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

ACCIDENT INVESTIGATION REPORT

1. OCCURRED
DATE: **26-MAY-2008** TIME: **1815** HOURS

2. OPERATOR: **Mariner Energy, Inc.**
REPRESENTATIVE: **Maxwell, Joyce**
TELEPHONE: **(337) 265-2610**
CONTRACTOR: **Pride Offshore**
REPRESENTATIVE: **Roy Hoffman**
TELEPHONE: **(409) 783-9477**

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

4. LEASE: **G02580**
AREA: **VR** LATITUDE: **29.591944**
BLOCK: **380** LONGITUDE: **-90.721667**

5. PLATFORM: **A**
RIG NAME: **BLAKE 1501E**

6. ACTIVITY:
- [ ] EXPLORATION(POE)
- [X] DEVELOPMENT/PRODUCTION (DOCD/POD)

7. TYPE:
- [ ] HISTORIC INJURY
  - [X] REQUIRED EVACUATION **1**
  - [ ] LTA (1-3 days)
  - [X] 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
- [ ] STRUCTURAL DAMAGE
- [ ] CRANE
- [X] OTHER LIFTING DEVICE **Air Hoist rig floor**
- [ ] DAMAGED/DISABLED SAFETY SYS.
- [ ] INCIDENT >$25K
- [ ] H2S/15MIN./20PPM
- [ ] REQUIRED MUSTER
- [ ] SHUTDOWN FROM GAS RELEASE
- [ ] OTHER

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

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

9. WATER DEPTH: **340** FT.

10. DISTANCE FROM SHORE: **102** MI.

11. WIND DIRECTION: **SSE**
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 the afternoon of May 26, 2008, the rig crew completed well bore operations on well A-15, and was in the process of covering the well slot opening when the injury occurred. The well slot is located at the mat deck below the rig floor, and the well slot cover consisted of a 4'x 4'metal plate weighing approximately 100 pounds. Due to the weight of the cover, the decision was made to utilize an air hoist on the rig floor to assist the crew with this heavy lift. The person designated to operate the air hoist was directed to the rig floor, and began lowering the hook attached to the hoist chain through the rotary. As the hoist chain was being lowered through the rotary, the hook and hoist chain became lodged on an unknown component under the rig floor. The driller, (designated "flagger"), and other crew members proceeded to the mat deck below the rig floor and discussed how they were going to proceed with covering the hole. Once in agreement they proceeded to walk across the rig mat when the hoist chain dislodged, and fell down in a whipping motion. One of the crew members was struck on the right side of his face causing a serious injury to his right eye.

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

1. Failure to maintain visual contact with the hook as the hoist chain was being lowered to the mat deck below the rig floor, allowed the hook and hoist chain to become a fall hazard when it became lodged on a component below the rig floor.

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

1. Due to the location of the air hoist controls, the hoist operator had to rely on hand signals and/or verbal instruction from the designated "flagger".
2. The hoist operator and designated "flagger" did not maintain communication while the hook and hoist chain were being lowered through the rotary.
3. The hoist operator lowered the hoist chain without instruction from the designated "flagger".
4. The designated "flagger" did not maintain visual contact with the hook and hoist chain during the lowering operation.

20. LIST THE ADDITIONAL INFORMATION:

Crew members did recognize the potential of the hoist chain hanging up on components below the rig floor as stated in step 3 of the JSA, but the crew members failed to follow the recommendations to eliminate or reduce the dangers of this hazard. Step 3 of the JSA states that personnel will be "stationed on decks below to guide hoist lines down through to the well bay".
The onsite MMS inspector expressed the importance to the rig crew about following through with all recommendations identified on the Job Safety Analyses (JSA's) in order to eliminate or reduce the potential hazards associated with the task at hand. The inspector also highly recommended to the rig crew that the designated "flagger"

maintains visual contact with the hoist hook at all times when lifting and/or lowering objects through the rotary. In addition, personnel should remain clear of any potential areas of impact from overhead loads until all hoisting operations are secured.

21. PROPERTY DAMAGED:

NONE

NATURE OF DAMAGE:

NONE

ESTIMATED AMOUNT (TOTAL):

22. RECOMMENDATIONS TO PREVENT RECURRANCE NARRATIVE:

The Lake Charles District has no recommendations to the regional office.

23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: **YES**

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

G-110 Unsafe workmanlike operations resulted in serious (LTA) injury.

*** The hoist operator and designated "flagger" did not maintain communications while the hook and hoist chain was being lowered through the rotary.**
*** The hoist operator lowered the hoist chain without instruction from the designated "flagger".**
*** The designated "flagger" failed to maintain visual contact with the hook and hoist chain during lowering operation.**

25. DATE OF ONSITE INVESTIGATION:

20-JUN-2008

26. ONSITE TEAM MEMBERS:

Scott Mouton / Bill Olive /

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

OCS REPORT:

30. DISTRICT SUPERVISOR:

Larry Williamson

APPROVED

DATE: **14-AUG-2008**

INJURY/FATALITY/WITNESS ATTACHMENT

☐ OPERATOR REPRESENTATIVE	☒ INJURY
☐ CONTRACTOR REPRESENTATIVE	☐ FATALITY
☒ OTHER **Floorman**	☐ WITNESS

NAME:

HOME ADDRESS:

CITY: STATE:

WORK PHONE: TOTAL OFFSHORE EXPERIENCE: YEARS

EMPLOYED BY:

BUSINESS ADDRESS:

CITY: STATE:

ZIP CODE: