

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

# ACCIDENT INVESTIGATION REPORT

1. OCCURRED

DATE: **31-MAY-2007** TIME: **1940** HOURS

2. OPERATOR: **BP Exploration & Production Inc.**

REPRESENTATIVE: **Winfree, Bekki**

TELEPHONE: **(281) 366-8372**

CONTRACTOR: **Global Marine Drilling Co.**

REPRESENTATIVE: **Dwyer, Lance**

TELEPHONE: **(337) 852-7159**

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

4. LEASE: **G15607**

AREA: **GC** LATITUDE:

BLOCK: **743** LONGITUDE:

5. PLATFORM:

RIG NAME: **T.O. DEVELOPMENT DRILLER II**

6. ACTIVITY:  EXPLORATION(POE)

DEVELOPMENT/PRODUCTION  
(DOCD/POD)

7. TYPE:

HISTORIC INJURY

REQUIRED EVACUATION 2  
 LTA (1-3 days)  
 LTA (>3 days)  
 RW/JT (1-3 days)  
 RW/JT (>3 days) 2  
 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 **Falling object**

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: **6822** FT.

10. DISTANCE FROM SHORE: **122** MI.

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

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

13. SEA STATE: **2** FT.

17. INVESTIGATION FINDINGS:

The crew was in the process of running production tubing at the Main Well Activity Center. After stabbing the Smart Assembly, the bridge racker was released. The Z-Back arm was released, but was not fully retracted. The crew did this in order to help stabilize the assembly as the rig was moving due to the seas. The seas were 2 to 4 feet and the heave was 0.2 feet. As the TESCO tong was rotating the assembly, a plastic doughnut protector came apart and fell to the rig floor in two pieces. The doughnut was at the 26 foot level, was 3.8 feet long, and weighed 44 pounds. Each piece fell on a worker at the well center standing by the tongs. Both individuals were taken to the rig Medic for evaluation and were Medi-Vaced by helicopter. The two injured parties were released from the hospital to home. The supervisor had 2 stitches for the cut on his forehead, and the tong operator had a pain killer prescribed. The injured parties were released for work with restricted duty on Saturday 2 June 2007. As of 27 July 2007, both workers had not received a full release to work.

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

The drilling crew put the doughnut protector equipment into service conditions that it was not adequately designed.

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:

NO

26. ONSITE TEAM MEMBERS:

**Amy Wilson /**

29. ACCIDENT INVESTIGATION

PANEL FORMED:

30. DISTRICT SUPERVISOR:

OCS REPORT:

**Michael J. Saucier**

APPROVED

DATE:

**30-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 :

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 :

