

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

ACCIDENT INVESTIGATION REPORT

For Public Release

1. OCCURRED

DATE: 24-JAN-2016 TIME: 1700 HOURS

2. OPERATOR: Fieldwood SD Offshore LLC

REPRESENTATIVE:

TELEPHONE:

CONTRACTOR:

REPRESENTATIVE:

TELEPHONE:

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

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

6. OPERATION:

4. LEASE: G06280

AREA: EB LATITUDE:

BLOCK: 165 LONGITUDE:

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

5. PLATFORM: A

RIG NAME:

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

8. CAUSE:

7. TYPE:

- HISTORIC INJURY
- REQUIRED EVACUATION 1
- 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

- LWC HISTORIC BLOWOUT
- UNDERGROUND
 - SURFACE
 - DEVERTER
 - SURFACE EQUIPMENT FAILURE OR PROCEDURES

9. WATER DEPTH: 863 FT.

10. DISTANCE FROM SHORE: 96 MI.

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

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

13. SEA STATE: FT.

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

On 24-Jan-2016 at approximately 1600 hours an injury requiring medical evacuation occurred at Fieldwood Energy's East Breaks 165 'A' facility, Lease G-06280. The Injured Party (IP) was walking in the East well bay and inadvertently stepped on a piece of 2" pipe approximately 28" long that was improperly stored when not in use. The pipe rolled out from under the IP's left foot causing injury to his left knee.

The IP was assisted to the facility Medic for evaluation. The facility Medic concluded the IP had hyperextended his left knee and would need additional medical evaluation by a physician. At approximately 1815 hours on 24-Jan-2016, the Search and Rescue (SAR) helicopter transported the IP to the University of Texas Medical Branch in Galveston TX. The attending Physician's initial medical examination determined from X-Rays that the IP had not sustained any broken bones. The IP was instructed to follow up with his personal Physician.

On 27-Jan-2016 Magnetic Resonance Imaging (MRI) determined the IP incurred a Lateral and Medial Meniscus tear to his left knee. The IP underwent knee surgery to repair the torn Meniscus on 10-Feb-2016 and is scheduled to begin physical therapy on 24-Feb-2016. The IP's total recovery time is estimated to be 8 weeks at which time the IP is expected to receive a full medical release.

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

Failure to properly store tools when not in use.

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

The IP failed to observe foot placement while walking in the well bay area.

20. LIST THE ADDITIONAL INFORMATION:

The IP underwent knee surgery to repair the torn Meniscus on 10-Feb-2016 and is scheduled to begin physical therapy on 24-Feb-2016. The IP's total recovery time is estimated to be 8 weeks at which time the IP is expected to receive a full medical release.

21. PROPERTY DAMAGED:

NATURE OF DAMAGE:

N/A

ESTIMATED AMOUNT (TOTAL):

22. RECOMMENDATIONS TO PREVENT RECCURANCE NARRATIVE:

The Lake Jackson District has no recommendations for the Office of Incident

23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: **YES**

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

G-250 'W' INC issued on 28-Jan-2016 for failure to properly store all loose materials, small tools, and other small objects in a storage area when not in use.

25. DATE OF ONSITE INVESTIGATION:

28-JAN-2016

26. ONSITE TEAM MEMBERS:

J Trevino / M. Hankamer /

29. ACCIDENT INVESTIGATION

PANEL FORMED: **NO**

OCS REPORT:

30. DISTRICT SUPERVISOR:

Stephen P. Martinez

APPROVED

DATE: **19-FEB-2016**

INJURY/FATALITY/WITNESS ATTACHMENT

OPERATOR REPRESENTATIVE

INJURY

CONTRACTOR REPRESENTATIVE

FATALITY

OTHER _____

WITNESS

NAME:

HOME ADDRESS:

CITY:

STATE: TOTAL

WORK PHONE:

OFFSHORE EXPERIENCE:

YEARS

EMPLOYED BY:

BUSINESS ADDRESS:

CITY:

STATE:

ZIP CODE: