

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

1. OCCURRED

DATE: **07-MAY-2007** TIME: **1930** HOURS

2. OPERATOR: **Newfield Exploration Company**

REPRESENTATIVE: **Gary Harrington**

TELEPHONE: **(281) 847-6096**

CONTRACTOR: **Diamond Offshore**

REPRESENTATIVE: **Wayne Powell**

TELEPHONE: **(713) 422-4952**

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

4. LEASE: **G13997**

AREA: **MC** LATITUDE:

BLOCK: **29** LONGITUDE:

5. PLATFORM:

RIG NAME: **DIAMOND OCEAN VOYAGER**

6. ACTIVITY:

- EXPLORATION(POE)
 DEVELOPMENT/PRODUCTION
 (DOCD/POD)

7. TYPE:

- HISTORIC INJURY
- REQUIRED EVACUATION 1
 - LTA (1-3 days)
 - LTA (>3 days)
 - RW/JT (1-3 days) 1
 - RW/JT (>3 days)
 - Other Injury

- FATALITY
- POLLUTION
- FIRE
- EXPLOSION

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

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

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

6. OPERATION:

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

8. CAUSE:

- EQUIPMENT FAILURE
- HUMAN ERROR
- EXTERNAL DAMAGE
- SLIP/TRIP/FALL
- WEATHER RELATED
- LEAK
- UPSET H2O TREATING
- OVERBOARD DRILLING FLUID
- OTHER _____

9. WATER DEPTH: **2100** FT.

10. DISTANCE FROM SHORE: _____ MI.

11. WIND DIRECTION: **ENE**
 SPEED: **12** M.P.H.

12. CURRENT DIRECTION: **ENE**
 SPEED: **13** M.P.H.

13. SEA STATE: **8** FT.

17. DESCRIBE IN SEQUENCE HOW ACCIDENT HAPPENED:

At 1930 hours, the injured person was flagging the crane operator in the removal of the shunt line from the moon pool, The IP's left hand was resting on a stand of pipe and was struck by the headache ball of the crane.

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

Not aware that his hand was in danger.
Not paying attention to what was going on in his work area.

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

20. LIST THE ADDITIONAL INFORMATION:

21. PROPERTY DAMAGED:

none

NATURE OF DAMAGE:

none

ESTIMATED AMOUNT (TOTAL):

\$

22. RECOMMENDATIONS TO PREVENT RECURRENCE NARRATIVE:

The New Orleans District makes no recommendations to the Office of Safety Management.

23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: **NO**

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

25. DATE OF ONSITE INVESTIGATION:

28-MAY-2007

26. ONSITE TEAM MEMBERS:

Phil McLean /

29. ACCIDENT INVESTIGATION

PANEL FORMED: **NO**

OCS REPORT:

30. DISTRICT SUPERVISOR:

Troy Trosclair

APPROVED

DATE: **12-SEP-2007**