UNITED STATES DEPARTMENT OF THE INTERIOR
MINERALS MANAGEMENT SERVICE
GULF OF MEXICO REGION

ACCIDENT INVESTIGATION REPORT

1. OCCURRED
   DATE: 28-JAN-2010 TIME: 0545 HOURS

2. OPERATOR: Tarpon Operating & Development, L
   REPRESENTATIVE: Logan, Melissa
   TELEPHONE: (281) 578-3388

   CONTRACTOR: Spartan Offshore Drilling, LLC
   REPRESENTATIVE: Johnny Brassell
   TELEPHONE: (337) 622-3677

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

4. LEASE: G25966
   AREA: EC LATITUDE: 
   BLOCK: 266 LONGITUDE: 

5. PLATFORM
   RIG NAME: SPARTAN 208

6. ACTIVITY: EXPLORATION (POE)

7. TYPE:
   □ HI STORIC INJURY
   □ REQUI RED EVACUAT ON 1
   □ LTA (1-3 days) 1
   □ LTA (>3 days) 1
   □ RW/J T (1-3 days) 1
   □ RW/J T (>3 days) 1
   □ Other Injury
   □ FATALI TY
   □ POLLUTI ON
   □ FI RE
   □ EXPLOSI ON

   □ HI STORIC C BLOWOUT
   □ UNDERGROUND
   □ SURFACE
   □ DEVERTER
   □ SURFACE EQUIPMENT FAI LURE OR PROCEDURES
   □ COLLISION
   □ HI STORIC C >$25K □ <=$25K

8. CAUSE:
   □ EQUIPMENT FAI LURE
   □ HUMAN ERROR
   □ EXTERNAL DAMAGE
   □ SLI P/TRI P/FALL
   □ WEATHER RELATED
   □ LEAK
   □ UPSET H2O TREATI NG
   □ OVERBOARD DRI LLI NG FLUID
   □ OTHER
   □ Tugger's rope reeving design

9. WATER DEPTH: 165 FT.

10. DISTANCE FROM SHORE: 97 MI.

11. WIND DIRECITION: SSE
    SPEED: 12 M.P.H.

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

13. SEA STATE: 7 FT.
17. INVESTIGATION FINDINGS:

17. On 28 January 2010 at 0545 hours, during the last 15 minutes prior to shift change, the rig's night crew was in the process of picking up 3 ½” drill pipe to complete Well No. SS-1. A joint of pipe was being lifted by the Derrickman using the rig floor's south side air tugger, while at the same time the Driller was utilizing the block to lower a stand of pipe into the wellbore. This simultaneous operation's rhythm was interrupted when the Driller received a phone call and stopped the traveling block. When the Driller resumed lowering the block, the joint of pipe being lifted by the air tugger became wedged between the top drive and the rig floor. This occurred since the angle of pull by the tugger pulled the pipe closer into the rotary table area. The joint of pipe bowed out and struck the Floorhand (Injured Person - IP) tailing the pipe in the inner thigh of his right leg with the impact knocking off his hard hat. The IP fell and struck the lower bar of the V-Door gate injuring his head. The IP was transported to a local hospital and released the next day with stitches to his head.

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

The accident occurred when the joint of drill pipe being lifted with the air tugger wedged between the top drive and the rig floor, then bowed out to strike the IP and cause his fall.

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

* The simultaneous operation's rhythm of the Derrickman hoisting one joint with the air tugger while the Driller lowered another joint with the block was disrupted by the Driller answering the phone call.
* Possible fatigue and/or rushing to complete the operation was involved as a result of the accident occurring during the last 15 minutes prior to shift change.
* A design flaw with the air tugger's wire rope reeving configuration resulted in the pipe being pulled too close into the rotary table area.

20. LIST THE ADDITIONAL INFORMATION:

21. PROPERTY DAMAGED: NATURE OF DAMAGE:

None N/A

ESTIMATED AMOUNT (TOTAL): $
22. RECOMMENDATIONS TO PREVENT RECURRANCE NARRATIVE: 
The Lake Charles District does not have any recommendations for the Regional Office of Safety Management.

23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: NO

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

25. DATE OF ONSITE INVESTIGATION:
   28-JAN-2010

26. ONSITE TEAM MEMBERS:
   John Doucet / Bill Olive /

27. PANEL FORMED: NO

28. ACCIDENT INVESTIGATION PANEL FORMED: NO

29. OCS REPORT:

30. DISTRICT SUPERVISOR:
   Larry Williamson

   APPROVED
   DATE: 08-APR-2010
INJURY/FATALITY/WITNESS ATTACHMENT

☐ OPERATOR REPRESENTATIVE  ☐ INJURY
☐ CONTRACTOR REPRESENTATIVE  ☐ FATALITY
X OTHER  Spartan Derrickman  ☒ 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
X OTHER  Spartan Floorhand  ☒ 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:**

**OPERATOR REPRESENTATIVE**
**CONTRACTOR REPRESENTATIVE**
**OTHER**
**SPARTAN FLOORHAND**

**WITNESS**