

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

1. OCCURRED

DATE: **05-JUN-2007** TIME: **1830** HOURS

2. OPERATOR: **Royal Production Company, Inc.**

REPRESENTATIVE: **Grossman, Julie**

TELEPHONE: **(713) 278-6000**

CONTRACTOR: **TODCO**

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: **G26183**

AREA: **MO** LATITUDE:

BLOCK: **1002** LONGITUDE:

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

5. PLATFORM:

RIG NAME: **THE 201**

6. ACTIVITY:

- EXPLORATION(POE)
- DEVELOPMENT/PRODUCTION  
(DOCD/POD)

8. CAUSE:

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

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

- 9. WATER DEPTH: **84** FT.
- 10. DISTANCE FROM SHORE: **15** MI.
- 11. WIND DIRECTION:  
SPEED: M.P.H.
- 12. CURRENT DIRECTION:  
SPEED: M.P.H.
- 13. SEA STATE: FT.

17. DESCRIBE IN SEQUENCE HOW ACCIDENT HAPPENED:

On June 5, 2007, at 18:30 hours, at Royal Production Company's OCS-G 26183 Mobile (MO) 1003, an employee was injured when he mashed his index and middle finger on his right hand between the tongs and the drill collar. Injured Person (IP) required ten stitches on his index and middle finger. The stiches were removed on June 14,2007. IP was released to full unrestricted duty effective June 27, 2007.

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

**Inattention to duties being performed.**

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 has no recommendations to MMS.**

23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: **NO**

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

25. DATE OF ONSITE INVESTIGATION:

26. ONSITE TEAM MEMBERS:

**No Onsite Investigation /**

29. ACCIDENT INVESTIGATION

PANEL FORMED: **NO**

OCS REPORT:

30. DISTRICT SUPERVISOR:

**Troy Trosclair**

APPROVED

DATE: **20-SEP-2007**