

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

ACCIDENT INVESTIGATION REPORT

1. OCCURRED

DATE: 28-JAN-2010 TIME: 0545 HOURS

2. OPERATOR: Tarpon Operating & Development, L
REPRESENTATIVE: Logan, Melissa
TELEPHONE: (281) 578-3388
CONTRACTOR: Spartan Offshore Drilling, LLC
REPRESENTATIVE: Johnny Brassell
TELEPHONE: (337) 622-3677

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

4. LEASE: G25966
AREA: EC LATITUDE:
BLOCK: 266 LONGITUDE:

5. PLATFORM:
RIG NAME: SPARTAN 208

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

7. TYPE:

HISTORIC INJURY
 REQUIRED EVACUATION 1
 LTA (1-3 days) 1
 LTA (>3 days)
 RW/JT (1-3 days)
 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
 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 Tugger's rope reeving design

9. WATER DEPTH: 165 FT.

10. DISTANCE FROM SHORE: 97 MI.

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

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

13. SEA STATE: 7 FT.

17. INVESTIGATION FINDINGS:

17. On 28 January 2010 at 0545 hours, during the last 15 minutes prior to shift change, the rig's night crew was in the process of picking up 3 1/2" drill pipe to complete Well No. SS-1. A joint of pipe was being lifted by the Derrickman using the rig floor's south side air tugger, while at the same time the Driller was utilizing the block to lower a stand of pipe into the wellbore. This simultaneous operation's rhythm was interrupted when the Driller received a phone call and stopped the traveling block. When the Driller resumed lowering the block, the joint of pipe being lifted by the air tugger became wedged between the top drive and the rig floor. This occurred since the angle of pull by the tugger pulled the pipe closer into the rotary table area. The joint of pipe bowed out and struck the Floorhand (Injured Person - IP) tailing the pipe in the inner thigh of his right leg with the impact knocking off his hard hat. The IP fell and struck the lower bar of the V-Door gate injuring his head. The IP was transported to a local hospital and released the next day with stiches to his head.

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

The accident occurred when the joint of drill pipe being lifted with the air tugger wedged between the top drive and the rig floor, then bowed out to strike the IP and cause his fall.

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

- * The simultaneous operation's rhythm of the Derrickman hoisting one joint with the air tugger while the Driller lowered another joint with the block was disrrupted by the Driller answering the phone call.
- * Possible fatigue and/or rushing to complete the operation was involved as a result of the accident occurring during the last 15 minutes prior to shift change.
- * A design flaw with the air tugger's wire rope reeving configuration resulted in the pipe being pulled too close into the rotary table area.

20. LIST THE ADDITIONAL INFORMATION:

21. PROPERTY DAMAGED:

None

NATURE OF DAMAGE:

N/A

ESTIMATED AMOUNT (TOTAL):

\$

22. RECOMMENDATIONS TO PREVENT RECURRENCE NARRATIVE:
The Lake Charles District does not have any recommendations for the Regional Office of Safety Management.

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

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

N/A

25. DATE OF ONSITE INVESTIGATION:

28-JAN-2010

26. ONSITE TEAM MEMBERS:

John Doucet / Bill Olive /

29. ACCIDENT INVESTIGATION

PANEL FORMED: **NO**

OCS REPORT:

30. DISTRICT SUPERVISOR:

Larry Williamson

APPROVED

DATE: **08-APR-2010**

INJURY/FATALITY/WITNESS ATTACHMENT

OPERATOR REPRESENTATIVE

INJURY

CONTRACTOR REPRESENTATIVE

FATALITY

OTHER Spartan floorhand

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 Spartan Driller

WITNESS

NAME:

HOME ADDRESS:

CITY:

STATE:

WORK PHONE:

TOTAL OFFSHORE EXPERIENCE:

YEARS

EMPLOYED BY:

BUSINESS ADDRESS:

CITY:

STATE:

ZIP CODE:

INJURY/FATALITY/WITNESS ATTACHMENT

OPERATOR REPRESENTATIVE

INJURY

CONTRACTOR REPRESENTATIVE

FATALITY

OTHER Spartan Derrickman

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 Spartan Floorhand

WITNESS

NAME:

HOME ADDRESS:

CITY:

STATE:

WORK PHONE:

TOTAL OFFSHORE EXPERIENCE:

YEARS

EMPLOYED BY:

BUSINESS ADDRESS:

CITY:

STATE:

ZIP CODE:

INJURY/FATALITY/WITNESS ATTACHMENT

OPERATOR REPRESENTATIVE

INJURY

CONTRACTOR REPRESENTATIVE

FATALITY

OTHER Spartan Floorhand

WITNESS

NAME:

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TOTAL OFFSHORE EXPERIENCE:

YEARS

EMPLOYED BY:

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