

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

For Public Release

ACCIDENT INVESTIGATION REPORT

1. OCCURRED

DATE: **28-MAR-2025** TIME: **1643** HOURS

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

REPRESENTATIVE:

TELEPHONE:

CONTRACTOR: **NOBLE DRILLING (U.S.) INC.**

REPRESENTATIVE:

TELEPHONE:

- ☐ STRUCTURAL DAMAGE
☐ CRANE
☐ OTHER LIFTING
☐ DAMAGED/DISABLED SAFETY SYS.
☒ INCIDENT >\$25K **2,600,000**
☐ H2S/15MIN./20PPM
☐ REQUIRED MUSTER
☐ SHUTDOWN FROM GAS RELEASE
☒ OTHER **BLACK OUT- DRIFT OFF- EDS**

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

4. LEASE: **G22868**

AREA: **MC** LATITUDE: **28.72685778**

BLOCK: **300** LONGITUDE: **-88.2292875**

5. PLATFORM:

RIG NAME: **NOBLE STANLEY LAFOSSE (FKA PACIFIC SHARAV)**

6. ACTIVITY:

- ☒ EXPLORATION(POE)
☐ DEVELOPMENT/PRODUCTION (DOCD/POD)
☐ DECOMMISSIONING

8. OPERATION:

- ☐ PRODUCTION
☒ DRILLING
☐ WORKOVER
☐ COMPLETION
☐ HELICOPTER
☐ MOTOR VESSEL
☐ PIPELINE SEGMENT NO.
☐ OTHER
☐ TEMP ABAND
☐ PERM ABAND
☐ DECOM PIPELINE
☐ DECOM FACILITY
☐ SITE CLEARANCE

7. TYPE:

INJURIES:

☐ HISTORIC INJURY

OPERATOR CONTRACTOR

☐ REQUIRED EVACUATION

☐ LTA (1-3 days)

☐ LTA (>3 days)

☐ RW/JT (1-3 days)

☐ RW/JT (>3 days)

☐ FATALITY

☐ Other Injury

9. CAUSE:

- ☐ EQUIPMENT FAILURE
☒ HUMAN ERROR
☐ EXTERNAL DAMAGE
☐ SLIP/TRIP/FALL
☐ WEATHER RELATED
☐ LEAK
☐ UPSET H2O TREATING
☐ OVERBOARD DRILLING FLUID
☐ OTHER _____

☒ POLLUTION

☐ FIRE

☐ EXPLOSION

LWC ☐ HISTORIC BLOWOUT

☐ UNDERGROUND

☐ SURFACE

☐ DEVERTER

☐ SURFACE EQUIPMENT FAILURE OR PROCEDURES

COLLISION

☐ HISTORIC

☐ >\$25K

☐ <=\$25K

10. WATER DEPTH: **5747** FT.

11. DISTANCE FROM SHORE: **49** MI.

12. WIND DIRECTION: **E**
SPEED: **29** M.P.H.

13. CURRENT DIRECTION: **SE**
SPEED: **2** M.P.H.

14. SEA STATE: **2** FT.

15. PICTURES TAKEN:

16. STATEMENT TAKEN:

Incident Summary:

On Friday March 28, 2025 at 1643 hours, Murphy Exploration & Production Company's Noble Stanley Lafosse (NSL) drillship, sounded alarms indicating total shutdown of the port engine room and a rig-wide blackout while latched up to MC 255, Well #3 (API: 608174148900). As a result of the loss of the drillship's station keeping abilities, the ship drifted off station. The Senior Dynamic Positioning Officer (DPO) advised the rig floor of Red Zone alert, and the rig floor manually activated the Emergency Disconnect Sequence (EDS) which sheared the 5.875 in., Z140, 34.21lb/ft drill pipe and successfully detached the Lower Marine Riser Package (LMRP). Upon releasing the LMRP, 399 barrels of 10.9 pounds per gallon (ppg) calcium chloride brine and 2037 bbls of 12.8 ppg calcium bromide brine, totaling 2436 bbls, were discharged into the Gulf of America. Fluid loss was confirmed within the coinciding BSEE incident report.

Sequence of Key Events:

Around 1600 hours, the Noble Drilling Company Able Body seaman 1 (AB1), who typically would be paired with another colleague, was tasked with testing the accommodation fire dampeners alone on routine preventative maintenance. The Noble 2nd engineer located in the engine control room was responsible for confirming the closing and opening position of the dampeners through handheld radio communication. Despite having performed this task before, NSL management believes AB1 felt self-perceived pressure and rushed through the task, mistakenly operating the wrong switch panel. The timeline leading up to the incident was as follows:

- 1632:46: The first damper was mistakenly tripped from the Emergency Head Quarters Damper Control Panel or Forward Emergency Gear Locker.
- 1633:14: The last series of dampers from the incorrect panel was tripped.
- 1634:27: Diesel Generator (DG) #5 in the starboard engine room tripped due to fuel loss.
- 1634:41: A Dynamic Positioning (DP) Yellow Alert was activated, indicating initial operational concerns.
- 1634:53: DG #1 in the port engine room tripped.
- 1635:33: An attempt to start DG #3 in the center engine room was made, with DG #4 still online.
- 1635:47: DG #3 tripped shortly after the start attempt.
- 1636:10: The drillship's position was out of limits at 2.2 meters off.
- 1636:16: DG #4 tripped, leading to a full blackout.
- 1636:36: Position out of limits increased to 5.5 meters.
- 1636:46: A DP Red Alert activated, with the rig 7.5 meters from the setpoint. The senior DPO alerts rig floor of Red Zone Panel alert, and the EDS was activated by rig floor personnel, unlatching 58 seconds later at 25.6 meters from the setpoint.

Recovery Timeline

- 1711:45: DG #1 (port engine room) restored online.
- 1735:46: DG #6 (starboard engine room) restored online.
- 1744:05: First thruster (T-5) operational.
- 1746:38: Second thruster (T-1) operational.
- 1755:30: DG #4 (center engine room) restored online.
- 1807:17: All six thrusters and three diesel generators fully operational, restoring DP control.

BSEE Investigation:

Prior to Bureau of Safety and Environmental Enforcement (BSEE) Inspectors arriving on the NSL to conduct the preliminary investigation, the Inspectors received the following email attachments from the United States Coast Guard (USCG), in accordance with BSEE/USCG Memorandum of Agreement (MOA): OCS-05.

BSEE Inspectors arrived at 0900 hours on 8 APR 2025 to the NSL. The inspectors obtained and reviewed supporting investigation documents, photos, and data, as follows during onboard investigation(s):

- Photo(s) of dampener control panel and fuel shut off valve panel
- Noble AB1 employee: competency record
- Noble International Association of Drilling Contractor(s) (IADC) report: 27 MAR through 29 MAR 2025
- Work instructions and line-item list of accommodation fire dampers used by AB1
- Work instructions and line-item list of accommodation fire dampers used by NSL engine room personnel

BSEE inspectors held discussions with the NSL's Captain at the time of inspection. This captain was not involved in the incident (he was on the opposite hitch of the captain present at the time of the incident) and obtained verification of training documents, accommodation work orders, and a line-item checklist of damper testing.

BSEE inspectors held discussions with opposite hitch NSL able body seaman 2 (AB2) who assisted in training AB1 two hitches earlier. AB2 stated AB1 was knowledgeable in the assigned task of functioning accommodation fire dampeners. AB2 stated AB1 was familiar with the emergency gear locker room and the panels within for the fire dampeners.

BSEE Inspectors proceeded to the forward emergency gear locker, also used as the emergency headquarters control room, where the incident took place, to compare visual evidence (photos) provided earlier by USCG incident investigation findings. BSEE inspectors observed both the accommodation dampeners and emergency fuel shut off valves were within 10 -12 feet of one another. Additionally, the emergency fuel shut off valves were not protected with barriers or warning signs to prevent inadvertent functioning by ship personnel.

BSEE Inspectors observed that the Task Risk Assessment (TRA), required prior to work, was not performed until after the incident occurred. The inspectors also observed that rig management had installed barrier covers over the emergency fuel shut off valves, to mitigate future occurrences of personnel inadvertently operating quick close of the fuel valves. Observation of the valves showed clear and legible labeling at each panel for the designated equipment.

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

Human Error

Failure to conduct Task Risk Assessment (TRA) prior to commencement of job as per Noble Company policy requirement.

Failure to execute "Stop Work Authority" when AB1 felt uncertainty regarding completing the tasks solo.

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

AB1 conducted unsafe operations by not verifying dampener line-item numbers or using stop work authority when he felt unsure of required work task, duties, and assignments.

AB1 was not provided with a Task Risk Assessment TRA as required in Noble policy prior to beginning the job, at which time AB1 could have discussed personal concerns and possible issues with lack of knowledge/experience in fire dampener controls functioning. Rig personnel did not conduct a Task Risk Assessment TRA prior to performing the task. Rig management provided the TRA after observing that no TRA was prepared prior to the incident.

No assistance from the NSL Bosun, also described as Marine Department Supervisor on duty and clear communications were not provided to AB1 who was relatively uncertain to work task as stated.

20. LIST THE ADDITIONAL INFORMATION:

BSEE Incident report: 18-APR-2025

NRC Incident report: # 1427169 of 28-MAR-2025

CONTINUED FROM ITEM 24:

Finding #3: On 28 APR 2025, NSL personnel did fail to follow company permit terms and plans, in that NSL personnel did not perform a TRA prior to commencement of job task in accordance with Noble company policy. Through the task risk assessment, personnel would have been afforded the opportunity to address potential hazards, personnel awareness of plan, the correct execution of work assignment, deficiencies of knowledge and understanding of equipment operation, to voice concerns and or deficiencies and potential hazards of executing the work order. As a result of failure to obtain clarification through TRA process, NSL personnel inadvertently actuated the Emergency fuel shut off valves. These occurrences presented an immediate threat to the sea environment, compromised vital ship's operational equipment, and the safety of the crew at sea.

21. PROPERTY DAMAGED:

NATURE OF DAMAGE:

Pressure Rated Treatment (PRT) equipment.

Blow Out Preventer (BOP) Stack equipment damage due on seafloor drift.

ESTIMATED AMOUNT (TOTAL): \$2,600,000

22. RECOMMENDATIONS TO PREVENT RECURRANCE NARRATIVE:

The BSEE New Orleans District has no recommendations for the Office of Incident Investigations at this time.

23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: YES

1. G-110 DOES THE LESSEE PERFORM ALL OPERATIONS IN A SAFE AND WORKMANLIKE MANNER AND PROVIDE FOR THE PRESERVATION AND CONSERVATION OF PROPERTY AND THE ENVIRONMENT?

Authority: 30 CFR 250.107(a) You must protect health, safety, property and the environment by (1) Performing all operations in a safe and workmanlike manner.

Finding #1: During the course of testing the accommodation fire dampeners, (NSL) personnel did operate equipment, (Emergency fuel shut off valves), in an unsafe workmanlike manner which resulted in the ship loss of station keeping, the subsequent loss of containment when EDS activated, thereby expelling 399 bbls of 10.9 ppg Calcium Chloride brine and 2037 bbls of 12.8 ppg Calcium Bromide brine, totaling 2436 barrels (bbls) to be released to sea. Additionally, these actions resulted in the damage of vital pressure rated treatment (PRT) equipment, including but not limited to Lower Marine Riser Package (LMRP). These occurrences presented an immediate threat to the sea environment, compromised vital ship's operational equipment, and the safety of the crew at sea.

Finding #2: During the course of testing the accommodation fire dampeners (NSL) failed to execute "Stop Work Authority" as directed within the company policy. As a result of these actions, (NSL) personnel did operate critical equipment (Emergency fuel shut off valves), vital to ship operations, in an unsafe workmanlike matter as (NSL) personnel did not verify item numbers at fire dampeners control panel in the Emergency Gear Locker also used as the Emergency Head Quarters Damper Control room.

CONTINUED IN ITEM 20 (Finding #3)

25. DATE OF ONSITE INVESTIGATION:

08-APR-2025

28. ACCIDENT CLASSIFICATION:

NO

26. Investigation Team Members/Panel Members: 29. ACCIDENT INVESTIGATION PANEL FORMED:

27. OPERATOR REPORT ON FILE:

OCS REPORT:

30. DISTRICT SUPERVISOR:

Michael J. Saucier

APPROVED

DATE:

10-SEP-2025