

UNITED STATES DEPARTMENT OF THE INTERIOR  
 MINERALS MANAGEMENT SERVICE  
 GULF OF MEXICO REGION  
**ACCIDENT INVESTIGATION REPORT**

1. OCCURRED  
 DATE: **23-NOV-2008** TIME: **0335** HOURS

2. OPERATOR: **El Paso E&P Company, L.P.**  
 REPRESENTATIVE: **Ashworth, Lisa**  
 TELEPHONE: **(713) 420-7590**  
 CONTRACTOR:  
 REPRESENTATIVE: **Richard, JR**  
 TELEPHONE: **(337) 233-5185**

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

4. LEASE: **G02910**  
 AREA: **EI** LATITUDE:  
 BLOCK: **327** LONGITUDE:

5. PLATFORM: **A**  
 RIG NAME: **NABORS POOL 140**

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

7. TYPE:

- HISTORIC INJURY
- REQUIRED EVACUATION 1
- LTA (1-3 days)
- LTA (>3 days)
- RW/JT (1-3 days) 1
- 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
- H2S/15MIN./20PPM
- REQUIRED MUSTER
- SHUTDOWN FROM GAS RELEASE
- OTHER

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 \_\_\_\_\_

9. WATER DEPTH: **262** FT.

10. DISTANCE FROM SHORE: **78** MI.

11. WIND DIRECTION: **E**  
 SPEED: **20** M.P.H.

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

13. SEA STATE: **6** FT.

17. DESCRIBE IN SEQUENCE HOW ACCIDENT HAPPENED:

On November 23, 2008, at approximately 0335 hours, on El Paso E&P Company, L.P.'s Lease OCS-G 02910, Eugene Island Block 327 Platform A, utilizing the Nabors Pool Rig 140, a Contract Casing Employee (CCE) was struck on the left side of the head and the left clavicle by a falling joint of 7-5/8" casing. The screw lift nubbin tool backed off when the casing was suspended from the V-door and approximately 20 feet above the rig floor. As the lift nubbin tool remained in the rig elevators, the joint of casing fell back down the V-door striking the CCE. The CCE was rendered temporarily unconscious, and once consciousness was regained he reported pain to his head and shoulder. At approximately 0600 hours, the CCE was transported by medi-vac to the Terrebonne General Hospital where he received stitches to his scalp, and repair of a broken left clavicle. All parties are presently awaiting metallurgy diagnostic test results for the lift nubbin tool and joint of casing.  
Update: Diagnostic results received by Lafayette District MMS on January 6, 2009, confirms the lift nubbin tool's connection was most likely the cause for failure.

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

During the casing lifting operation, the lift nubbin tool separated from the casing, resulting in an uncontrolled descent of the casing joint into the V-door. Improper make-up of the lift nubbin tool's connection was most likely the cause for failure.

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

There were several contributing factors to the incident:

- (1) Metal wear (loss) on the lift nubbin tool and casing threads may have contributed to the failure.
- (2) The lift nubbin tool was cut with non-standard field grade quality threads, and this practice may not be endorsed by the premium thread manufacturers. The manufacturer of the lift nubbin tool being used during the incident cuts their nubbin threads in such a way that the thread interference for sealing pressure is removed. Therefore, this lift nubbin tool is properly made up when the connection shoulders upon the last thread.
- (3) The lift nubbin tool required a power torque device to properly engage the threads, but the connection was made up with only a hand torque bar.
- (4) A thread compound was reportedly used on the lift nubbin tool's connection, yet the lift nubbin tool's manufacturer specifically recommends against such practice since the lift nubbin tool is designed for a metal-to-metal seal. The size particles found in certain thread compounds may compromise the connection's integrity.

20. LIST THE ADDITIONAL INFORMATION:



21. PROPERTY DAMAGED:

No property damage

NATURE OF DAMAGE:

N/A

ESTIMATED AMOUNT (TOTAL):

22. RECOMMENDATIONS TO PREVENT RECURRANCE NARRATIVE:

The MMS Lafayette District recommends to the MMS Regional Office of Safety Management (OSM) that a Safety Alert be developed addressing the following issues in regards to lift nubbin tools:

\* The type of threaded lifting tool to be used is approved by the Lessee/Operating Company's policy, appropriate tool manufacturer, etc.

\* Lifting tool threaded connections, especially those being continuously reused, should be gauged for wear as per the thread manufacturer recommendations, Lessee/Operating Company's policy, etc.

\* The Lessee/Operating Company should determine if the lifting tool's threaded connection is being cut with non-standard field grade quality threads or cut by a premium thread manufacturer in order to verify the following:

1) The thread compound to be used on the lifting tool's threaded connection is recommended by the appropriate thread manufacturer.

2) During the lifting tool's threaded connection make-up, use of the appropriate means of torque and amount of torque make-up to the connection are determined by the appropriate thread manufacturer.

23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: NO

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

No violations were observed during the onsite investigation or during records review process.

25. DATE OF ONSITE INVESTIGATION:

25-NOV-2008

26. ONSITE TEAM MEMBERS:

Gerald Gonzales / Raymond Johnson  
/ Jason Abshire / Douglas Frerich  
/

29. ACCIDENT INVESTIGATION

PANEL FORMED: NO

OCS REPORT:

30. DISTRICT SUPERVISOR:

Elliott Smith

APPROVED

DATE: 21-JAN-2009

# 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:

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FATALITY

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NAME:

HOME ADDRESS:

CITY:

STATE:

WORK PHONE:

TOTAL OFFSHORE EXPERIENCE:

YEARS

EMPLOYED BY:

BUSINESS ADDRESS:

CITY:

STATE: **LA**

ZIP CODE:

OPERATOR REPRESENTATIVE

CONTRACTOR REPRESENTATIVE

OTHER \_\_\_\_\_

INJURY

FATALITY

WITNESS

NAME:

HOME ADDRESS:

CITY:

STATE:

WORK PHONE:

TOTAL OFFSHORE EXPERIENCE:

YEARS

EMPLOYED BY:

BUSINESS ADDRESS:

CITY:

STATE:

ZIP CODE:

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