

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF SAFETY AND ENVIRONMENTAL ENFORCEMENT
GULF OF MEXICO REGION

ACCIDENT INVESTIGATION REPORT

For Public Release

1. OCCURRED

DATE: 26-OCT-2013 TIME: 2230 HOURS

2. OPERATOR: Marathon Oil Company

REPRESENTATIVE:

TELEPHONE:

CONTRACTOR: Ensco Offshore Co.

REPRESENTATIVE:

TELEPHONE:

- STRUCTURAL DAMAGE
- CRANE
- OTHER LIFTING DEVICE HTV Pipe Handler
- DAMAGED/DISABLED SAFETY SYS.
- INCIDENT >\$25K See Item 21
- 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: G31570

AREA: DC LATITUDE:

BLOCK: 757 LONGITUDE:

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

5. PLATFORM:

RIG NAME: ENSCO 8502

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)
 - 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: 8391 FT.
10. DISTANCE FROM SHORE: 110 MI.
11. WIND DIRECTION: NE
SPEED: 12 M.P.H.
12. CURRENT DIRECTION: W
SPEED: 0 M.P.H.
13. SEA STATE: 0 FT.

17. INVESTIGATION FINDINGS: -

On October 26 2013, at approximately 2230 hours the Horizontal to Vertical (HTV) pipe handler fell to the rig floor causing damage to the HTV pipe handler, fox hole cover, and a joint of 6-5/8" drill pipe.

The drill crew was in the process of drilling ahead while picking up and racking back 6-5/8" drill pipe with the HTV pipe handler. The crew made up a full stand of pipe and was in the process of pulling it out of the fox hole to hand it off to the bridge racker. At this time, both 1" support cables for the HTV parted and the HTV fell 42' to the rig floor. The 3 drill crew employees operating the equipment were an estimated 15 feet away resulting in no injuries.

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

Both of the 1" support cables for the HTV parted at the wedge socket.

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

No contributing factors could be listed at the time of the investigation.

20. LIST THE ADDITIONAL INFORMATION:

- 1) At the time of the investigation the equipment was still on the rig. Ensco will be getting the cable analyzed to determine the cause of the failure.
- 2) After reviewing to the data logger for the HTV no over-pulling was observed. -
- 3) Both cables were installed 8-16-2012.
- 4) The HTV weighs an estimated 31000 lbs and each support cable has a minimum breaking-strength of 130,609 lbs.

21. PROPERTY DAMAGED:

HTV Pipe racker, Fox Hole Cover, One
Joint of 6 5/8" Drill Pipe. >\$25,000

NATURE OF DAMAGE:

Structural and Cosmetic

ESTIMATED AMOUNT (TOTAL):

22. RECOMMENDATIONS TO PREVENT RECCURRANCE NARRATIVE:
~~The BSEE New Orleans District makes no recommendations to the Agency.~~

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

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

25. DATE OF ONSITE INVESTIGATION:

28-OCT-2013 -

26. ONSITE TEAM MEMBERS: -

Michael "Joe" Sonnier /

29. ACCIDENT INVESTIGATION

PANEL FORMED: **NO**

OCS REPORT:

30. DISTRICT SUPERVISOR:

David J. Trocquet

APPROVED

DATE: **03-JUL-2014**

INJURY/FATALITY/WITNESS ATTACHMENT

OPERATOR REPRESENTATIVE

INJURY

CONTRACTOR REPRESENTATIVE

FATALITY

OTHER _____

WITNESS

NAME:

HOME ADDRESS:

CITY:

STATE:

WORK PHONE:

TOTAL OFFSHORE EXPERIENCE:

YEARS

EMPLOYED BY:

BUSINESS ADDRESS:

CITY:

STATE:

ZIP CODE:

OPERATOR REPRESENTATIVE

INJURY

INJURY/FATALITY/WITNESS ATTACHMENT

CONTRACTOR REPRESENTATIVE

FATALITY

OTHER _____

WITNESS

NAME :

HOME ADDRESS :

CITY :

STATE :

WORK PHONE :

TOTAL OFFSHORE EXPERIENCE :

YEARS

EMPLOYED BY :

BUSINESS ADDRESS :

CITY :

STATE :

ZIP CODE :