

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

ACCIDENT INVESTIGATION REPORT

1. OCCURRED

DATE: 28-SEP-2011 TIME: 0815 HOURS

2. OPERATOR:

Stone Energy Corporation

REPRESENTATIVE: Gaspard, Chad

TELEPHONE: (337) 521-2187

CONTRACTOR: Chet Morrison Contractors Inc.

REPRESENTATIVE: Gayon, Edison

TELEPHONE: (985) 850-2684

- STRUCTURAL DAMAGE
- CRANE
- OTHER LIFTING DEVICE
- DAMAGED/DISABLED SAFETY SYS.
- INCIDENT >\$25K
- H2S/15MIN./20PPM
- REQUIRED MUSTER
- SHUTDOWN FROM GAS RELEASE
- OTHER Trapped well pressure

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

6. OPERATION:

4. LEASE: 00064

AREA: SS LATITUDE:

BLOCK: 114 LONGITUDE:

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

5. PLATFORM: U

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) 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

9. WATER DEPTH: 40 FT.

10. DISTANCE FROM SHORE: 13 MI.

11. WIND DIRECTION: SSW

SPEED: 5 M.P.H.

12. CURRENT DIRECTION: ESE

SPEED: 0 M.P.H.

LWC HISTORIC BLOWOUT

UNDERGROUND

SURFACE

DEVERTER

SURFACE EQUIPMENT FAILURE OR PROCEDURES

13. SEA STATE: 1 FT.

COLLISION HISTORIC >\$25K <=\$25K

17. INVESTIGATION FINDINGS:

At the time of the accident, the Injured Person (IP) and other personnel were working on the wellhead to remove the wellhead's blanking cap. The well was evaluated for pressure and personnel slowly opened the master valve to allow the well pressure to equalize. The crown valve was then slowly opened to allow the pressure to equalize at the blanking cap, and the low torque valve on the pump-in tee was slowly opened to allow the pressure to equalize to the choke manifold. The pressure was read at both the choke manifold and at the gauge installed above the blanking cap (1,200 psi at both). The pressure was bled off through the choke manifold and gas buster to the tank until 0 psi was read on both the choke manifold and the blanking cap gauge. The master valve was closed, while the crown valve and the low torque valve were left in the open position. The path of flow from the low torque valve to the gas buster was left in the open position to ensure no pressure was trapped. The needle valve on the cap was closed and the gauge was removed. The needle valve was opened to ensure all trapped pressure was relieved. The crew members attempted to remove the cap unsuccessfully by hand, so a pipe wrench was used to aid in the removal of the night cap. Concerned about backpressure, the supervisor stopped work immediately and the decision was made to remove the high pressure hose from the low torque valve located on the pump-in tee. The low torque valve was closed and the high pressure hose was removed. The low torque valve was slowly opened and it was determined there was no trapped pressure. A crew member then took a small wire and inserted it in the top of the needle valve to ensure there was no blockage by paraffin. The needle valve was backed out and removed from the cap. Personnel then proceeded to remove the cap with a pipe wrench at which time the wireline tool string and the cap were ejected from the well approximately 100 feet into the air. The toolstring struck the IP in the lower back and back leg. The IP was assessed, and moved to a nearby facility via the supporting marine vessel. A Med-Evac was dispatched with Medical Personnel and the IP was taken to Terrebonne General Hospital in Houma, LA.

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

The crew did not identify the potential for stored pressure trapped beneath the wireline tool string prior to removing the night cap from the well.

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

- * The well was bled off prior to installing the wireline lubricator without initiating the Management of Change (MOC) process.
- * No Stop Work Authority (SWA) was initiated when personnel used a 36" pipe wrench to remove the night cap that was designed to be removed by hand torque.
- * No Job Safety Analysis (JSA) was completed and discussed prior to conducting the operation.

20. LIST THE ADDITIONAL INFORMATION:

The IP will undergo surgery; updates on the status of IP will be provided.

21. PROPERTY DAMAGED:

NATURE OF DAMAGE:

Grating
Handrail and Facility Sign
Tool String

Dent in Grating
Handrail and Sign dented
Tool String ruined

ESTIMATED AMOUNT (TOTAL): **\$13,100**

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:

G110: The lessee did not perform all operations in a safe and workmanlike manner and provide for the preservation and conservation of property and the enviroment.

At the time of the inspection, lessee failed to maintain control of a down hole plug that was lost on 9/27/2011. Operator attempted to remove the wireline night cap which was under duress.

25. DATE OF ONSITE INVESTIGATION:

29-SEP-2011

26. ONSITE TEAM MEMBERS:

**Paul Nelson / Mike Jones / Doug
Sevin /**

29. ACCIDENT INVESTIGATION

PANEL FORMED: **NO**

OCS REPORT:

30. DISTRICT SUPERVISOR:

Bryan Domangue

APPROVED

DATE: **10-JAN-2012**

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:

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:

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 :

