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

ACCIDENT INVESTIGATION REPORT

1. OCCURRED
   DATE: 05-OCT-2005  TIME: 1230 HOURS

2. OPERATOR: Apache Corporation
   REPRESENTATIVE: John Garber
   TELEPHONE: (337) 232-2416

3. LEASE: G05560
   AREA: SS  LATITUDE: 
   BLOCK: 258  LONGITUDE: 

4. PLATFORM: JB
   RIG NAME: ROWAN CECIL PROVINE

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

6. TYPE: ☑ FIRE
   ☑ EXPLOSION
   ☑ BLOWOUT
   ☑ COLLISION
   ☑ INJURY NO. 1
   ☑ FATALITY NO. 0
   ☑ POLLUTION
   ☑ OTHER

7. OPERATION: ☑ PRODUCTION
   ☑ DRILLING
   ☑ WORKOVER
   ☑ COMPLETION
   ☑ 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: 145 FT.
10. DISTANCE FROM SHORE: 50 MI.
11. WIND DIRECTION:
    SPEED: M.P.H.
12. CURRENT DIRECTION:
    SPEED: M.P.H.
13. SEA STATE: FT.

16. OPERATOR REPRESENTATIVE/SUPERVISOR ON SITE AT TIME OF INCIDENT:
    Kenny Adams
    CITY:  STATE:
    TELEPHONE:
    CONTRACTOR: ISLAND OPERATORS CO. INC.

    CONTRACTOR REPRESENTATIVE/SUPERVISOR ON SITE AT TIME OF INCIDENT:
    Chris Rablee
    CITY: Lafayette  STATE: LA
    TELEPHONE: (337) 233-9594

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EV2010R  10-JAN-2006
On October 3, 2005, at approx. 1700 hrs., the rig welder, from the Rowan Cecil Provine, was ordered to cut holes in the well deck and the lower production deck on Apache's Ship Shoal Block 258, JB Platform, so as to have access to the next well slot. The rig had crew-changed on October 4, 2005 and on October 5, 2005, a production crew of two boarded the platform so as to return the platform to production. At approximately 1230 hrs., one of the production crew was walking towards his co-worker, so he could hear him better, fell through the hole previously cut in the well deck. After falling approx. eight feet, he was able to stop himself from falling through the second hole (on the production deck), and a further fall of approx. 30 feet further to the structural members and water below. He landed across the hole, with his back, arms and legs preventing him from falling any further and this is where he sustained his injuries. After the accident, barricades were placed around both holes.

It should also be noted that no Job Safety Analysis or Hot Burning and Welding plan could be produced for this Incident.

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

Access holes were cut into the deck grading and left without barricades after they were cut.

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

Lack of communication between crews during crew change
21. PROPERTY DAMAGED: 
22. RECOMMENDATIONS TO PREVENT RECURRANCE NARRATIVE:
   Due to the specific nature of this incident, the Houma District has no recommendations to the Regional Office.
23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: YES
24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:
   Z-114 (33 CFR 142.2, 142.87) Are all openings in decks that are accessible to personnel covered, guarded, or otherwise made inaccessible when not in use. Apache failed to make the two holes cut in the decks inaccessible by any means available to prevent personnel access from 10/3/2005 until after the accident on 10/5/2005.

25. DATE OF ONSITE INVESTIGATION:
   06-OCT-2005
26. ONSITE TEAM MEMBERS: Brad Hunter / Kelly Bouzigard /
27. ACCIDENT INVESTIGATION PANEL FORMED: NO
28. OCS REPORT: 
29. DISTRICT SUPERVISOR:
   Michael J. Saucier
   APPROVED
   DATE: 02-DEC-2005
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: ISLAND OPERATORS CO. INC. / 20324
BUSINESS ADDRESS: 108 ZACHARY
CITY: LAFAYETTE STATE: LA
ZIP CODE: 70583

☐ OPERATOR REPRESENTATIVE  ☒ INJURY
☐ CONTRACTOR REPRESENTATIVE  ☐ FATALITY
☒ OTHER Production Operator  ☐ WITNESS

NAME:
HOME ADDRESS:
CITY: STATE:
WORK PHONE: TOTAL OFFSHORE EXPERIENCE: YEARS

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