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

1. OCCURRED
DATE: 15-APR-2011 TIME: 1140 HOURS

2. OPERATOR: Hilcorp Energy GOM, LLC
   REPRESENTATIVE:
   TELEPHONE:
   CONTRACTOR: Hercules Offshore Drilling
   REPRESENTATIVE:
   TELEPHONE:

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

4. LEASE: G09010
   AREA: BA
   LATITUDE:
   LONGITUDE:
   BLOCK:

5. PLATFORM: A
   RIG NAME: HERCULES 205

6. ACTIVITY: [ ] EXPLORATION (POE) [X] 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 -
   [ ] FATALITY
   [ ] POLLUTION
   [ ] FIRE
   [ ] EXPLOSION
   LWC - [ ] HISTORIC BLOWOUT
           [ ] UNDERGROUND
           [ ] SURFACE
           [ ] DEVERTER
           [ ] SURFACE EQUIPMENT FAILURE OR PROCEDURES
   COLLISION [X] HISTORIC [ ] >$25K [X] <=$25K

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

9. WATER DEPTH: 64 FT.

10. DISTANCE FROM SHORE: 11 MI.

11. WIND DIRECTION: SSW
    SPEED: 29 M.P.H.

12. CURRENT DIRECTION: NNE
    SPEED: 2 M.P.H.

13. SEA STATE: 5 FT.
The Hercules 205 Jackup mobile offshore drilling unit (MODU) was being moved on location to perform work at the Brazos Area (BA) block 375 "A" Platform. The rig was moving as desired slowly toward the platform while the mud mat was being raised and lowered 5 to 6 times to tag bottom in order to slow/stop the MODU as needed. When the MODU reached a distance of approximately 25 feet, the MODU began increasing speed. The order was given to lower the mat and for the tug to supply full power to slow the MODU speed as it approached the platform. Both attempts were unsuccessful at stopping the MODU from impacting the platform. All platform production was shut-in at the time of incident. No injuries, pollution or significant damage occurred to the platform or the MODU.

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

The MODU was moved too fast to allow sufficient time for tug and mat to slow its momentum.

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

The seafloor was said to have previous mat depressions which caused the mats to lose contact with the bottom. High winds also played a role in pushing the MODU into the platform.

20. LIST THE ADDITIONAL INFORMATION:

<table>
<thead>
<tr>
<th>PROPERTY DAMAGED:</th>
<th>NATURE OF DAMAGE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Derrick</td>
<td>Slight Damage to the stern and port-aft section of the derrick.</td>
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<tr>
<td>Derrick Ladder and Ladder Cage</td>
<td>Platform NAVAIDs sustained slight damage.</td>
</tr>
<tr>
<td>2 NAVAID Lights</td>
<td></td>
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</tbody>
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ESTIMATED AMOUNT (TOTAL): $23,692

22. RECOMMENDATIONS TO PREVENT RECURRANCE NARRATIVE:

The Lake Jackson District has no recommendations to the Agency to prevent recurrance.

23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: YES

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

A G-110 INC was issued for failure to perform all operations in a safe and workmanlike manner.

25. DATE OF ONSITE INVESTIGATION:

26-APR-2011
26. ONSITE TEAM MEMBERS:
    James Holmes

29. ACCIDENT INVESTIGATION PANEL FORMED:
    NO

OCS REPORT:

30. DISTRICT SUPERVISOR:
    stephen p. martinez

APPROVED DATE: 31-AUG-2011
1. STRUCTURE MANNED: YES

2. OPERATING NAVIGATIONAL AIDS: YES

3. FAIRWAY LOCATION CONTRIBUTING FACTOR: NO

4. NAME OF VESSEL: Hercules 205 MODU

5. OWNER OF VESSEL: Hercules Offshore

6. TYPE OF VESSEL: MODU

7. MASTER OF VESSEL:

8. PILOT OF VESSEL:

9. ESTIMATED AMOUNT OF DAMAGE TO VESSEL: $17,364
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: Hercules Offshore Drilling
BUSINESS ADDRESS:
CITY: STATE:
ZIP CODE:

☐ OPERATOR REPRESENTATIVE ☐ INJURY
☒ CONTRACTOR REPRESENTATIVE ☐ FATALITY
☐ OTHER ______________________ ☒ WITNESS

NAME:
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