

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

ACCIDENT INVESTIGATION REPORT

1. OCCURRED

DATE: **18-MAY-2007** TIME: **1455** HOURS

2. OPERATOR: **Nexen Petroleum U.S.A. Inc.**
REPRESENTATIVE: **Karl Miller**
TELEPHONE: **(337) 735-2504**
CONTRACTOR: **Global Marine Drilling Co.**
REPRESENTATIVE: **Kevin Schneider**
TELEPHONE: **(281) 589-3881**

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

4. LEASE: **G20051**
AREA: **GC** LATITUDE:
BLOCK: **243** LONGITUDE:

5. PLATFORM:
RIG NAME: **GSF ARCTIC I**

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

7. TYPE:

HISTORIC INJURY
 REQUIRED EVACUATION 0
 LTA (1-3 days)
 LTA (>3 days) 1
 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 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 **Light fixture falls.**

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: **3050** FT.

10. DISTANCE FROM SHORE: **90** MI.

11. WIND DIRECTION: **NE**
SPEED: **17** M.P.H.

12. CURRENT DIRECTION: **N**
SPEED: **1** M.P.H.

13. SEA STATE: **3** FT.

17. INVESTIGATION FINDINGS:

The shaker hand was changing the shaker screens in the shaker room when he was struck by a light fixture. The light fixture had a safety chain on one end but was not secured on the other end. The light not being properly secured allowed the light fixture to vibrate loose and swing downward, striking the shaker hand on the shoulder and lower neck. The impact caused the hand to fall between the shakers. Some of the rig personnel helped him up and walked him to the Medic. He had some numbness in his fingers and was transported to shore for medical treatment. He was released to full duty on 19 May 2007, with an appointment for a MRI on 21 May 2007. The injured party had a CAT scan and a MRI, with the MRI showing some bruising to the area. He was released to full duty, but has not returned to work. He is being observed by his personal physician and undergoing physical therapy.

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

The light fixture had a safety chain on one end but was not secured on the other end. The light not being properly secured allowed the light fixture to vibrate loose and swing downward.

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

None

20. LIST THE ADDITIONAL INFORMATION:

None

21. PROPERTY DAMAGED:

None

NATURE OF DAMAGE:

N/a

ESTIMATED AMOUNT (TOTAL):

\$

22. RECOMMENDATIONS TO PREVENT RECURRENCE NARRATIVE:

Due to the specific nature of this incident, the Houma District has no recommendations to report to the Regional Office of Safety Management.

23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: NO

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

None

25. DATE OF ONSITE INVESTIGATION:

26. ONSITE TEAM MEMBERS:
Amy Wilson /

29. ACCIDENT INVESTIGATION
PANEL FORMED: **NO**

OCS REPORT:

30. DISTRICT SUPERVISOR:

Michael J. Saucier

APPROVED

DATE: **16-JUL-2007**

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 :

BUSINESS ADDRESS :

CITY :

STATE :

ZIP CODE :

