1. OCCURRED
   DATE: 22-AUG-2008  TIME: 0926  HOURS

2. OPERATOR: Nexen Petroleum U.S.A. Inc.
   REPRESENTATIVE: Miller, Karl
   TELEPHONE: (337) 735-2504

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

4. LEASE:
   AREA: HI  LATITUDE:  
   BLOCK: 259  LONGITUDE:

5. PLATFORM: C
   RIG NAME:

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

7. TYPE:
   HISTORIC INJURY
   REQUIRED EVACUATION
   LTA (1-3 days)
   LTA (>3 days)
   RW/JT (1-3 days)
   RW/JT (>3 days)
   Other Injury

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

9. WATER DEPTH: 160 FT.

10. DISTANCE FROM SHORE: 58 MI.

11. WIND DIRECTION: E
    SPEED: 10 M.P.H.

12. CURRENT DIRECTION: ENE
    SPEED: 1 M.P.H.

13. SEA STATE: FT.
17. DESCRIBE IN SEQUENCE HOW ACCIDENT HAPPENED:

On the morning of August 22, 2008 at approximately 0926 hours, the crane operator at Nexen Eugene Island 259 C platform was attempting to lift a gang box from the M/V Grant (field boat). The load was to be placed on the top deck of the production platform. During the lifting process, while the load was suspended over the water, the crane operator heard a loud pop and then felt the boom jerk. He immediately noticed the boom and load falling to the water, but missed the field boat located adjacent to the platform. The crane heel boom section remained attached to the crane pedestal while hanging over the side of the production platform, with the boom tip submerged in the water. Three (3) third party contractors on the platform were standing on top of the compressor building taking measurements to fabricate handrailings, when they were struck by small fragments from the boom cable when it parted. Their injuries were limited to small pieces of wire being embedded in their skin, covering shoulder and neck areas on their upper body.

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

Boom cable fatigue and unnecessary stress resulted in reduced strength and integrity of the boom cable, thereby resulting in boom cable failure.

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

Sudden movement of controls during the lifting operation possibly resulting in unnecessary stress to the boom cable.

20. LIST THE ADDITIONAL INFORMATION:

According to Nexen crane records, documents indicate that during annual and quarterly inspections, the boom heel section had evidence of a bent lacing. Documented evidence from Nexen records indicate that the bent lacing occurred while the boom tip section was being changed during a Quarterly inspection dated January 17, 2008. Nexen has provided documentation of a "pull test" that was performed by a manufacturer representative on that date justifying further use of the crane. After testing was completed, all boom sections were found to be sufficient for heavy lifting operations.
21. PROPERTY DAMAGED:
   1. Facility Crane Boom
   2. Hand rail on platform top deck
   3. One light fixture, top deck.
   4. One light fixture pole
   5. One PSV vent line, instrument gas

   NATURE OF DAMAGE:
   1. Destroyed from fall
   2. Bent out of place
   3. Broken
   4. Bent out of place and broken
   5. Bent out of place

   ESTIMATED AMOUNT (TOTAL):

22. RECOMMENDATIONS TO PREVENT RECURRANCE NARRATIVE:
    Lafayette District MMS has no recommendations.

23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: NO

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:
    N/A

25. DATE OF ONSITE INVESTIGATION:
    23-AUG-2008

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

29. ACCIDENT INVESTIGATION
    PANEL FORMED: NO

30. DISTRICT SUPERVISOR:
    Elliott S. Smith

    APPROVED
    DATE: 21-OCT-2008
OPERATOR REPRESENTATIVE

CONTRACTOR REPRESENTATIVE

X OTHER Rigger

NAME:
HOME ADDRESS:
CITY: STATE:
WORK PHONE:
TOTAL OFFSHORE EXPERIENCE:
2.5 YEARS
EMPLOYED BY:
BUSINESS ADDRESS:
CITY: STATE:
ZIP CODE:

OPERATOR REPRESENTATIVE

CONTRACTOR REPRESENTATIVE

X OTHER Rigger

NAME:
HOME ADDRESS:
CITY: STATE:
WORK PHONE:
TOTAL OFFSHORE EXPERIENCE:
4 YEARS
EMPLOYED BY:
BUSINESS ADDRESS:
CITY: STATE:
ZIP CODE:
Injury/Fatality/Witness Attachment

Operator Representative Injury
Contractor Representative Fatality
Other Fatality

Witness

Name:
Home Address:
City: State:
Work Phone:
Total Offshore Experience: 18 Years

Employed By:
Business Address:
City: State:
Zip Code:

Operator Representative Injury
Contractor Representative Fatality
Other Fatality

Witness

Name:
Home Address:
City: State:
Work Phone:
Total Offshore Experience: 1 Years

Employed By:
Business Address:
City: State:
Zip Code:
Contract Inspector

Name:
Home Address:
City: State:
Work Phone: Total Offshore Experience: 22 Years
Employed By:
Business Address:
City: State:
Zip Code:

Deck Hand

Name:
Home Address:
City: State:
Work Phone: Total Offshore Experience: 14 Years
Employed By:
Business Address:
City: State:
Zip Code:
INJURY/FATALITY/WITNESS ATTACHMENT

☐ OPERATOR REPRESENTATIVE ☐ INJURY
☐ CONTRACTOR REPRESENTATIVE ☐ FATALITY
☒ OTHER Relief Captain ☒ WITNESS

NAME:
HOME ADDRESS:
CITY: STATE:
WORK PHONE:
EMPLOYED BY:
BUSINESS ADDRESS:
CITY: STATE:
ZIP CODE:

TOTAL OFFSHORE EXPERIENCE: 11 YEARS