

UNITED STATES DEPARTMENT OF THE INTERIOR  
Bureau of Safety and Environmental Enforcement  
GULF OF MEXICO REGION

# ACCIDENT INVESTIGATION REPORT

1. OCCURRED

DATE: 13-JUN-2011 TIME: 1045 HOURS

2. OPERATOR: Merit Energy Company, LLC  
REPRESENTATIVE: Sigue, Lloyd  
TELEPHONE: (337) 262-8192  
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

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

6. OPERATION:

4. LEASE: G22188  
AREA: MI LATITUDE:  
BLOCK: A 5 LONGITUDE:

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

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

9. WATER DEPTH: 222 FT.

LWC  HISTORIC BLOWOUT  
 UNDERGROUND  
 SURFACE  
 DEVERTER  
 SURFACE EQUIPMENT FAILURE OR PROCEDURES

10. DISTANCE FROM SHORE: 53 MI.

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

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

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

17. INVESTIGATION FINDINGS:

The crew was conducting well abandonment operations on the MI A-5 well when the incident occurred. The crane was being used to support and anchor the power swivel. The big block was attached to the power swivel and the fast line attached to the tension cable. The power swivel had just been disconnected and the Supervisor was turning off the power swivel engine when the Crane Operator (CO) began to move the load and lay it down on the deck. The CO failed to provide enough slack in the fast line, resulting in in the fast line cable parting about 5 feet above the fast line ball, with the ball falling to the deck. The investigation also discovered that there was no weight indicator on the fast line or main load line. No one was injured since everyone was outside of the area at the time of the occurrence.

After shutting down the operations and discussing the incident, 15 feet of fast line cable was cut and the ball reattached. The fast line was then used to pick up an 8 feet long section of tool string weighing about 120 pounds to test the ball reattachment. The fast line was then put out-of-service until a Crane Mechanic (CM) conducted an inspection of the fast line and returned the crane to service.

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

The CO failed to provide enough slack to the fast line so the crane could safely lay down the load that was hooked to the main load line.

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

There was no weight indicator on fast line or main load line.

20. LIST THE ADDITIONAL INFORMATION:

21. PROPERTY DAMAGED:

Crane fast line

NATURE OF DAMAGE:

Fast line parted

ESTIMATED AMOUNT (TOTAL): \$1,000

22. RECOMMENDATIONS TO PREVENT RECCURANCE NARRATIVE:

The Lake Jackson District has no recommendation for the Agency.

23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: YES

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

A G-110 was issued to the lessee for failing to conduct operations in a safe and workmanlike manner.

25. DATE OF ONSITE INVESTIGATION:

**05-JUL-2011**

26. ONSITE TEAM MEMBERS:

**Craig Pohler /**

29. ACCIDENT INVESTIGATION

PANEL FORMED: **NO**

OCS REPORT:

30. DISTRICT SUPERVISOR:

**John McCarroll**

APPROVED

DATE: **01-DEC-2011**

# Crane/Other Material-Handling Equipment Attachment

## Equipment Information

Installation date: **01-JAN-2005**

Manufacturer: **NAUTILUS**

Manufacture date: **01-SEP-1998**

Make/Model: **60B2A-50 / 60B2A-50**

Any modifications since manufactured? Describe and include date(s).

What was the maximum lifting capacity at the time of the lift?

Static:                      Dynamic:

Was a tag line utilized during the lift? **N**

Were there any known documented deficiencies prior to conducting the lift? If yes, what were the deficiencies?

List specific type of failure that occurred during this incident. (e.g. cable parted, sticking control valve, etc.)

### **Fast Line Parted**

If sling/loose gear failure occurred does operator have a sling/loose gear inspection program in place?

Type of lift:

### **For crane only:**

Type of crane: **HYDRAULIC**

Boom angle at time of incident: Degrees: **55**      Radius: **32**

What was load limit at that angle? **7190**

Crane equipped with: **B**

Which line was in use at time of incident? **B**

If load line involved, what configuration is the load block: **4** part.

