

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

1. OCCURRED

DATE: **18-APR-2008** TIME: **0255** HOURS

2. OPERATOR: **Wild Well Control, Inc.**

REPRESENTATIVE: **Savoy, Joseph**

TELEPHONE: **(281) 784-4700**

CONTRACTOR:

REPRESENTATIVE:

TELEPHONE:

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

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

6. OPERATION:

4. LEASE: **00133**

AREA: **GI** LATITUDE:

BLOCK: **47** LONGITUDE:

- PRODUCTION
- DRILLING
- WORKOVER
- COMPLETION
- HELICOPTER
- MOTOR VESSEL
- PIPELINE SEGMENT NO.
- OTHER **P&A**

5. PLATFORM:

RIG NAME:

6. ACTIVITY:

- EXPLORATION(POE)
- DEVELOPMENT/PRODUCTION
(DOCD/POD)

8. CAUSE:

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

7. TYPE:

- HISTORIC INJURY
 - REQUIRED EVACUATION
 - LTA (1-3 days)
 - LTA (>3 days) **1**
 - 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

- 9. WATER DEPTH: **94** FT.
- 10. DISTANCE FROM SHORE: **12** MI.
- 11. WIND DIRECTION:
SPEED: M.P.H.
- 12. CURRENT DIRECTION:
SPEED: M.P.H.
- 13. SEA STATE: FT.

17. DESCRIBE IN SEQUENCE HOW ACCIDENT HAPPENED:

On April 18, 2008, at Wild Well Control Inc.'s Lease OCS 00133, Grand Isle (GI) Block 47, a Crossmar rigger injured his hand when it was pinched in between the yokohama sling and the barge. The Injured Person (IP) index and the adjacent finger were pinched. Medic cleansed, put a splint on each finger and applied a bandage. IP received two small abrasions, one on each finger with minor bleeding. The rigging crew was in the process of relocating the sling to prevent damage or cutting of the wire. The rigger was wearing PPE, hard hat, steel toes and gloves; he was wearing neoprene stretch type diver gloves (Atlas Fit M), needs to wear leather. X-Rays revealed a broken index finger.

Update:

IP was seen at a clinic on 4/18/2008 to evaluate his injury. X-Rays were conclusive that IP had a transverse fracture on his right index finger. On 4/21/2008 the IP had an orthopedic evaluation follow-up appointment. It was recommended that he receive surgery to properly set the bone in place due to the nature of the fracture. IP went for a 2nd opinion appointment on 4/23/2008. On 5/4/2008 IP had a successful surgery without complications to set his finger into place with screws/ pins. He was released to restricted duty with limited use of right hand and instructed not to work offshore until further notice by the doctor. So, he remained on payroll performing other company duties. 5/13/2008 he was had a post-operative evaluation and was ordered to do physical therapy 3 times a week for a 2-week period with no offshore work. His normal shift ended 5/12/2008 and he is currently in off time recovering. He will return to the next shift 5/26/2008. If all goes well, he will be able to return to work offshore with limited use of his hand. If not, he will be allowed to work in a light duty position in the tool room so no lost time occurs. He has not lost any time since injured.

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

Human Error:

Inattention to job being performed.

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

20. LIST THE ADDITIONAL INFORMATION:

21. PROPERTY DAMAGED:

None

NATURE OF DAMAGE:

None

ESTIMATED AMOUNT (TOTAL):

\$

22. RECOMMENDATIONS TO PREVENT RECURRENCE NARRATIVE:

The New Orleans District makes no recommendations to MMS.

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:

No onsite investigation /

29. ACCIDENT INVESTIGATION

PANEL FORMED: **NO**

OCS REPORT:

30. DISTRICT SUPERVISOR:

Troy Trosclair

APPROVED

DATE: **04-JUN-2008**