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

ACCIDENT INVESTIGATION REPORT

1. OCCURRED
   DATE: **08-DEC-2009** TIME: **1300** HOURS

2. OPERATOR: **Statoil Gulf of Mexico LLC**
   REPRESENTATIVE: **Worsham, Michael**
   TELEPHONE: **(713) 579-9900**
   CONTRACTOR:
   REPRESENTATIVE:
   TELEPHONE:

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

4. LEASE: **G20341**
   AREA: **WR** LATITUDE:
   BLOCK: **543** LONGITUDE:

5. PLATFORM:
   RIG NAME: **MAERSK DEVELOPER**

6. ACTIVITY:
- [X] 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
- [X] OTHER LIFTING DEVICE **VDM Gripper Head**
- [ ] DAMAGED/DISABLED SAFETY SYS.
- [ ] INCIDENT >$25K
- [ ] H2S/15MIN./20PPM
- [ ] REQUIRED MUSTER
- [ ] SHUTDOWN FROM GAS RELEASE
- [ ] OTHER

6. OPERATION:
- [ ] PRODUCTION
- [X] DRILLING
- [ ] WORKOVER
- [ ] COMPLETION
- [ ] HELICOPTER
- [ ] MOTOR VESSEL
- [ ] PIPELINE SEGMENT NO.
- [ ] OTHER

8. CAUSE:
- [ ] EQUIPMENT FAILURE
- [X] HUMAN ERROR
- [ ] EXTERNAL DAMAGE
- [ ] SLIP/TRIP/FALL
- [ ] WEATHER RELATED
- [ ] LEAK
- [ ] UPSET H2O TREATING
- [ ] OVERBOARD DRILLING FLUID
- [ ] OTHER _____

9. WATER DEPTH: **6606** FT.

10. DISTANCE FROM SHORE: **182** MI.

11. WIND DIRECTION: **N**
    SPEED: **26** M.P.H.

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

13. SEA STATE: **2** FT.

17. INVESTIGATION FINDINGS:

On 8-Dec-2009 at 1300 hours, the Maersk Developer Rig was making-up a stand of 16-inch casing on the AUX riser pipe shuttle. One 16-inch O.D. joint of casing weighing 3690 pounds was picked up by the V-Door Machine (VDM) grippers to be lowered into the mousehole using the Weatherford hydraulic slips. At the moment of the incident, the Assistant Driller (VDM operator) lowered the joint in the slips with approximately 5 feet of stickup. At the same time, the Weathorford Operator set the slips but did not obtain an equipment reading that the slips were completely set. The VDM Operator presumed that the slips were fully set, so he opened the VDM grippers which released the joint. The casing joint dropped from the vertical approximately 10 feet inside the mousehole, remaining upright and extending a couple a meters above the drill floor. Rig personnel were then able to retrieve the joint by screwing another joint into the fallen joint. No personnel were injured during the incident.

The Statoil investigation determined that miscommunication developed between the Weatherford operator and the VDM Operator. Prior to the incident, the VDM Operator was receiving a confirmation (a thumbs up or radio communication) from the Weatherford Operator that the slips were completely set. At the time of the incident, no signal was received from the Weatherford Operator that the slips were fully engaged, yet the VDM Operator opened the VDM grippers. Statoil conducted a safety stand down to discuss the incident.

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

Miscommunication resulted in the VDM Operator opening the VDM grippers prior to receiving confirmation from the Weatherford Operator that the casing slips were fully engaged.

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

N/A

20. LIST THE ADDITIONAL INFORMATION:

N/A

21. PROPERTY DAMAGED:

There was no damaged property in this incident.

NATURE OF DAMAGE:

N/A

ESTIMATED AMOUNT (TOTAL): **$**

22. RECOMMENDATIONS TO PREVENT RECURRANCE NARRATIVE:

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

23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT:

NO

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

N/A

25. DATE OF ONSITE INVESTIGATION:

26. ONSITE TEAM MEMBERS:

Casey Bisso /

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

OCS REPORT:

30. DISTRICT SUPERVISOR:

Bryan A. Domangue

APPROVED DATE: **22-FEB-2010**

INJURY/FATALITY/WITNESS ATTACHMENT

[ ] OPERATOR REPRESENTATIVE
[ ] CONTRACTOR REPRESENTATIVE
[X] OTHER **Weatherford**

[ ] INJURY
[ ] FATALITY
[X] WITNESS

NAME:

HOME ADDRESS:

CITY: STATE:

WORK PHONE: TOTAL OFFSHORE EXPERIENCE: YEARS

EMPLOYED BY:

BUSINESS ADDRESS:

CITY: STATE:

ZIP CODE:

[ ] OPERATOR REPRESENTATIVE
[ ] CONTRACTOR REPRESENTATIVE
[X] OTHER **Weatherford**

[ ] INJURY
[ ] FATALITY
[X] WITNESS

NAME:

HOME ADDRESS:

CITY: STATE:

WORK PHONE: TOTAL OFFSHORE EXPERIENCE: YEARS

EMPLOYED BY:

BUSINESS ADDRESS:

CITY: STATE:

ZIP CODE:

Crane/Other Material-Handling Equipment Attachment

Equipment Information

Installation date: **01-JAN-2008**

Manufacturer: **NATIONAL OILWELL VARCO**

Manufacture date: **01-JAN-2008**

Make/Model: **NOV** / **NOV**

Any modifications since manufactured? Describe and include date(s).

What was the maximum lifting capacity at the time of the lift?

Static: Dynamic:

Was a tag line utilized during the lift? **N**

Were there any known documented deficiencies prior to conducting the lift? If yes, what were the deficiencies?

None

List specific type of failure that occured during this incident.(e.g. cable parted, sticking control valve, etc.)

n/a

If sling/loose gear failure occurred does operator have a sling/loose gear inspection program in place? **N**

Type of lift: **DD**

Load Information

What was being lifted? **PIPE**

Description of what was being lifted (e.g. 10 joints of 2 3/8-inch pipe, ten 500-lb. sacks of sand, 2 employees, etc.)

one 16 inch casing joint

Approximate weight of load being lifted: **3690**

Was crane/lifting device equipped with an operable weight indicator? **N**

Was the load identified with the correct or approximate weight? **N**

Where was the lift started, where was it destined to finish, and at what point in the lift did the incident occur? Give specific details (e.g. pipe rack, riser cart, drill floor, etc.)

Casing was being made up and was dropped into mousehole.

If personnel was being lifted at the time of this incident, give specific details of lifting device and riding apparatus in use (e.g. 1) crane-personnel basket, 2) air hoist-boatswain chair, other)

n/a

Were personnel wearing a safety harness? **NA**

Was a lifeline available and utilized? **NA**

List property lost overboard.

NONE

Rigger/Operator Information

Has rigger had rigger training?

If yes, date of last training:

How many years of rigger experience did rigger have?

How many hours was the operator on duty prior to the incident? **1**

Was operator on medication when incident occurred? **N**

How many hours was the rigger on duty prior to the incident?

How much sleep did rigger have in the 24 hours preceding this incident? **12**

Was rigger on medication when incident occurred?

Were all personnel involved in the lift drug tested immediately following this incident?

Operator: **N** Rigger: Other:

While conducting the lift, was line of sight between operator and load maintained?

Y

Does operator wear glasses or contact lenses? **N**

If so, were glasses or contacts in use at time of the incident? **N**

Does operator wear a hearing aid? **N**

If so, was operator using hearing aid at time of the incident? N

What type of communication system was being utilized between operator and rigger at time of this incident?

HAND SIGNAL

For crane only:

What crane training institution did crane operator attend?

Where was institution located?

Was operator qualified on this type of crane? **N**

How much actual operational time did operator have on this particular crane involved in this incident?

Years: Months:

List recent crane operator training dates.

For other material-handling equipment only:

Has operator been trained to operate the lifting device involved in the incident? **Y**

How many years of experience did operator have operating the specific type of lifting device involved in the incident?

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Inspection/Maintenance Information

For crane only:

Is the crane involved classified as Heavy, Moderate or Infrequent use.

Was pre-use inspeciton conducted?

For the annual/quarterly/monthly crane inspections, please fill out the following information:

What was the date of the last inspection?

Who performed the last inspection?

Was inspection conducted in-house or by a 3rd party?

Who qualified the inspector?

Does operators' policy require load or pull test prior to heavy lift?

Which type of test was conducted prior to heavy lift?

Date of last pull test: Load test:

Results:

If fail explain why:

Test Parameters: Boom angle: Radius:

What was the date of most recent crane maintenance performed?

Who performed crane maintenance? (Please clarify persons name or company name.)

Was crane maintenance performed in-house or by a third party?

What type of maintenance was performed?

For other material-handling equipment only:

Was equipment visually inspected before the lift took place? **Y**

What is the manufacture's recommendation for performing periodic inspection on the equipment involved in this incident?

N/a incident was result of communication error. Inspection was done according to manufacturer's recommendations.

Safety Management Systems

Does the company have a safety management program in place? **N**

Does the company's safety management program address crane/other material-handling equipment operations?

N

Provide any remarks you may have that applies to the company's safety management program and this incident?

Did operator fill out a Job Safety Analysis (JSA) prior to job being performed?

Y

Did operator have an operational or safety meeting prior to job being performed?

Y

What precautions were taken by operator before conducting lift resulting in incident?

Procedures in place for crane/other material-handling equipment activities:

Did operator have procedures written? **N**

Did procedures cover the circumstances of this incident? **N**

Was a copy available for review prior to incident? **N**

Were procedures available to MMS upon request? **N**

Is it documented that operator's representative reviewed procedures before conducting lift?

N

Additional observations or concerns: