

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

1. OCCURRED

DATE: **05-OCT-2005** TIME: **1230** HOURS

2. OPERATOR: **Apache Corporation**

REPRESENTATIVE: **John Garber**

TELEPHONE: **(337) 232-2416**

3. LEASE: **G05560**

AREA: **SS** LATITUDE:

BLOCK: **258** LONGITUDE:

4. PLATFORM: **JB**

RIG NAME **ROWAN CECIL PROVINE**

5. ACTIVITY: EXPLORATION(POE)

DEVELOPMENT/PRODUCTION
(DOCD/POD)

6. TYPE: FIRE

EXPLOSION

BLOWOUT

COLLISION

INJURY NO. 1

FATALITY NO. 0

POLLUTION

OTHER _____

7. OPERATION: PRODUCTION

DRILLING

WORKOVER

COMPLETION

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: **145** FT.

10. DISTANCE FROM SHORE: **50** MI.

11. WIND DIRECTION:

SPEED: M.P.H.

12. CURRENT DIRECTION:

SPEED: M.P.H.

13. SEA STATE: FT.

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

Kenny Adams

CITY: STATE:

TELEPHONE:

CONTRACTOR: **ISLAND OPERATORS CO. INC.**

CONTRACTOR REPRESENTATIVE/
SUPERVISOR ON SITE AT TIME OF INCIDENT:

Chris Rablee

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

TELEPHONE: **(337) 233-9594**

17. DESCRIBE IN SEQUENCE HOW ACCIDENT HAPPENED:

On October 3, 2005, at approx. 1700 hrs., the rig welder, from the Rowan Cecil Provine, was ordered to cut holes in the well deck and the lower production deck on Apache's Ship Shoal Block 258, JB Platform, so as to have access to the next well slot. The rig had crew-changed on October 4, 2005 and on October 5, 2005, a production crew of two boarded the platform so as to return the platform to production. At approximately 1230 hrs., one of the production crew was walking towards his co-worker, so he could hear him better, fell through the hole previously cut in the well deck. After falling approx. eight feet, he was able to stop himself from falling through the second hole (on the production deck), and a further fall of aprox. 30 feet further to the structural members and water below. He landed across the hole, with his back, arms and legs preventing him from falling any further and this is where he sustained his injuries. After the accident, barricades were placed around both holes.

It should also be noted that no Job Safety Analysis or Hot Burning and Welding plan could be produced for this Incident.

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

Access holes were cut into the deck grading and left without barricades after they were cut.

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

Lack of communication between crews during crew change

21. PROPERTY DAMAGED:

NATURE OF DAMAGE:

ESTIMATED AMOUNT (TOTAL): \$

22. RECOMMENDATIONS TO PREVENT RECURRANCE NARRATIVE:

Due to the specific nature of this incident, the Houma District has no recommendations to the Regional Office.

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

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

Z-114 (33 CFR 142.2, 142.87) Are all openings in decks that are accessible to personnel covered, guarded, or otherwise made inaccessible when not in use.

Apache failed to make the two holes cut in the decks inaccessible by any means available to prevent personnel access from 10/3/2005 until after the accident on 10/5/2005.

25. DATE OF ONSITE INVESTIGATION:

06-OCT-2005

26. ONSITE TEAM MEMBERS:

Brad Hunter / Kelly Bouzigard /

29. ACCIDENT INVESTIGATION

PANEL FORMED: **NO**

OCS REPORT:

30. DISTRICT SUPERVISOR:

Michael J. Saucier

APPROVED

DATE: **02-DEC-2005**

INJURY/FATALITY/WITNESS ATTACHMENT

<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:

HOME ADDRESS:

CITY:

STATE:

WORK PHONE:

TOTAL OFFSHORE EXPERIENCE:

YEARS

EMPLOYED BY: **ISLAND OPERATORS CO. INC. / 20324**

BUSINESS ADDRESS: **108 ZACHARY**

CITY: **LAFAYETTE**

STATE: **LA**

ZIP CODE: **70583**

<input type="checkbox"/>	OPERATOR REPRESENTATIVE	<input checked="" type="checkbox"/>	INJURY
<input type="checkbox"/>	CONTRACTOR REPRESENTATIVE	<input type="checkbox"/>	FATALITY
<input checked="" type="checkbox"/>	OTHER <u>Production Operator</u>	<input type="checkbox"/>	WITNESS

NAME:

HOME ADDRESS:

CITY:

STATE:

WORK PHONE:

TOTAL OFFSHORE EXPERIENCE:

YEARS

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