## Load Information

What was being lifted? **ANCHOR LINE**

Description of what was being lifted (e.g. 10 joints of 2 3/8-inch pipe, ten 500-lb. sacks of sand, 2 employees, etc.)

Approximate weight of load being lifted:

Was crane/lifting device equipped with an operable weight indicator? **N**

Was the load identified with the correct or approximate weight? **N**

Where was the lift started, where was it destined to finish, and at what point in the lift did the incident occur? Give specific details (e.g. pipe rack, riser cart, drill floor, etc.)

If personnel was being lifted at the time of this incident, give specific details of lifting device and riding apparatus in use (e.g. 1) crane-personnel basket, 2) air hoist-boatswain chair, other)

Were personnel wearing a safety harness?

Was a lifeline available and utilized?

List property lost overboard.

## Rigger/Operator Information

Has rigger had rigger training?

If yes, date of last training:

How many years of rigger experience did rigger have?

How many hours was the operator on duty prior to the incident? 5

Was operator on medication when incident occurred? N

How many hours was the rigger on duty prior to the incident?

How much sleep did rigger have in the 24 hours preceding this incident? 8

Was rigger on medication when incident occurred?

Were all personnel involved in the lift drug tested immediately following this incident?

Operator: N                      Rigger:                      Other:

While conducting the lift, was line of sight between operator and load maintained?

N

Does operator wear glasses or contact lenses? N

If so, were glasses or contacts in use at time of the incident? N

Does operator wear a hearing aid? N

If so, was operator using hearing aid at time of the incident? N

What type of communication system was being utilized between operator and rigger at time of this incident?

NONE

### For crane only:

What crane training institution did crane operator attend?

ALFORD SAFETY SERVICES

Where was institution located? LOUISIANA

Was operator qualified on this type of crane? Y

How much actual operational time did operator have on this particular crane involved in this incident?

Years: 0

Months: 0

List recent crane operator training dates.

**EXPIRES 7/09/2012**

**For other material-handling equipment only:**

Has operator been trained to operate the lifting device involved in the incident? **N**

How many years of experience did operator have operating the specific type of lifting device involved in the incident?

## Inspection/Maintenance Information

### For crane only:

Is the crane involved classified as Heavy, Moderate or Infrequent use.

**I**

Was pre-use inspeciton conducted? **N**

For the annual/quarterly/monthly crane inspections, please fill out the following information:

What was the date of the last inspection? **24-MAR-2011**

Who performed the last inspection? **A SPARROWS**

Was inspection conducted in-house or by a 3rd party? **TP**

Who qualified the inspector? **UNKNOWN**

Does operators' policy require load or pull test prior to heavy lift? **N**

Which type of test was conducted prior to heavy lift? **P**

Date of last pull test: **24-MAR-2011** Load test: **01-JAN-1901**

Results: **F**

If fail explain why:

Test Parameters: Boom angle: **0** Radius: **0**

What was the date of most recent crane maintenance performed? **23-MAR-2011**

Who performed crane maintenance? (Please clarify persons name or company name.)

**SPARROWS**

Was crane maintenance performed in-house or by a third party? **TP**

What type of maintenance was performed?

**Changed out main cable**

**For other material-handling equipment only:**

Was equipment visually inspected before the lift took place?

What is the manufacture's recommendation for performing periodic inspection on the equipment involved in this incident?

## Safety Management Systems

Does the company have a safety management program in place? **N**

Does the company's safety management program address crane/other material-handling equipment operations?

**N**

Provide any remarks you may have that applies to the company's safety management program and this incident?

Did operator fill out a Job Safety Analysis (JSA) prior to job being performed?

**Y**

Did operator have an operational or safety meeting prior to job being performed?

**N**

What precautions were taken by operator before conducting lift resulting in incident?

Procedures in place for crane/other material-handling equipment activities:

Did operator have procedures written? **N**

Did procedures cover the circumstances of this incident? **N**

Was a copy available for review prior to incident? **N**

Were procedures available to MMS upon request? **N**

Is it documented that operator's representative reviewed procedures before conducting lift?

**N**

Additional observations or concerns: