

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-MAY-2013** TIME: **2215** HOURS

2. OPERATOR: **Shell Offshore Inc.**

REPRESENTATIVE:

TELEPHONE:

CONTRACTOR: **NOBLE DRILLING (U.S.) INC.**

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: **G07957**

AREA: **MC** LATITUDE:

BLOCK: **762** LONGITUDE:

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

5. PLATFORM:

RIG NAME: **NOBLE BULLY I**

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

8. CAUSE:

7. TYPE:

- HISTORIC INJURY
 - REQUIRED EVACUATION
 - LTA (1-3 days)
 - LTA (>3 days)
 - 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: **3140** FT.
10. DISTANCE FROM SHORE: **47** MI.
11. WIND DIRECTION: **E**
SPEED: **17** M.P.H.
12. CURRENT DIRECTION: **S**
SPEED: **7** M.P.H.
13. SEA STATE: FT.

17. INVESTIGATION FINDINGS: -

On 16-May-2013 at 2215 hours, the primary sealing element for the riser slip joint failed due to a loss of air pressure. As a result 20.8 barrels of 12.8 pound per gallon synthetic based mud (SBM) was spilled into the moon pool.

The operation at the time of the incident was fluffing cement tanks in preparation for a cement squeeze job. During this operation the rig service air, not able to keep up with the air demand, dropped to about 40 psi allowing the sealing element in the slip joint to relax. While engine control room personnel were responding to the low rig air alarm, it was noticed that the slip joint was leaking SBM into the moon pool. Once all air compressors were online and full rig air was restored, the sealing element engaged stopping the leak.

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

1) Low rig air pressure allowed the primary sealing element in the slip joint to relax.

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

1) Rig air compressors not in the correct alignment allowed the air pressure to fall.
2) No check valve installed to trap sealing pressure on the primary sealing element in the event air pressure is lost.

20. LIST THE ADDITIONAL INFORMATION:

Rig air compressor #2 was online but was unable to handle the amount of air needed to fluff the cement tanks. Air compressor #1 did not come online due to the control switch being in the local or hand position. Air compressor #3, assigned as the lag compressor, failed to start due to improper settings.

The Spill was contained in the moon pool and no sheen was observed around the ship.

21. PROPERTY DAMAGED:

None -

NATURE OF DAMAGE:

N/A

ESTIMATED AMOUNT (TOTAL):

\$

22. RECOMMENDATIONS TO PREVENT RECURRENCE NARRATIVE:

The BSEE New Orleans District makes no recommendations to the Agency.

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

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

E-100: Issued on 16-May-2013, the rig service air to the primary slip joint packer dropped below sealing pressure which resulted in a 20.8 barrel spill of 12.8 pound per gallon synthetic based mud.

25. DATE OF ONSITE INVESTIGATION:

20-MAY-2013

26. ONSITE TEAM MEMBERS: -

Michael Sonnier /

29. ACCIDENT INVESTIGATION

PANEL FORMED: **NO**

OCS REPORT:

30. DISTRICT SUPERVISOR:

David Trocquet

APPROVED

DATE:

19-MAR-2014

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:

BUSINESS ADDRESS:

CITY:

STATE:

ZIP CODE:

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

NAME:

HOME ADDRESS:

CITY:

STATE:

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