

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF SAFETY AND ENVIRONMENTAL ENFORCEMENT
GULF OF MEXICO REGION

ACCIDENT INVESTIGATION REPORT

For Public Release

1. OCCURRED
DATE: 15-JUL-2012 TIME: 0730 HOURS

2. OPERATOR: Apache Corporation
REPRESENTATIVE:
TELEPHONE:
CONTRACTOR: Expro Americas Inc.
REPRESENTATIVE:
TELEPHONE:

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

4. LEASE: 00050
AREA: EI LATITUDE:
BLOCK: 120 LONGITUDE:

5. PLATFORM: 15
RIG NAME:

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

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

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

9. WATER DEPTH: 28 FT.

10. DISTANCE FROM SHORE: 44 MI.

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

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

13. SEA STATE: FT.

17. INVESTIGATION FINDINGS:-

On 15 July 2012, a wireline crew was performing well services operations on the Lift Boat (Macy Lyn). A Job Safety Analysis (JSA) had been reviewed before operations began, but did not document the potential risks and hazards associated with the wireline operations. At approximately 0100 hours, a Contract Wireline Helper (CWH) who had not attended his company's wireline school was involved in an incident when the wrenches he was using slipped-striking his ring finger.

Although the CWH felt pain, he thought it wasn't significant enough to warrant attention from the medic at the central facility and after talking with his supervisor, he continued to work and Stop Work Authority was not used. The lessee's policy states:

"All incidents involving injury, illnesses, property damage, fires, explosions, vehicle, vessel, theft of near misses regardless of severity must be reported to your supervisor immediately and documented on the Lessee's Loss Occurrence Report."

After the wireline crew finished rigging down their equipment before they went to bed, they had been up for 18 hours which was well over the company policy of 12 hours. They resumed work at approximately 0730 hours the same morning at which time the wireline crew was going into the well when the wire jumped the sheave. The CWH saw the wire jump the sheave and re-entered the restricted area that had been barricaded off with hazard tape. The CWH was attempting to adjust the wire while the unit was still running and the wheel was still in motion when his finger was pulled between the spoke of the wheel by the wire jumping out of the sheave. No precaution of clamping the wire had been taken before the CWH attempted to adjust it. This forced his hand into the wheel causing it to strike the sheave fork, injuring his finger. During the investigation, the CWH stated he had adjusted the wire this way on previous wireline operations.

The Crane Operator on the lift boat initiated stop work authority and assembled everyone in the dining area. At approximately 0830, the company representative informed the central facility medic of the two incidents involving the CWH. The Medic called the person-in-charge and informed him of the incident. The boat was sent to pick up the CWH and return to the central facility. The CWH was flown in for treatment and discovered his finger was fractured.

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

- A. The CWH attempted to adjust the wire while the wireline unit was still running and the wheel was in motion. Precaution of clamping the wire before attempting to adjust it had not been taken.
- B. The CWH crossed the hazard tape barrier and entered a prohibited area without proper authorization, in violation to the wireline company's policies.-
- C. The wireline company failed to document and review the potential risks and hazards associated with the wireline operations taking place on the Job Safety Analysis (JSA).

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

- A. The CWH had not attended the company's wireline school and was not aware of certain company policies.
- B. At the time that the CHW struck his ring finger with a wrench the wireline crew had worked shifts averaging 18 hours in violation of the wireline company's maximum

allowable work hours of 12 hours.

C. The Wireline Supervisor failed to give notification to the lessee of the first incident.

20. LIST THE ADDITIONAL INFORMATION:

21. PROPERTY DAMAGED: NATURE OF DAMAGE:
None NA

ESTIMATED AMOUNT (TOTAL): \$

22. RECOMMENDATIONS TO PREVENT RECURRENCE NARRATIVE:

The BSEE Lafayette District office makes no recommendations to the Regional Office of Safety Management (OSM).

23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: YES

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

INC G-110 is issued "After the Fact" to document that Apache Corporation failed to protect health, safety and the environment by not performing operations in a safe and workmanlike manner as follows: An employee was injured during Wireline operations. The employee inadvertently "bumped" the sheave causing his left ring finger to get caught between the sheave spoke and fork fracturing his finger. The employee failed to adhere to Apache Corporation and Expro policies concerning entering restricted areas.
The Lessee failed to properly supervise the Wireline operations.

25. DATE OF ONSITE INVESTIGATION:

17-JUL-2012

26. ONSITE TEAM MEMBERS:
Wade Guillotte / Raymaond Johnson /
Gerald Gonzales /

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

OCS REPORT:

30. DISTRICT SUPERVISOR:

Glynn Breaux f/ Elliott S

APPROVED

DATE: **16-AUG-2012**

INJURY/FATALITY/WITNESS ATTACHMENT

OPERATOR REPRESENTATIVE

CONTRACTOR REPRESENTATIVE

OTHER _____

INJURY

FATALITY

WITNESS

NAME:

HOME ADDRESS:

CITY:

STATE:

WORK PHONE:

TOTAL OFFSHORE EXPERIENCE:

YEARS

EMPLOYED BY:

BUSINESS ADDRESS:

CITY:

STATE:

ZIP CODE:

OPERATOR REPRESENTATIVE

CONTRACTOR REPRESENTATIVE

OTHER _____

INJURY

FATALITY

WITNESS

NAME:

HOME ADDRESS:

CITY:

STATE:

WORK PHONE:

TOTAL OFFSHORE EXPERIENCE:

YEARS

EMPLOYED BY:

BUSINESS ADDRESS:

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