

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: **03-OCT-2013** TIME: **1900** HOURS

2. OPERATOR: **Noble Energy, Inc.**
REPRESENTATIVE:
TELEPHONE:
CONTRACTOR: **Ensco Offshore Co.**
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: **G33757**
AREA: **MC** LATITUDE:
BLOCK: **782** LONGITUDE:

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

5. PLATFORM:
RIG NAME: **ENSCO 8501**

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: **6576** FT.
10. DISTANCE FROM SHORE: **76** MI.
11. WIND DIRECTION: **ENE**
SPEED: **18** M.P.H.
12. CURRENT DIRECTION: **ESE**
SPEED: **15** M.P.H.
13. SEA STATE: FT.

17. INVESTIGATION FINDINGS:-

On October 3, 2013 at 1900 hours, the drill crew was laying down double stands of pipe from the rig floor to the Cat Walk Machine (CWM). The Injured person (IP) was operating the Iron Roughneck, positioned at the control box. The CWM Operator stepped down from the controls to help assist with rig floor operations. As the Operator stepped down he unknowingly activated the trolley-forward control. The trolley then pushed the 6.625" drill pipe, down the CWM, towards the rotary pinching the IP's arm between the drill pipe and the Iron Roughneck control box. The CWM Operator shut down the trolley-forward control and backed the CWM away from the IP. The IP reported immediately to the Medic and was sent in via medevac for further evaluation. Medical evaluation indicated there were no broken bones. -

The investigation revealed:-

- 1) The trolley on the CWM is not fitted with an alarm to alert personnel that it is in motion. The CWM has an alarm that sounds when it is in motion but the trolley on the CWM does not.
- 2) The trolley controls are set up in a manner that will allow accidental activation. -

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

The CWM Operator accidentally bumped trolley-forward control lever as he stepped down from the CWM controls.

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

- 1) The trolley on the CWM is not fitted with an alarm to alert personnel that it is in motion. The CWM has an alarm that sounds when it is in motion but the trolley on the CWM does not.
- 2) The trolley controls are set up in a manner that will allow accidental activation.

20. LIST THE ADDITIONAL INFORMATION:

- 1) Ensco has revised their work instruction for using the CWM to include the removal of the trolley control lever when the trolley will not be used.
- 2) Ensco has implemented the use of a designated flagger when the CWM is in use. -
- 3) Ensco is discussing the possibility of changing the alarm configuration on the CWM. -

21. PROPERTY DAMAGED:

N/A

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: **NO**

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

25. DATE OF ONSITE INVESTIGATION:

08-OCT-2013

26. ONSITE TEAM MEMBERS:

**Michael "Joe" Sonnier / Suleiman
Ibrahim / Lance Benedietto
(Assisted in Creating Report) /**

29. ACCIDENT INVESTIGATION
PANEL FORMED: **NO**

OCS REPORT:

30. DISTRICT SUPERVISOR:

David Trocquet

APPROVED

DATE: **20-MAR-2014**

INJURY/FATALITY/WITNESS ATTACHMENT

OPERATOR REPRESENTATIVE

INJURY

CONTRACTOR REPRESENTATIVE

FATALITY

OTHER Floorhand

WITNESS

NAME:

HOME ADDRESS:

CITY:

STATE:

WORK PHONE:

TOTAL OFFSHORE EXPERIENCE: 1 YEARS

EMPLOYED BY:

BUSINESS ADDRESS:

CITY:

STATE:

ZIP CODE: