

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

ACCIDENT INVESTIGATION REPORT

1. OCCURRED

DATE: 06-JUN-2011 TIME: 1355 HOURS

2. OPERATOR: **Murphy Exploration & Production Co**

REPRESENTATIVE: **Lanza, Robert**

TELEPHONE: **(281) 675-9135**

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 **Hot Bolt Operations**

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

6. OPERATION:

4. LEASE: **G21790**

AREA: **GC** LATITUDE:

BLOCK: **338** LONGITUDE:

- PRODUCTION
- DRILLING
- WORKOVER
- COMPLETION
- HELICOPTER
- MOTOR VESSEL
- PIPELINE SEGMENT NO.
- OTHER

5. PLATFORM: **A-Front Runner**

RIG NAME:

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

8. CAUSE:

7. TYPE:

HISTORIC INJURY

- REQUIRED EVACUATION 1
- LTA (1-3 days)
- LTA (>3 days) 1
- 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: **3330** FT.

10. DISTANCE FROM SHORE: **103** MI.

11. WIND DIRECTION: **SW**
SPEED: **3** M.P.H.

12. CURRENT DIRECTION: **SW**
SPEED: **0** M.P.H.

COLLISION HISTORIC >\$25K <=\$25K 13. SEA STATE: **2** FT.

17. INVESTIGATION FINDINGS:

The Injured Person (IP) was performing hot bolting operations on the well while equalizing pressure on piping. It is unknown if the IP checked for stored pressure before he began removing the bolts. The IP removed two bolts and started to remove a third bolt when stored pressure in the line (up to 5000 psi) was released at the flange striking the IP in the face. At approximately 1400 hours a medivac helicopter was called in. The IP departed the facility by medivac helicopter at 1700 hours.

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

The IP did not fully understand the scope of the work; therefore, removed more than one bolt at a time during the hot bolting operation.

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

The IP:

- * Did not sign the job safety analysis (JSA);
- * Was working alone without notifying control room personnel; and
- * Did not deenergize the equipment before performing maintenance.

20. LIST THE ADDITIONAL INFORMATION:

The IP is currently undergoing treatment for his injuries.

21. PROPERTY DAMAGED:

None

NATURE OF DAMAGE:

N/A

ESTIMATED AMOUNT (TOTAL):

\$

22. RECOMMENDATIONS TO PREVENT RECURRANCE NARRATIVE:

The Houma District has no recommendations for the Agency.

23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: YES

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

G-132: The District Manager for the BOEMRE Houma District was not notified immediately following an incident that occurred on 06/06/2011 involving injuries requiring evacuation.

G-110: The lessee did not perform all operations in a safe and workmanlike manner.

25. DATE OF ONSITE INVESTIGATION:

07-JUN-2011

26. ONSITE TEAM MEMBERS:
Paul Nelson / Mark Theriot / Lance
Belanger /

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

OCS REPORT:

30. DISTRICT SUPERVISOR:

Glynn T. Breaux

APPROVED

DATE: **24-JAN-2012**

INJURY/FATALITY/WITNESS ATTACHMENT

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:

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:

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 :

