

UNITED STATES DEPARTMENT OF THE INTERIOR
MINERALS MANAGEMENT SERVICE
GULF OF MEXICO REGION

ACCIDENT INVESTIGATION REPORT

1. OCCURRED

DATE: 02-AUG-2009 TIME: 0930 HOURS

2. OPERATOR: Stone Energy Corporation

REPRESENTATIVE: Scaife, William

TELEPHONE: (337) 521-2124

CONTRACTOR:

REPRESENTATIVE:

TELEPHONE:

- STRUCTURAL DAMAGE
- CRANE
- OTHER LIFTING DEVICE
- DAMAGED/DISABLED SAFETY SYS.
- INCIDENT >\$25K
- H2S/15MIN./20PPM
- REQUIRED MUSTER
- SHUTDOWN FROM GAS RELEASE
- OTHER **Casing Jack**

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

6. OPERATION:

4. LEASE: G02899

AREA: EI LATITUDE:

BLOCK: 243 LONGITUDE:

- PRODUCTION
- DRILLING
- WORKOVER
- COMPLETION
- HELICOPTER
- MOTOR VESSEL
- PIPELINE SEGMENT NO.
- OTHER **Plug and Abandonment**

5. PLATFORM: A

RIG NAME:

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

8. CAUSE:

7. 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
- 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

9. WATER DEPTH: 146 FT.

10. DISTANCE FROM SHORE: 48 MI.

11. WIND DIRECTION: S
SPEED: 12 M.P.H.

12. CURRENT DIRECTION: SE
SPEED: 2 M.P.H.

COLLISION HISTORIC >\$25K <=\$25K 13. SEA STATE: FT.

17. INVESTIGATION FINDINGS:

On 2 August 2009 during a well Plug and Abandonment (P&A) project a 3/8 inch Casing Jack's Hydraulic Hose Fitting (CJHHF), connecting the CJHHF to the main hydraulic box, was damaged while applying the jack's lower 30 inch slips. The slips made contact with the fitting, releasing the CJHH pressure and allowing the 271 ft. section of casing to drop several feet. The casing being removed consisted of 7 5/8" x 10 3/4" x 16" x 30" grouted casing which had a total weight of 60 tons. The load limit on the crane at its 20 degree angle with 55 feet of radius was approximately 4,000 pounds, with an auxiliary line breaking force of 33,600 pounds. The platform crane's 5/8" auxiliary line was fastened to 5" drill pipe connected to the grouted casing. Since the auxiliary line could not be lowered in time, the auxiliary line broke at the wedge socket dropping the headache ball to the deck with shock-loading also being applied to the crane. There were no injuries, pollution or other structural damage to the crane resulting from this incident.

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

This incident could have been avoided if the auxiliary line would not have been connected to the casing while preparing the casing for cutting operations. The structural capacity of the crane was overloaded due to the full weight of the casing being applied to the auxiliary line.

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

- *Inadequate 3/8 inch CJHHF protection.
- *Although Stone Energy submitted an Application for Permit to Modify (APM) for well abandonment operations to MMS, there were no detailed guidelines and recommendations on the appropriate time to connect the crane and casing string to prevent crane shock-loading.
- *Tetra's Job Safety Analysis (JSA) failed to recognize the the crush point hazard and provide detailed guidelines and recommendations on the appropriate time to connect the crane and casing string to prevent this incident.

20. LIST THE ADDITIONAL INFORMATION:

The Lessee is ultimately responsible for ensuring safe operations on their facility. Also, as per API RP 2D 3.1.5a the Qualified Crane Operator (herein also called Crane Operator) is responsible for those operations under his or her direct control. The lessee failed to detect the possible hazard of overloading the crane by having the crane attached to the entire casing string with the possibility of the hydraulic system failing. Subsequent to the incident, a protection plate was constructed to protect the CJHH assembly and main hydraulic box.

21. PROPERTY DAMAGED:

NATURE OF DAMAGE:

5/8" auxiliary line & 3/8" CJHFF fitting 5/8" broke due to overload
3/8" CJHFF damaged from slips

ESTIMATED AMOUNT (TOTAL): \$10,000

22. RECOMMENDATIONS TO PREVENT RECURRENCE NARRATIVE:

The MMS Lafayette District office recommends to the MMS Regional Office of Safety Management (OSM) that a Safety Alert be issued considering the amount of well P&A operations being performed with hydraulic casing jacks in the Gulf of Mexico OCS. Applying protection to these hydraulic lines / fittings could eliminate this type of incident, preventing potentially serious injury or death.

23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: **YES**

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

INC G-110 is issued "After the Fact" to document that Stone Energy Corporation failed to protect health, safety and the environment by not performing operations in a safe and workmanlike manner as follows: Stone Energy Corporation failed to properly supervise well A-3 P&A operations in a safe manner to protect the equipment and employees. Due to the crane being connected to the casing before the slips were applied, a hydraulic jack failure resulted in a 5/8" auxiliary line breaking and resulting crane overload.

Stone Energy Corporation is advised to submit a letter of explanation addressing the aforementioned INC., and its plans for eliminating future incidents of this nature to the MMS Lafayette District.

25. DATE OF ONSITE INVESTIGATION:

04-AUG-2009

26. ONSITE TEAM MEMBERS:

Wade Guillotte / Tom Basey /
Raymaond Johnson / Gerald Gonzales

NO

29. ACCIDENT INVESTIGATION

PANEL FORMED: NO

OCS REPORT:

30. DISTRICT SUPERVISOR:

Elliott S. Smith

APPROVED

DATE: 09-OCT-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:

WORK PHONE:

TOTAL OFFSHORE EXPERIENCE:

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INJURY/FATALITY/WITNESS ATTACHMENT

OPERATOR REPRESENTATIVE

CONTRACTOR REPRESENTATIVE

OTHER _____

INJURY

FATALITY

WITNESS

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