

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

1. OCCURRED
 DATE: **03-JUN-2009** TIME: **1200** HOURS

2. OPERATOR: **Nexen Petroleum U.S.A. Inc.**
 REPRESENTATIVE: **Bertrand, Johnny**
 TELEPHONE: **(337) 735-2502**
 CONTRACTOR:
 REPRESENTATIVE:
 TELEPHONE:

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

4. LEASE: **G02104**
 AREA: **EI** LATITUDE:
 BLOCK: **295** LONGITUDE:

5. PLATFORM: **A**
 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

8. CAUSE:

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

9. WATER DEPTH: **211** FT.

10. DISTANCE FROM SHORE: **72** MI.

11. WIND DIRECTION: **S**
 SPEED: **12** M.P.H.

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

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

17. DESCRIBE IN SEQUENCE HOW ACCIDENT HAPPENED:

On June 03, 2009, at approximately 1200 hours, on Nexen Petroleum U.S.A., Inc's Lease OCS-G 2104, Eugene Island 295 A platform, the crane operator (CO) inadvertently lowered the boom heel section onto a protective pipe barrier resulting in a bent boom lattice during a lightweight lift operation. The CO used the fast line to lower a joint of pipe, 12" x 20' weighting approximately 2,400 pounds, to jack stands positioned in the hot work area on the northeast corner of the top deck. Due to the load destination, the CO had to position the crane boom over a pipe rack protection barrier and lower the boom to approximately 80 feet radius (maximum static load is 9,850 pounds) in order to reach the intended target. Upon lowering the boom, the CO complied with the "stop" signal from the rigger as the boom heel section came to rest on the protective pipe barrier. The contact with the protective pipe barrier bent one underside diagonal lattice. Subsequent to the incident, all crane operations ceased and a crane mechanic placed the crane out of service for repair. No injuries or pollution resulted from this incident.

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

The CO failed to react to the rigger's "stop" signal quickly enough to prevent the boom from colliding with the protective pipe barrier.

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

The location of the designated hot work area posed significant challenges for the CO to conduct safe load transfers. Specifically, the far-reaching distance required the CO to boom down to maximum boom radius. In addition, the height, location and design of the original pipe rack protective barrier restricted the crane boom's range of downward motion.

A job safety analysis (JSA) was not completed to communicate the various obstacles unique to this lifting operation.

At the time of the incident, the CO did not meet API RP 2D certification requirements to operate offshore cranes since he was only certified for mobile land cranes. In addition, the CO's rigger certification had also expired.

20. LIST THE ADDITIONAL INFORMATION:

The lessee is already promptly addressing various issues to prevent the reoccurrence of this event. Specifically, the protective pipe rack barrier was quickly modified to prevent contact with the crane boom when operated as designed. The damaged boom heel section was replaced on June 5, 2009. The designated hot work area will be relocated and clearly marked to aid in future safe crane operations. An additional person will be tasked with watching the boom if future crane operations need to be conducted in close proximity to the protective pipe barrier. Future JSA meetings will refer to this incident as a means of prevention. In addition, the lessee is improving their methods for confirming contract employee-training certifications.

In addition to the aforementioned preventive measures, the lessee should review their

JSA policies and implement the suggestions documented in MMS Safety Alert# 276 dated February 17, 2009. In addition, the lessee must ensure that employees receive offshore crane/rigger training certification that meets the intent of the recognized (adopted by CFR 30) version of API RP 2D (5th edition).

21. PROPERTY DAMAGED:

Heel section of crane boom

NATURE OF DAMAGE:

Underside diagonal lattice bent

ESTIMATED AMOUNT (TOTAL): \$50,000

22. RECOMMENDATIONS TO PREVENT RECURRENCE NARRATIVE:

The MMS Lafayette District office makes no recommendations to the MMS Regional Office of Safety Management (OSM).

23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: YES

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

An Incident of Noncompliance (INC) I-182 is issued "After the Fact" to document that on June 3, 2009, Nexen Petroleum U.S.A., Inc. failed to ensure that the platform crane was operated by only qualified personnel in accordance with API RP 2D (5th edition), Paragraph 3.1.1 and all rigger certifications were current in accordance with Paragraphs 2.3, 3.1.3 and 3.1.4.

Nexen Petroleum U.S.A., Inc is advised to submit a letter of explanation addressing this INC, including plans for eliminating future incidents of this nature, to the MMS Lafayette District Manager.

25. DATE OF ONSITE INVESTIGATION:

09-JUN-2009

26. ONSITE TEAM MEMBERS:

Douglas Frerich / Raymond Johnson / Gerald Gonzales /

29. ACCIDENT INVESTIGATION

PANEL FORMED: NO

OCS REPORT:

30. DISTRICT SUPERVISOR:

Elliott S. Smith

APPROVED

DATE: 30-JUN-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 :

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 :

INJURY/FATALITY/WITNESS ATTACHMENT

OPERATOR REPRESENTATIVE

INJURY

CONTRACTOR REPRESENTATIVE

FATALITY

OTHER _____

WITNESS

NAME :

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CITY :

STATE :

WORK PHONE :

TOTAL OFFSHORE EXPERIENCE :

YEARS

EMPLOYED BY :

BUSINESS ADDRESS :

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