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

ACCIDENT INVESTIGATION REPORT

1. OCCURRED
   DATE: 17-APR-2007  TIME: 0200 HOURS

2. OPERATOR: Hydro Gulf of Mexico, L.L.C.
   REPRESENTATIVE: Ronnie Weeks
   TELEPHONE: (713) 422-5106
   CONTRACTOR: Ensco Offshore Co.
   REPRESENTATIVE: Tom McCall
   TELEPHONE: (281) 674-0750

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

4. LEASE: G27483
   AREA: BA  LATITUDE: 28.11930096
   BLOCK: A 24  LONGITUDE: -95.65264742

5. PLATFORM:
   RIG NAME: ENSCO 75

6. ACTIVITY:
   PRODUCTION  EXPLORATION (POE)
   DRILLING  DEVELOPMENT/PRODUCTION (DOCD/POD)
   WORKOVER  EQUIPMENT FAILURE (DOE/DOM)
   COMPLETION  HUMAN ERROR
   HELICOPTER  REQUIRED MUSTER
   MOTOR VESSEL  SHUTDOWN FROM GAS RELEASE
   PIPELINE SEGMENT NO.
   OTHER

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

8. CAUSE:
   LTA (1-3 days)
   LTA (>3 days)
   RW/JT (1-3 days)
   RW/JT (>3 days)
   Other Injury

9. WATER DEPTH: 142 FT.

10. DISTANCE FROM SHORE: 35 MI.

11. WIND DIRECTION: SW
    SPEED: 20 M.P.H.

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

13. SEA STATE: 5 FT.
17. INVESTIGATION FINDINGS:

While rigging-up to test the Blowout Preventers (BOP's), the drill crew was assembling three Rig Floor Safety Valves (TFIWs) and one pump-in sub using the Iron Roughneck. They were using the Iron Roughneck to spin the drill pipe into the first valve, pick it up with the drill pipe, and place another valve in the string until they had assembled all three valves and the pump-in sub. None of the valves had been torqued to the required specifications, which was going to be done with the Top-Drive. The assembled valves were a total of 12 feet 2 inches in length. As the driller began to lift the assembly to move it from the Safety Stand (rotary peg) to the drill pipe in the rotary slips, the assembly parted and fell to the rig floor. The Injured Person (IP) slipped and fell while attempting to escape, and his left arm was severely injured by the falling assembly.

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

The connection between the pin on the joint of drill pipe and the box of the top safety valve backed out during the make-up process, allowing partial separation of the connection. This probably occurred because the joint of drill pipe suspended in the elevators stopped rotating with the assembly.

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

When utilizing the pipe spinner on the Iron RoughNeck, the driller and drill crew failed to notice that when making up the third and fourth valves and pump-in sub that the pipe was un-screwing from the upper valves.

The jaws of the pipe spinner sit about five feet above the rig floor. Each valve is about three feet in length, so the spinnet jaws were around the first valve when making up the second, third, and fourth valves. When the jaws are around pipe, all of the valves get turned to the right or simply tightened. When the valves were in the jaws of the spinner, all below the valves are tightened, all above are loosened. It is possible that the valves were loosened on the third and fourth valves, since none of the valves were tightened to their required torque.

20. LIST THE ADDITIONAL INFORMATION:

21. PROPERTY DAMAGED: N/A
   NATURE OF DAMAGE: N/A

ESTIMATED AMOUNT (TOTAL):

22. RECOMMENDATIONS TO PREVENT RECURRANCE NARRATIVE:

The Lake Jackson District makes no recommendation to the Regional Office of Safety Management.
23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: YES

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

G-110

25. DATE OF ONSITE INVESTIGATION:

19-APR-2007

26. ONSITE TEAM MEMBERS:

Phillip Couvillion / James Barnard /

29. ACCIDENT INVESTIGATION PANEL FORMED: NO

OCS REPORT:

30. DISTRICT SUPERVISOR:

Stephen P. Martinez

APPROVED DATE: 23-MAY-2007
**Injury/Fatality/Witness Attachment**

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<thead>
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**Name:**

**Home Address:**

**City:**

**State:**

**Work Phone:**

**Total Offshore Experience:**

**Employed By:**

**Business Address:**

**City:**

**State:**

**Zip Code:**

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