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: YES

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

A G-110 INC was issued for failure to perform all operations in a safe and workmanlike manner.

25. DATE OF ONSITE INVESTIGATION:

26-APR-2011

26. ONSITE TEAM MEMBERS:
James Holmes /

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

OCS REPORT:

30. DISTRICT SUPERVISOR:

stephen p. martinez

APPROVED

DATE: **31-AUG-2011**

COLLISION ATTACHMENT

1. STRUCTURE MANNED: **YES**
2. OPERATING NAVIGATIONAL AIDS: **YES**
3. FAIRWAY LOCATION CONTRIBUTING FACTOR: **NO**
4. NAME OF VESSEL: **Hercules 205 MODU**
5. OWNER OF VESSEL: **Hercules Offshore**
6. TYPE OF VESSEL: **MODU**
7. MASTER OF VESSEL:
8. PILOT OF VESSEL:
9. ESTIMATED AMOUNT OF DAMAGE TO VESSEL: **\$17,364**

INJURY/FATALITY/WITNESS ATTACHMENT

<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:

HOME ADDRESS:

CITY:

STATE:

WORK PHONE:

TOTAL OFFSHORE EXPERIENCE:

YEARS

EMPLOYED BY: **Hercules Offshore Drilling**

BUSINESS ADDRESS:

CITY:

STATE:

ZIP CODE:

<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:

HOME ADDRESS:

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STATE:

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TOTAL OFFSHORE EXPERIENCE:

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