UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF SAFETY AND ENVIRONMENTAL ENFORCEMENT GULF OF MEXICO REGION -

ACCIDENT INVESTIGATION REPORT

For Public Release

L.	OCCURRED	
	DATE: 13-SEP-2012 TIME: 0330 HOURS	STRUCTURAL DAMAGE CRANE
2.	OPERATOR: - Energy XXI GOM, LLC REPRESENTATIVE: TELEPHONE: CONTRACTOR: - Nabors Drilling Inc REPRESENTATIVE: - TELEPHONE: -	OTHER LIFTING DEVICE - X DAMAGED/DISABLED SAFETY SYS. Top Drive BOI X INCIDENT >\$25K Valve, VBR's H2S/15MIN./20PPM 1 REQUIRED MUSTER SHUTDOWN FROM GAS RELEASE OTHER
3.	OPERATOR/CONTRACTOR REPRESENTATIVE/SUPERVISOR ON SITE AT TIME OF INCIDENT:	6. OPERATION:
	LEASE: G01083 AREA: WD LATITUDE: - BLOCK: 73 LONGITUDE: - PLATFORM: - D RIG NAME: NABORS 17	PRODUCTION X DRILLING WORKOVER COMPLETION HELICOPTER MOTOR VESSEL PIPELINE SEGMENT NO. OTHER
5 .	ACTIVITY: EXPLORATION (POE) X DEVELOPMENT/PRODUCTION	8. CAUSE:
7.	TYPE: CDOCD/POD) 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 X HUMAN ERROR EXTERNAL DAMAGE SLIP/TRIP/FALL WEATHER RELATED LEAK UPSET H2O TREATING OVERBOARD DRILLING FLUID OTHER-
	FATALITY POLLUTION FIRE	9. WATER DEPTH: 168 FT.
	EXPLOSION	10. DISTANCE FROM SHORE: 23 MI.
	LWC HISTORIC BLOWOUT UNDERGROUND SURFACE DEVERTER	11. WIND DIRECTION: N SPEED: 16 M.P.H. 12. CURRENT DIRECTION:
	☐ SURFACE EQUIPMENT FAILURE OR PROCEDURES COLLISION ☐ HISTORIC ☐ >\$25K ☐ <=\$25K	SPEED: M.P.H.
		13. SEA STATE: FT.

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On 13 September 2012 at 0300 hours, an incident occurred that resulted in equipment damage at the West Delta 73 on the Nabors 17 rig under contract with Energy XXI GOM, LLC. The operation at the time of the incident involved the drilling crew who were conducting BOP testing.

The crew began testing BOP's around 1500 hours on 12 September 2012 using a 7-5/8" Greens cup tester. The test required 4" and 5" drill pipe to be tested to a high pressure of 5000 psi. The crew completed nine (9) successful tests to 5000 psi with the 4" drill pipe and then removed the 4" testing assembly. After making up the 5" test assembly, testing began with the lower pipe rams (2-7/8" x 5" Variable Bore Rams (VBRs). At 4800 psi, the test assembly was forced up the hole stopping when the tool joint struck the lower pipe rams. The force of the assembly slamming into the top drive caused the traveling block and the top drive to shoot up approximately 20'. As the top drive came back down, the following equipment was damaged: test assembly, top drive electrical panel, top drive gear box and sealing elements in the lower pipe rams. The use of the cup tester and possible associated hazards were not included in the Job Safety Analysis (JSA). The BSEE investigation revealed that rig personnel did not fully understand how to properly install the cup tester and there was no instruction manual on site for the cup tester. No stop work authority was used.

After the assembly was pulled out of the hole it was discovered that the bull plug was never installed in the cup tester. Not having the bull plug installed allowed the pressure to build in the casing below the cup tester. The calculated force exerted for the 4" test at 5000 psi was 62,800 pounds and the 5" at 4800 psi was 94,200 pounds. No one was injured as a result of this incident.

- 18. LIST THE PROBABLE CAUSE(S) OF ACCIDENT:
 - 1) Bull plug not installed allowing hydraulic pressure to push the 5" test assembly up into the top drive.
- 19. LIST THE CONTRIBUTING CAUSE(S) OF ACCIDENT:
 - 1) Lack of training No one on the rig was trained on the use or how to properly-install the cup tester.-
 - 2) Inadequate JSA The JSA reviewed prior to testing BOPs did not include the use of a cup tester or the hazards involved.-
 - 3) No operating procedures or instruction manual on site for the Greens cup tester. -
 - 4) No Stop Work Authority was used. -
- 20. LIST THE ADDITIONAL INFORMATION:

The top drive was replaced with one of the same make and 70' of drill line was slipped and cut.

After the incident the rig crew conducted an inspection of the derrick, drill line, and draw works.

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Inspection of the lower pipe rams revealed that the sealing elements were damaged. The ram was pulled and the elements replaced.

BSEE questions the decision to have rig personnel inspect the derrick after such a violent incident. Were the rig personnel qualified to determine if the derrick is still structurally sound and would it have been more beneficial to have a 3rd party specialist conduct the inspection?

Recommend Energy XXI conduct a self-audit of their Safety and Environmental Management System.

21. PROPERTY DAMAGED:

NATURE OF DAMAGE:

Test assembly
Top drive electrical panel
Top drive gear box
Sealing elements in the lower pipe rams

Crushed and bent equipment.

ESTIMATED AMOUNT (TOTAL): \$384,067

22. RECOMMENDATIONS TO PREVENT RECURRANCE 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:

INC G-132 was issued on 20 September 2012 for not immediately verbally reporting the incident to the District Manager of BSEE N.O. District.

"After the Fact" INC G-110 was issued on 18 October 2012 for the failure to peform all operations in a safe and workmanlike manner. The lessee performed an unsafe act that resulted in a major incident that could have caused harm or death to personnel.

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25.	DATE OF ONSITE INVESTIGATION:		
	10-OCT-2012		
26.	ONSITE TEAM MEMBERS: Michael "Joe" Sonnier /	29.	ACCIDENT INVESTIGATION PANEL FORMED: NO OCS REPORT:
		30.	DISTRICT SUPERVISOR:
			David Trocquet

APPROVED DATE: 21-AUG-2015

INJURY/FATALITY/WITNESS ATTACHMENT

OPERATOR REPRESENTATIVE CONTRACTOR REPRESENTATIVE OTHER	INJURY FATALITY X WITNESS	
NAME:		
HOME ADDRESS:		
CITY:	STATE:	
WORK PHONE:	TOTAL OFFSHORE EXPERIENCE:	YEARS
EMPLOYED BY: BUSINESS ADDRESS: CITY: ZIP CODE:	STATE:	
OPERATOR REPRESENTATIVE X - CONTRACTOR REPRESENTATIVE OTHER	INJURY FATALITY X WITNESS	

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INJURY/FATALITY/WITNESS ATTACHMENT For Public Release

NAME:		
HOME ADDRESS:		
CITY:	STATE:	
WORK PHONE:	TOTAL OFFSHORE EXPERIENCE:	YE.
EMPLOYED BY:		
BUSINESS ADDRESS:		
CITY:	STATE:	
ZIP CODE:		
OPERATOR REPRESENTATIVE CONTRACTOR REPRESENTATIVE OTHER	INJURY FATALITY WITNESS	
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CONTRACTOR REPRESENTATIVE OTHER NAME: HOME ADDRESS: CITY: WORK PHONE:	FATALITY X WITNESS STATE:	YE.
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