

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

1. OCCURRED

DATE: **14-AUG-2006** TIME: **1330** HOURS

2. OPERATOR: **Seneca Resources Corporation**

REPRESENTATIVE: **Jerry Bologna**

TELEPHONE: **(713) 654-2694**

CONTRACTOR: **Ensco Offshore Co.**

REPRESENTATIVE: **Todd Simar**

TELEPHONE: **(337) 837-8504**

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

4. LEASE: **G26198**

AREA: **VK** LATITUDE:

BLOCK: **432** LONGITUDE:

5. PLATFORM: **A**

RIG NAME: **ENSCO 98**

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

7. TYPE:

- HISTORIC INJURY
  - REQUIRED EVACUATION
  - 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

8. CAUSE:

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

9. WATER DEPTH: **128** FT.

10. DISTANCE FROM SHORE: **40** MI.

11. WIND DIRECTION: **SW**  
SPEED: **12** M.P.H.

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

13. SEA STATE: **2** FT.

17. DESCRIBE IN SEQUENCE HOW ACCIDENT HAPPENED:

The drill crew was attempting to retrieve the trash cap for tie back operations. The drill pipe was in the hole and believed to be resting on top of the cap. After numerous attempts to retrieve the cap with the top drive, the decision was made to manually turn the drill pipe with a chain tong. Before the job began a pre Job Safety Meeting (JSM) was conducted. They discussed how the pipe will fall when it is turned into the connection. The crew then disconnected from the top drive and two floorhands began turning the drill pipe with the chain tong. A few turns were made when the tool engaged and fell approximately 1 foot causing the handle of the chain tong to make contact on the left shin of one employee working the tongs causing the injury. As a result of this unplanned event the classification of the incident is a Lost Time Accident. The injured person will be away from work for approximately 180 days.

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

- A) The employee was not following or adhering to the warnings given in the pre JSM.
- B) Having body parts in the pinch points of the work being performed.

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

21. PROPERTY DAMAGED:

None

NATURE OF DAMAGE:

N/A

ESTIMATED AMOUNT (TOTAL):

\$

22. RECOMMENDATIONS TO PREVENT RECURRENCE NARRATIVE:

No Recommendations to MMS.

The New Orleans District concurs with the Operator's recommendations to prevent recurrence.

- 1) Recommended to third party equipment company to modify procedures.
- 2) ENSCO to issue a safety alert to all rigs of the details of incident with identification of hazards relevant to start task.

23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: NO

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

25. DATE OF ONSITE INVESTIGATION:

30-AUG-2006

26. ONSITE TEAM MEMBERS:

Justin Josey /

29. ACCIDENT INVESTIGATION

PANEL FORMED: NO

OCS REPORT:

30. DISTRICT SUPERVISOR:

Troy Trosclair

APPROVED

DATE: 14-SEP-2006

# 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: **Brent Doughty**

HOME ADDRESS: **Post Office Box 192**

CITY: **Evergreen** STATE: **LA**

WORK PHONE: TOTAL OFFSHORE EXPERIENCE: **13** 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: **Scott Courville**

HOME ADDRESS: **24795 Liberty Road**

CITY: **Lafayette** STATE: **LA**

WORK PHONE: TOTAL OFFSHORE EXPERIENCE: **1** YEARS

EMPLOYED BY:

BUSINESS ADDRESS:

CITY: STATE:

ZIP CODE:

# INJURY/FATALITY/WITNESS ATTACHMENT

OPERATOR REPRESENTATIVE

INJURY

CONTRACTOR REPRESENTATIVE

FATALITY

OTHER \_\_\_\_\_

WITNESS

NAME: **Lee Farris**

HOME ADDRESS: **374 Hwy 909**

CITY: **Monterey**

STATE: **LA**

WORK PHONE:

TOTAL OFFSHORE EXPERIENCE: **6** YEARS

EMPLOYED BY:

BUSINESS ADDRESS:

CITY:

STATE:

ZIP CODE: