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: **28-SEP-2012** TIME: **0915** HOURS

2. OPERATOR: **McMoRan Oil & Gas LLC**
REPRESENTATIVE:
TELEPHONE:
CONTRACTOR:
REPRESENTATIVE:
TELEPHONE:

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

4. LEASE: **G02027**
AREA: **WC** LATITUDE:
BLOCK: **639** LONGITUDE:

5. PLATFORM: **A**
RIG NAME:

6. ACTIVITY:
- [ ] EXPLORATION(POE)
- [X] DEVELOPMENT/PRODUCTION (DOCD/POD)

7. TYPE:
- [ ] HISTORIC INJURY
- [X] REQUIRED EVACUATION **1**
- [ ] LTA (1-3 days)
- [ ] LTA (>3 days
- [ ] RW/JT (1-3 days)
- [X] RW/JT (>3 days) **1**
- [ ] 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
- [ ] H2S/15MIN./20PPM
- [ ] REQUIRED MUSTER
- [ ] SHUTDOWN FROM GAS RELEASE
- [X] OTHER **Hand Injury**

6. OPERATION:
- [ ] PRODUCTION
- [ ] DRILLING
- [ ] WORKOVER
- [ ] COMPLETION
- [ ] HELICOPTER
- [ ] MOTOR VESSEL
- [ ] PIPELINE SEGMENT NO.
- [X] OTHER **Decommissioning**

8. CAUSE:
- [ ] EQUIPMENT FAILURE
- [X] HUMAN ERROR
- [ ] EXTERNAL DAMAGE
- [ ] SLIP/TRIP/FALL
- [ ] WEATHER RELATED
- [ ] LEAK
- [ ] UPSET H2O TREATING
- [ ] OVERBOARD DRILLING FLUID
- [ ] OTHER

9. WATER DEPTH: **362** FT.

10. DISTANCE FROM SHORE: **116** MI.

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

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

13. SEA STATE: FT.

17. INVESTIGATION FINDINGS:

On September 28, 2012, at 0915 hours an incident occurred at the McMoRan Oil and Gas West Cameron 639A decommissioning project.The injured person (IP) is an employee of Cal Dive International (CDI). All proper personal protective equipment was being used by the IP at the time of the accident. The IP was making a torch cut on one of the well casings to be removed from the jacket. The two casings being removed were a 26 inch and a 16 inch and were not grouted together, leaving the 16 inch casing to move freely inside the 26 inch casing. The IP had already cut sections out of the 26 inch casing in order to access the 16 inch casing. While making a cut on the 16 inch casing, the IP placed his left hand between the 26 inch casing and the 16 inch casing (pinch point). The 16 inch casing swayed and pinched the IP's hand against the 26 inch casing cutting his hand. An all stop was called and the injury was reported to the safety advisor. The IP was given first aid and then transported to a clinic where he was treated but not released to return to work until after a follow-up appointment.

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

The IP placed his hand in a pinch point between the 26 inch and 16 inch casings.

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

1) Job Safety Analysis did not specifically identify the pinch point between the 26 inch and 16 inch casings.

20. LIST THE ADDITIONAL INFORMATION:

1) The pinch point could have been eliminated before the job started by welding steel plates between the 16 inch and 26 inch casings.

21. PROPERTY DAMAGED: NATURE OF DAMAGE:

ESTIMATED AMOUNT (TOTAL):

22. RECOMMENDATIONS TO PREVENT RECURRANCE NARRATIVE:

The Lake Charles District Office has no recommendations to the Regional Office of Safety Management.

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

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

25. DATE OF ONSITE INVESTIGATION:

03-OCT-2012

26. ONSITE TEAM MEMBERS:

Matte, Carl / Miller, Larry /

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

OCS REPORT:

30. DISTRICT SUPERVISOR:

Larry Williamson

APPROVED DATE: **17-DEC-2012**

INJURY/FATALITY/WITNESS ATTACHMENT

☐	OPERATOR REPRESENTATIVE	☒	INJURY
☐	CONTRACTOR REPRESENTATIVE	☐	FATALITY
☒	OTHER **Welder Performing Task**	☐	WITNESS

NAME:

HOME ADDRESS:

CITY: STATE:

WORK PHONE: TOTAL OFFSHORE EXPERIENCE: YEARS

EMPLOYED BY:

BUSINESS ADDRESS:

CITY: STATE:

ZIP CODE: