

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

1. OCCURRED

DATE: **30-OCT-2007** TIME: **1400** HOURS

2. OPERATOR: **Nexen Petroleum U.S.A. Inc.**

REPRESENTATIVE: **Hankss, Shelton**

TELEPHONE: **(337) 735-2503**

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: **00138**

AREA: **WD** LATITUDE:

BLOCK: **45** LONGITUDE:

- PRODUCTION
- DRILLING
- WORKOVER
- COMPLETION
- HELICOPTER
- MOTOR VESSEL
- PIPELINE SEGMENT NO.
- OTHER **construction**

5. PLATFORM: **B**

RIG NAME:

6. ACTIVITY: EXPLORATION (POE)
 DEVELOPMENT/PRODUCTION
(DOCD/POD)

8. CAUSE:

7. TYPE:

- HISTORIC INJURY
- REQUIRED EVACUATION **1**
- LTA (1-3 days)
- LTA (>3 days)
- RW/JT (1-3 days)
- RW/JT (>3 days) **1**
- Other Injury

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

- FATALITY
- POLLUTION
- FIRE
- EXPLOSION

9. WATER DEPTH: **54** FT.

- LWC HISTORIC BLOWOUT
- UNDERGROUND
 - SURFACE
 - DEVERTER
 - SURFACE EQUIPMENT FAILURE OR PROCEDURES

10. DISTANCE FROM SHORE: **17** MI.

11. WIND DIRECTION:
SPEED: M.P.H.

12. CURRENT DIRECTION:
SPEED: M.P.H.

COLLISION HISTORIC >\$25K <=\$25K 13. SEA STATE: FT.

17. DESCRIBE IN SEQUENCE HOW ACCIDENT HAPPENED:

On October 30, 2007, at approximately 14:00, on Nexen Petroleum U.S.A. Inc.'s OCS 00138, West Delta (WD) 45 B Platform, an employee injured his lower back when he bent over to pick up a pair of gloves. Injured Person (IP) was sent in for medical treatment and was diagnosed with a lumbar strain and was placed on restricted duty until his release on November 6, 2007.

Sequence of Events:

IP was bending over to pick up a pair of gloves; he felt a shocking jolt in his lower back area to the top of knees. IP was sent in for medical treatment. IP was diagnosed with a lumbar strain; he was put on light duty, released to full work duty on 11/6/07. He received heat and cold treatments.

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

Human Error:

IP strained his back by bending at the waist.

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:

MINOR

26. ONSITE TEAM MEMBERS:

No onsite investigation /

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

OCS REPORT:

30. DISTRICT SUPERVISOR:

Troy Trosclair

APPROVED

DATE: **20-DEC-2007**