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

ACCIDENT INVESTIGATION REPORT

| 1. | OCCURRED | |
|----|--|---|
| | DATE: | STRUCTURAL DAMAGE |
| | 29-NOV-2010 TIME: 1245 HOURS | x CRANE |
| | _ | OTHER LIFTING DEVICE |
| 2. | OPERATOR: Nexen Petroleum U.S.A. Inc. | DAMAGED/DISABLED SAFETY SYS. |
| | REPRESENTATIVE: Bertrand, Johnny | X INCIDENT >\$25K Boom and winch damage |
| | TELEPHONE: (337) 735-2502 | H2S/15MIN./20PPM |
| | CONTRACTOR: REPRESENTATIVE: | REQUIRED MUSTER |
| | TELEPHONE: | SHUTDOWN FROM GAS RELEASE |
| | I BBBI NONE. | OTHER |
| 3. | OPERATOR/CONTRACTOR REPRESENTATIVE/SUPERVISOR ON SITE AT TIME OF INCIDENT: | 6. OPERATION: |
| | | X PRODUCTION |
| | | DRILLING |
| 4. | LEASE: G02103 | WORKOVER |
| | AREA: EI LATITUDE: | COMPLETION |
| | BLOCK: 257 LONGITUDE: | HELICOPTER |
| | | MOTOR VESSEL |
| 5. | PLATFORM: C | PIPELINE SEGMENT NO. |
| | RIG NAME: | U OTHER |
| 6. | ACTIVITY: | 8. CAUSE: |
| | X DEVELOPMENT/PRODUCTION | |
| | (DOCD/POD) | EQUIPMENT FAILURE HUMAN ERROR |
| 7. | TYPE: | EXTERNAL DAMAGE |
| | HISTORIC INJURY | SLIP/TRIP/FALL |
| | REQUIRED EVACUATION | WEATHER RELATED |
| | LTA (1-3 days) | ☐ LEAK |
| | x LTA (>3 days 1 | UPSET H20 TREATING |
| | RW/JT (1-3 days) | OVERBOARD DRILLING FLUID |
| | RW/JT (>3 days) | X OTHER Unknown |
| | Other Injury | 9. WATER DEPTH: 152 FT. |
| | FATALITY | J. WATER DELTH. 132 11. |
| | POLLUTION | 10. DISTANCE FROM SHORE: 56 MI. |
| | FIRE | 20. 22212102 211011 211012. |
| | EXPLOSION | 11. WIND DIRECTION: E |
| | LWC HISTORIC BLOWOUT | SPEED: 10 M.P.H. |
| | UNDERGROUND | |
| | SURFACE | 12. CURRENT DIRECTION: ESE |
| | DEVERTER | |
| | SURFACE EQUIPMENT FAILURE OR PROCEDURES | SPEED: 2 M.P.H. |
| | COLLISION HISTORIC >\$25K <=\$25K | 13. SEA STATE: FT. |

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17. INVESTIGATION FINDINGS:

On 29 November 2010, two mechanics were being offloaded from a crew boat using the crane and personnel basket. While the mechanics were preparing to board the personnel basket, the crane boom started to collapse causing the headache ball on the fast line to strike one of the mechanics in the left shoulder. The injured mechanic (IM) and his coworker were attempting to board the platform to perform maintenance on a generator package. As the crane operator (CO) lowered the personnel basket to the boat, the mechanics noticed the crane boom was not aligned to lift the basket properly. The mechanics stepped away from the basket to allow the (CO) to adjust the boom. As the mechanics attempted to board the basket a second time, the basket started to descend. The mechanics then realized the boom was starting to collapse and descend toward the boat. The (CO) stated he lost all control of the boom winch. Before both mechanics could escape the collapsing boom, the headache ball on the fast line struck the (IM) on his left shoulder. The (IM) was sent for treatment to Teche Regional Medical Center in Morgan City where it was determined he suffered a separated left shoulder.

The previous day, a generator package weighing approximately 16,500 lbs was successfully lifted with the crane. The (CO) stated that the lift did not come in contact with the boat after the lift was made, or any other movement that could have resulted in shock loading of the crane. Prior to lifting the generator package and the personnel basket, the (CO) conducted the Pre-use inspection for the crane. The Lessee categorizes this crane as Heavy Usage per API R2D 4.1.1.3. Heavy Usage applies to those cranes that are used for 50 hours or more per month. These cranes are subject to Pre-use, Monthly, Quarterly, and Annual Inspections.

The Lessee proceeded with an investigation to determine if a possible failure of the boom winch resulted in the collapse of the boom. The boom was sent to the Lessee's Intracoastal City base for testing. The boom winch was sent to Houma to be inspected by a third party crane company. After several tests were completed, it was determined that there were no failures concerning the boom winch. The Lessee has concluded that the incident was due to operator error and will continue their investigation.

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

The direct cause of this incident could not be determined during the investigations conducted by the BOEMRE Lafayette District and the Lessee. There was not enough sufficient evidence to determine a direct cause.

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

Possible causes due to shock loading the crane prior to the incident or boom failure due to stress could not be confirmed. The Lessee will pursue their investigation in an attempt to determine the exact cause. In the event the Lessee or BOEMRE Lafayette District can determine the exact cause, the 2010 will be revised and reposted.

20. LIST THE ADDITIONAL INFORMATION:

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21. PROPERTY DAMAGED:

NATURE OF DAMAGE:

Crane boom

Possible boom wench failure

ESTIMATED AMOUNT (TOTAL):

\$100,000

22. RECOMMENDATIONS TO PREVENT RECURRANCE NARRATIVE:

The Lafayette District has no recommendations for the Office of Safety Management.

- 23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: NO
- 24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

None

25. DATE OF ONSITE INVESTIGATION:

02-DEC-2010

26. ONSITE TEAM MEMBERS:

Tom Basey / Wade Guillotte /

29. ACCIDENT INVESTIGATION PANEL FORMED: NO

OCS REPORT:

30. DISTRICT SUPERVISOR:

Elliott S. Smith

APPROVED

DATE: 25-JAN-2011

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INJURY/FATALITY/WITNESS ATTACHMENT

| OPERATOR REPRESENTATIVE CONTRACTOR REPRESENTATIVE OTHER | INJURY FATALITY WITNESS | |
|--|-----------------------------------|-----|
| NAME: HOME ADDRESS: CITY: WORK PHONE: EMPLOYED BY: | STATE: TOTAL OFFSHORE EXPERIENCE: | YEA |
| BUSINESS ADDRESS: CITY: ZIP CODE: | STATE: | |
| OPERATOR REPRESENTATIVE CONTRACTOR REPRESENTATIVE OTHER | INJURY FATALITY X WITNESS | |
| NAME: HOME ADDRESS: CITY: WORK PHONE: EMPLOYED BY: BUSINESS ADDRESS: | STATE: TOTAL OFFSHORE EXPERIENCE: | YEA |
| CITY: ZIP CODE: | STATE: | |

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INJURY/FATALITY/WITNESS ATTACHMENT

| OPERATOR REPRESENTATIVE CONTRACTOR REPRESENTATIVE OTHER | INJURY FATALITY WITNESS | |
|---|-----------------------------------|-------|
| NAME: HOME ADDRESS: | | |
| CITY: WORK PHONE: | STATE: TOTAL OFFSHORE EXPERIENCE: | YEARS |
| EMPLOYED BY: BUSINESS ADDRESS: | | |
| CITY: ZIP CODE: | STATE: | |
| | | |

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