

UNITED STATES DEPARTMENT OF THE INTERIOR  
Bureau of Safety and Environmental Enforcement  
GULF OF MEXICO REGION

# ACCIDENT INVESTIGATION REPORT

1. OCCURRED

DATE: **29-APR-2011** TIME: **0900** HOURS

2. OPERATOR:

**Apache Corporation**

REPRESENTATIVE: **Molaison, Bryan**

TELEPHONE: **(337) 354-8118**

CONTRACTOR: **TETRA Technologies, Inc.**

REPRESENTATIVE: **Griffin, Lydia**

TELEPHONE: **(985) 851-0331**

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

4. LEASE: **G16455**

AREA: **ST** LATITUDE:

BLOCK: **291** LONGITUDE:

5. PLATFORM: **A**

RIG NAME:

6. ACTIVITY:  EXPLORATION(POE)

DEVELOPMENT/PRODUCTION  
(DOCD/POD)

7. TYPE:

HISTORIC INJURY

- REQUIRED EVACUATION 1
- 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

- 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 **P & A (Cutting and Pulling  
13 3/8" csg)**

8. CAUSE:

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

9. WATER DEPTH: **394** FT.

10. DISTANCE FROM SHORE: **90** MI.

11. WIND DIRECTION: **NW**  
SPEED: **15** M.P.H.

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

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

17. INVESTIGATION FINDINGS:

During P&A operations, the crew ran in the hole with joints of drill pipe and a casing spear to latch onto the 13-3/8" casing. Personnel started pulling up the casing with a casing jack. They pulled 10 to 12 feet when personnel realized the jack was off center. They began to put the casing back down. The crane operator was not aware the casing was being jacked down and he did not slack off of the fast line enough to maintain two feet of separation between the elevators and drill pipe box. While jacking down, the elevators took up slack in the fast line of the crane and parted the crane wire. The headache ball and elevators fell to the deck. The slings fell, and hit a Tetra employee on his left shoulder and arm. The injured party was sent to shore for medical attention and was diagnosed with a broken arm. A Job Safety Analysis (JSA) was conducted prior to operations.

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

The crane operator was not paying attention, and did not provide enough slack in the crane's fast line resulting in the crane wire parting.

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

The crane operator failed to maintain 2 feet of separation between the elevators and drill pipe box to keep the load off of the elevators and fast line.

20. LIST THE ADDITIONAL INFORMATION:

n/a

21. PROPERTY DAMAGED:

Crane fast line

NATURE OF DAMAGE:

Line broke

ESTIMATED AMOUNT (TOTAL):

22. RECOMMENDATIONS TO PREVENT RECURRANCE NARRATIVE:

The BOEMRE Houma District has no recommendations for the Agency.

23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: YES

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

Two incidents of non-compliance were issued during our onsite investigation.

G110 (C): P&A operations not being conducted in a safe and workmanlike manner. While pulling casing, the wire rope on the crane fast line parted causing injuries to personnel.

G110 (W): The crane operator failed to follow direction by maintaining a 2 foot

separation between the elevators and drill pipe tool box to keep load off the elevators and fast line.

25. DATE OF ONSITE INVESTIGATION:

29-APR-2011

26. ONSITE TEAM MEMBERS:

Paul Nelson / Keith Barrios /  
Freddie Mosely /

29. ACCIDENT INVESTIGATION

PANEL FORMED: NO

OCS REPORT:

30. DISTRICT SUPERVISOR:

Bryan A. Domangue

APPROVED

DATE: 06-OCT-2011

# INJURY/FATALITY/WITNESS ATTACHMENT

<input type="checkbox"/>	OPERATOR REPRESENTATIVE	<input checked="" type="checkbox"/>	INJURY
<input checked="" type="checkbox"/>	CONTRACTOR REPRESENTATIVE	<input type="checkbox"/>	FATALITY
<input type="checkbox"/>	OTHER _____	<input type="checkbox"/>	WITNESS

NAME :

HOME ADDRESS :

CITY :

STATE :

WORK PHONE :

TOTAL OFFSHORE EXPERIENCE :

YEARS

EMPLOYED BY :

BUSINESS ADDRESS :

CITY :

STATE :

ZIP CODE :

<input type="checkbox"/>	OPERATOR REPRESENTATIVE	<input type="checkbox"/>	INJURY
<input checked="" type="checkbox"/>	CONTRACTOR REPRESENTATIVE	<input type="checkbox"/>	FATALITY
<input type="checkbox"/>	OTHER _____	<input checked="" type="checkbox"/>	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-OCT-1998**

Manufacturer: **APPLIED HYDRAULIC SYSTEMS INC.**

Manufacture date: **01-JUL-1998**

Make/Model: **NAUTILUS / 180B1-100**

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

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

Static: **48373**      Dynamic: **41479**

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?

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

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

Type of lift: **DD**

### For crane only:

Type of crane: **HYDRAULIC**

Boom angle at time of incident: Degrees: **77**      Radius: **40**

What was load limit at that angle? **7062**

Crane equipped with: **B**

Which line was in use at time of incident? **F**

If load line involved, what configuration is the load block: **4** part.

## 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.)

**13 3/8 inch casing**

Approximate weight of load being lifted: **200000**

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

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

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.)

**Pulling 13 3/8 inch casing out of hole**

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.

## 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? 4

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? 8

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?

### For crane only:

What crane training institution did crane operator attend?

FALCK ALFORD

Where was institution located? HOUMA, LOUISIANA

Was operator qualified on this type of crane? Y

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

Years: 5                      Months: 0

List recent crane operator training dates.

AUGUST 1, 2010 AND JANUARY 2011

**For other material-handling equipment only:**

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

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



## Inspection/Maintenance Information

### For crane only:

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

**H**

Was pre-use inspeciton conducted? **Y**

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

What was the date of the last inspection? **15-APR-2011**

Who performed the last inspection? **BYRON ZENO**

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

Who qualified the inspector? **SPARROWS CRANE SERVICE**

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

Which type of test was conducted prior to heavy lift? **P**

Date of last pull test: **15-APR-2011** Load test: **01-JAN-1000**

Results: **P**

If fail explain why:

Test Parameters: Boom angle: **73** Radius: **30**

What was the date of most recent crane maintenance performed? **04-MAR-2011**

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

**DREXTER BABIN, SPARROWS CRANE SERVICE**

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

What type of maintenance was performed?

**Replaced hydraulic starter with air starter.**

**For other material-handling equipment only:**

Was equipment visually inspected before the lift took place?

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

## Safety Management Systems

Does the company have a safety management program in place?

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

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?

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

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?

Did procedures cover the circumstances of this incident?

Was a copy available for review prior to incident?

Were procedures available to MMS upon request?

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

Additional observations or concerns: