

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

ACCIDENT INVESTIGATION REPORT

1. OCCURRED

DATE: 01-JUN-2009 TIME: 0545 HOURS

2. OPERATOR: Anadarko E&P Company LP
REPRESENTATIVE: Jensen, Sharon
TELEPHONE: (832) 636-3269
CONTRACTOR: DOLPHIN DRILLING COMPANY
REPRESENTATIVE: Fenton, Frank
TELEPHONE: (713) 554-3919

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

4. LEASE: G32504
AREA: GC LATITUDE:
BLOCK: 432 LONGITUDE:

5. PLATFORM:
RIG NAME: BELFORD DOLPHIN

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)
 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 casing handling
 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: 3883 FT.

10. DISTANCE FROM SHORE: 110 MI.

11. WIND DIRECTION: SE
SPEED: 5 M.P.H.

12. CURRENT DIRECTION: N
SPEED: 1 M.P.H.

13. SEA STATE: 4 FT.

17. INVESTIGATION FINDINGS:

While making up and running the 10-1/8 inch liner, a joint to be made up in the string was being lifted in the derrick by the rig's hoisting system. When the joint was at a height of approximately 40 feet it separated from the lift nubbin and fell to the rig floor. Subsequent to falling, the joint struck a member of the casing crew causing injury to his neck, shoulder, and back. The injured person was evacuated to a shore based hospital where he was treated and later released. The dropped joint and lift nubbin were secured and sent to shore for inspection.

The casing manufacturer performed an inspection of the lift nubbin and joint of damaged casing. The lift nubbin is also property of the casing manufacturer. The report from the inspection indicated that the threads for both the lift nubbin and joint were within proper tolerances. The report further indicated that the threads for both the lift nubbin and joint have a phosphate coating. This coating is damaged by contact from the threads for both the lift nubbin and joint when properly made up. The treads for both the lift nubbin and joint had no signs of damage indicating that the connection was not properly made up.

A post job report filled out by the casing crew company as part of their job program included comments that the lift nubbin had not been properly made up. A JSA was conducted prior to this job and a component of the JSA was to have the lift nubbin properly installed.

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

The lift nubbin was not properly made up in the joint before lifting.

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

20. LIST THE ADDITIONAL INFORMATION:

Supporting documents are attached.

21. PROPERTY DAMAGED:

Joint of casing.

NATURE OF DAMAGE:

Threads bent out of ovality.

ESTIMATED AMOUNT (TOTAL): \$7,500

22. RECOMMENDATIONS TO PREVENT RECURRANCE NARRATIVE:

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

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:

Ben Coco /

29. ACCIDENT INVESTIGATION

PANEL FORMED: **NO**

OCS REPORT:

30. DISTRICT SUPERVISOR:

Bryan A. Domangue

APPROVED

DATE: **06-NOV-2009**

INJURY/FATALITY/WITNESS ATTACHMENT

OPERATOR REPRESENTATIVE

INJURY

CONTRACTOR REPRESENTATIVE

FATALITY

OTHER _____

WITNESS

NAME:

HOME ADDRESS:

CITY:

STATE:

WORK PHONE:

TOTAL OFFSHORE EXPERIENCE:

YEARS

EMPLOYED BY:

BUSINESS ADDRESS:

CITY:

STATE:

ZIP CODE: