UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF OCEAN ENERGY MANAGEMENT, REGULATION AND ENFORCEMENT
GULF OF MEXICO REGION

ACCIDENT INVESTIGATION REPORT

1. OCCURRED
   DATE: **18-OCT-2010** TIME: **1600** HOURS

2. OPERATOR: **Apache Corporation**
   REPRESENTATIVE: **Broussard, Wade**
   TELEPHONE: **(337) 354-8005**
   CONTRACTOR:
   REPRESENTATIVE:
   TELEPHONE:

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

4. LEASE: **G02587**
   AREA: **SM** LATITUDE:
   BLOCK: **128** LONGITUDE:

5. PLATFORM: **C**
   RIG NAME:

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

7. TYPE:
- [ ] HISTORIC INJURY
- [X] REQUIRED EVACUATION **1**
- [ ] LTA (1-3 days)
- [ ] LTA (>3 days
- [ ] RW/JT (1-3 days)
- [X] RW/JT (>3 days) **1**
- [ ] 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
- [X] OTHER **Lack of Fall Protection**

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

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

9. WATER DEPTH: **255** FT.

10. DISTANCE FROM SHORE: **75** MI.

11. WIND DIRECTION: **SE**
    SPEED: **1** M.P.H.

12. CURRENT DIRECTION: **NE**
    SPEED: **10** M.P.H.

13. SEA STATE: **0** FT.

17. INVESTIGATION FINDINGS:

On 18 October 2010 at approximately 1615 hours, a wireline operator (WO) received a severe laceration on the left side of his torso due to falling from the top of a wellhead while trying to loosen the well cap. The top of the C-21 well is 5'1" from the working deck and 12'5" from the main deck, with the working deck approximately 2' in width from the well to the handrail. The WO climbed the C-21 well and attempted to loosen the well cap with a 24" pipewrench. The WO did not utilize any fall protection while working on the C-21 well. The WO grabbed the tree with his left hand and pulled the 24" pipewrench with his right to loosen the well cap. According to witnesses, the wrench slipped causing the WO to loose his balance and fall. The WO fell to the outside of the working deck striking the ESD panel that was approximately 6' below. He then fell an additional 6' striking the main deck. The ESD panel struck the WO on the left side of his torso causing a 13 cm laceration. The Apache medic notified Air Med and the WO was flown to Lafayette General Medical Center. The WO received 23 stitches and was released that night.

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

Properly utilizing the fall protection that was available during wireline operations would have prevented this incident. The WO failed to recognize the fall hazard associated with the wireline operations being performed.

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

***The WO's supervisor, overseeing the WO attempting to loosen the tree cap, failed to properly supervise the operation by not requiring fall protection. As per Apache's JSA, using fall protection was reviewed under the Potential Hazards of each Step and Recommended Hazard Control prior to the incident.**
***When the proper hazard analysis was not performed and a possible falling risk remained, the wireline crew failed to utilize the Stop Work Authority.**

20. LIST THE ADDITIONAL INFORMATION:

21. PROPERTY DAMAGED: NATURE OF DAMAGE:

None **N/A**

ESTIMATED AMOUNT (TOTAL):

$

22. RECOMMENDATIONS TO PREVENT RECURRANCE NARRATIVE:

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

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

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

INC G-112 is issued "After the Fact" to document that Apache Corporation failed to provide safety of all personnel and take all necessary precautions to correct and remove any health, safety or fire hazards as follows: Failure to wear fall protection when working above 10 feet during wireline operations on well #C-21 D. The accident was the result of failing to properly utilize fall protection that was available during wireline operations.

25. DATE OF ONSITE INVESTIGATION:

20-OCT-2010

26. ONSITE TEAM MEMBERS:

Tom Basey / Wade Guillotte / Bob Fuller / Leo Dartez /

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

OCS REPORT:

30. DISTRICT SUPERVISOR:

Elliott S. Smnith

APPROVED DATE: **05-NOV-2010**

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
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