1. OCCURRED
   DATE: 05-APR-2008  TIME: 0725 HOURS

2. OPERATOR: Hunt Oil Company
   REPRESENTATIVE: Richardson, Carl
   TELEPHONE: (337) 896-8431

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

4. LEASE: 00425
   AREA: EI  LATITUDE:
   BLOCK: 63  LONGITUDE:

5. PLATFORM: B
   RIG NAME:

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

7. TYPE:
   [ ] HISTORIC INJURY
   [X] REQUIRED EVACUATION 1
     LTA (1-3 days)
   [X] LTA (>3 days) 1
     RW/JT (1-3 days)
     RW/JT (>3 days)
   [ ] Other Injury
   [ ] FATALITY
   [ ] POLLUTION
   [ ] FIRE
   [ ] EXPLOSION

   LWC [ ] HISTORIC BLOWOUT
         UNDERGROUND
         SURFACE
         DEVERTER
         SURFACE EQUIPMENT FAILURE OR PROCEDURES

   COLLISION [ ] HISTORIC [ ]>$25K [ ]<=$25K

8. CAUSE:
   [X] EQUIPMENT FAILURE
   [X] HUMAN ERROR
   [ ] EXTERNAL DAMAGE
   [ ] SLIP/TRIP/FALL
   [ ] WEATHER RELATED
   [X] LEAK
   [X] UPSET H2O TREATING
   [ ] OVERBOARD DRILLING FLUID
   [ ] OTHER

9. WATER DEPTH: 25 FT.

10. DISTANCE FROM SHORE: 21 MI.

11. WIND DIRECTION: NE
    SPEED: 15 M.P.H.

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

13. SEA STATE: PT.
On 5 April 2008 at 0725 hours a Meter Technician (MT), employed by Southern Flow and contracted to Hunt Oil, was performing service/maintenance work to a high pressure gas meter. The repair work consisted of changing a damaged gear shaft and pinion located on the upper section of the meter housing. Platform personnel had communicated to the MT that the upper section of the meter was bled down and ready for servicing. For unknown reasons the MT mistakenly unscrewed the wrong gear shaft and pinion assembly which was located on the lower section of the meter where a system pressure of 1000 psi remained. High pressure gas was released blowing the gear shaft and pinion out the side of the meter striking the MT. The MT was blown under an adjacent production separator breaking a tubing tray and knocking the MT unconscious. The MT was found by platform personnel unconscious but breathing. Before leaving the platform to be transported to Terrebonne General, the MT regained consciousness but could not recall anything related to the incident. The aircraft transporting the injured arrived in Houma at 0830 hours. This incident also resulted in an undesired release of high pressure and high volume gas.

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

The MT failed to recognize that he was performing maintenance on a pressurized section of the meter and also failed to verify that the meter was properly isolated and bled down before starting his work activities. There was also unclear communication between the platform personnel and the MT in regard to the meter housing being completely bled down.

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

N/A

20. LIST THE ADDITIONAL INFORMATION:

21. PROPERTY DAMAGED: NATURE OF DAMAGE:
1. Facility structure brace.  
2. Fiberglass instrument tubing stray.  
3. Tubing instrument control line.  

1. Chipped paint with scared metal  
2. Destroyed  
3. Bent and twisted

ESTIMATED AMOUNT (TOTAL): $2,000

22. RECOMMENDATIONS TO PREVENT RECURRANCE NARRATIVE:

The Lafayette District has no recommendation to the Regional Office of Safety Management (OSM).

23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: YES

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

Incident of Noncompliance G-110 was issued as a "After the fact" to document that Hunt Oil Company failed to protect health, safety and the environment by not performing service/maintenance in a safe and workmanlike manner as follows: Hunt Oil Company failed to properly supervise the service/maintenance performed by a Southern Flow employee while repairing a high pressure gas meter on 5 April 2008.

25. DATE OF ONSITE INVESTIGATION:

07-APR-2008

26. ONSITE TEAM MEMBERS:  
Jason A. Abshire / Tom Basey /

29. ACCIDENT INVESTIGATION PANEL FORMED: NO

OCS REPORT:

30. DISTRICT SUPERVISOR:
Elliott S. Smith

APPROVED DATE: 06-JUN-2008
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: