

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: **16-MAR-2013** TIME: **1300** HOURS

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

REPRESENTATIVE:

TELEPHONE:

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 **Fall Injury**

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

6. OPERATION:

4. LEASE: **G02104**

AREA: **EI** LATITUDE:

BLOCK: **295** LONGITUDE:

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

5. PLATFORM: **A**

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) 1
  - RW/JT (1-3 days)
  - RW/JT (>3 days)
  - 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

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

COLLISION  HISTORIC  >\$25K  <=\$25K

9. WATER DEPTH: **211** FT.
10. DISTANCE FROM SHORE: **61** MI.
11. WIND DIRECTION:  
SPEED: M.P.H.
12. CURRENT DIRECTION:  
SPEED: M.P.H.
13. SEA STATE: FT.

17. INVESTIGATION FINDINGS:

On March 16, 2013 at approximately 1300 hours an employee was injured while attempting to pressure up the production system after maintenance was performed on the compressor. After completing compressor maintenance, the injured employee (IE) was attempting to open the A-12 well header valve to allow the production system to receive pressure. The IE utilized a stand to have access to the header valve. The stand has one step for access and is approximately 24' in height. The stand is built very sturdy with no movement as an employee is working on top.

A piece of pipe is utilized to operate the header valves due to the manufacturer not constructing a handle. According to the IE, as he was opening the header valve, the pipe slipped causing him to lose his balance and fall to the solid deck. The IE suffered an injury to his right knee and was assisted by co-workers to the top deck. The IE was transported to Teche Medical Center in Morgan City. The IE fractured his Tibial Plateau just below the right knee. The IE was referred to an Orthopedic Specialist for further treatment.

The BSEE Lafayette District conducted an onsite investigation on March 18, 2013. Investigation revealed that the IE failed to ensure proper foot placement to prevent the potential of losing his balance.

\*After further review, the Lessee has elected to insert handrails on the stands to prevent any further injuries.

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

The IE failed to ensure proper foot placement to prevent the potential of losing his balance.

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

20. LIST THE ADDITIONAL INFORMATION:

21. PROPERTY DAMAGED:

NATURE OF DAMAGE:

None

NA

ESTIMATED AMOUNT (TOTAL): \$

22. RECOMMENDATIONS TO PREVENT RECURRENCE NARRATIVE:

**The BSEE Lafayette District office makes no recommendations to the Office of Safety Management (OSM).**

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

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

**None**

25. DATE OF ONSITE INVESTIGATION:

**18-MAR-2013**

26. ONSITE TEAM MEMBERS:

**Wade Guillotte / Gerald Gonzales /**

29. ACCIDENT INVESTIGATION

PANEL FORMED: **NO**

OCS REPORT:

30. DISTRICT SUPERVISOR:

**Elliott S. Smith**

APPROVED

DATE: **04-APR-2013**

# 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

CONTRACTOR REPRESENTATIVE

FATALITY

OTHER \_\_\_\_\_

WITNESS

NAME :

HOME ADDRESS :

CITY :

STATE :

WORK PHONE :

TOTAL OFFSHORE EXPERIENCE :

YEARS

EMPLOYED BY :

BUSINESS ADDRESS :

CITY :

STATE :

ZIP CODE :

