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

1. OCCURRED
DATE: 19-MAY-2007 TIME: 0045 HOURS

2. OPERATOR: Arena Offshore, LLC
REPRESENTATIVE: Schumann, Natalie
TELEPHONE: (281) 492-3243
CONTRACTOR: Helmerich & Payne
REPRESENTATIVE: Dohm, JT
TELEPHONE: (985) 871-4071

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

4. LEASE: G05052
AREA: SP LATITUDE: BLOCK: 83 LONGITUDE:

5. PLATFORM:
RIG NAME: H&P 107

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)
☐ RW/JT (>3 days) 1
☐ Other Injury

☐ FATALITY
☐ POLLUTION
☐ FIRE
☐ EXPLOSION

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

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

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

9. WATER DEPTH: 467 FT.

10. DISTANCE FROM SHORE: 15 MI.

11. WIND DIRECTION: E
SPEED: 12 M.P.H.

12. CURRENT DIRECTION: E
SPEED: 30 M.P.H.

13. SEA STATE: 2 FT.
17. DESCRIBE IN SEQUENCE HOW ACCIDENT HAPPENED:

Floor crew operations was POOH during a short trip process; upon racking the stand back into finger position the stand caught edge of the fingerboard and binded. Floorhand then proceeded to slack off the air tugger line to free the stand, and in doing so, somehow the hook on the end of the tugger line unlatched causing stand to fall back towards top drive. Floorhand attempted to grab the drill pipe before it got under the top drive. Unable to stop the drill pipe as the top drive sat down on the stand, causing it to bow and kickout knocking the floorhand back into the rear of the monkey board. Upon floorhand landing at the rear of the board his left leg fell into the alley of the collar fingers and the drill pipe, after the pipe kickback, smashed IP's left leg.

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

Chain hook on air tugger releasing causing drill pipe to fall backward striking top drive.

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

1) Slack in tugger line
2) Hook on tugger chain releasing
3) Drill pipe binding on finger board

20. LIST THE ADDITIONAL INFORMATION:

1) Floorhand was 6 hours into tour shift
2) IP transported 5/19/07 to OMS Clinic, Houma Louisiana
3) Monkey Board to D.P. Finger - Width 9 1/2"
21. PROPERTY DAMAGED: n/a

NATURE OF DAMAGE: n/a

ESTIMATED AMOUNT (TOTAL): $

22. RECOMMENDATIONS TO PREVENT RECURRANCE NARRATIVE:

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

The New Orleans District concurs with the operator's recommendations to prevent recurrence.

1) The operator is checking with their supplier about getting a hook with a deeper throat to ensure better contact with the chain to prevent any slippage when a slack is allowed in the chain. The operator is adding this corrective action to their report to replace the use of personnel's thumb on the hook as a secondary securing method, which created a pinch point.

2) The operator is investigating to see if they can find a chain with a purpose built tie back for the hook to hook into instead of hooking back to the chain link itself.

23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: NO

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

25. DATE OF ONSITE INVESTIGATION:

19-MAY-2007

26. ONSITE TEAM MEMBERS:

Darryl Williams /

29. ACCIDENT INVESTIGATION PANEL FORMED: NO

OCS REPORT:

30. DISTRICT SUPERVISOR:

Troy Trosclair

APPROVED

DATE: 12-SEP-2007
<table>
<thead>
<tr>
<th>OPERATOR REPRESENTATIVE</th>
<th>INJURY</th>
</tr>
</thead>
<tbody>
<tr>
<td>CONTRACTOR REPRESENTATIVE</td>
<td>FATALITY</td>
</tr>
<tr>
<td>X OTHER  Floorhand (H&amp;P)</td>
<td>WITNESS</td>
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**NAME:** Jerry Hammond  
**HOME ADDRESS:**  
**CITY:**  
**STATE:**  
**WORK PHONE:**  
**TOTAL OFFSHORE EXPERIENCE:** 2.5 YEARS  
**EMPLOYED BY:**  
**BUSINESS ADDRESS:**  
**CITY:**  
**STATE:**  
**ZIP CODE:**