

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: 30-APR-2012 TIME: 0750 HOURS

2. OPERATOR: Shell Offshore Inc.

REPRESENTATIVE:

TELEPHONE:

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

REPRESENTATIVE:

TELEPHONE:

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

4. LEASE: G07957

AREA: MC LATITUDE: 28.159906
BLOCK: 762 LONGITUDE: -89.239333

5. PLATFORM:

RIG NAME: NOBLE BULLY I

6. ACTIVITY:

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

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

FATALITY
 POLLUTION
 FIRE
 EXPLOSION

LWC HISTORIC BLOWOUT
 UNDERGROUND
 SURFACE
 DEVERTER
 SURFACE EQUIPMENT FAILURE OR PROCEDURES

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

STRUCTURAL DAMAGE
 CRANE
 OTHER LIFTING DEVICE
 DAMAGED/DISABLED SAFETY SYS.
 INCIDENT >\$25K \$200,000
 H2S/15MIN./20PPM
 REQUIRED MUSTER
 SHUTDOWN FROM GAS RELEASE
 OTHER Compound Fracture

6. OPERATION:

PRODUCTION
 DRILLING
 WORKOVER
 COMPLETION
 HELICOPTER
 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 Malfunction of Cycling Gear

9. WATER DEPTH: 3030 FT.

10. DISTANCE FROM SHORE: 78 MI.

11. WIND DIRECTION: E
SPEED: 13 M.P.H.

12. CURRENT DIRECTION: ESE
SPEED: 1 M.P.H.

13. SEA STATE: 0 FT.

17. INVESTIGATION FINDINGS:

On 30 APR 2012, at approximately 07:50 hours, a contractor employed by Noble Drilling was injured during drilling operations when the cycling gear on the Automated Derrick system malfunctioned. The Automated Derrick system, with a top drive assembly, which normally rotates the drill string while the bails and elevator float, inadvertently engaged gearing causing the bails and elevator to spin with the velocity of the rotating drill string; approximately 120 rpms. As a result, this caused the bails and elevators to swing around striking the Assistant Driller (AD) who was standing approximately 6.5 ft away from the rotary and 10 to 12 inches out of the rotary's no go zone. The AD landed approximately 18 feet from the point of impact. The Injured Person (IP) was evacuated for medical treatment where he had surgery to remove a blood clot and repair a compound fracture to his elbow. The IP was released from the hospital on 07 MAY 2012.

The length of the bails and elevator suggest that upon unforeseen rotation of the bails and elevator at full extension due to high velocity rotation, the no go zone wasn't wide enough to allow for incidental rotation of the bails and elevator.

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

A malfunction of the Automated Derrick system's cycling gear allowed the bails and elevator to rotate beyond the rotary's no go zone.

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

The length of the bails and elevator suggest that upon unforeseen rotation of the bails and elevator at full extension due to high velocity rotation, the no go zone wasn't wide enough to allow for incidental rotation of the bails and elevator.

20. LIST THE ADDITIONAL INFORMATION:

21. PROPERTY DAMAGED:

NATURE OF DAMAGE:

Torque pulleys at rear of rotary, Kelly hose, elevator hydraulic hoses and top drive gearing.

Equipment requires repair and/or replacement resulting from moderate damage.

ESTIMATED AMOUNT (TOTAL): \$200,000

22. RECOMMENDATIONS TO PREVENT RECURRANCE 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:

N/A

25. DATE OF ONSITE INVESTIGATION:

30-APR-2012

26. ONSITE TEAM MEMBERS:

Daniel Phelps /

29. ACCIDENT INVESTIGATION

PANEL FORMED: NO

OCS REPORT:

30. DISTRICT SUPERVISOR:

David J. Trocquet

APPROVED

DATE: 08-MAY-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:

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 :

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