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: 26-OCT-2013 TIME: 2230 HOURS

2. OPERATOR: Marathon Oil Company
   REPRESENTATIVE: 
   TELEPHONE: 
   CONTRACTOR: Ensco Offshore Co.
   REPRESENTATIVE: 
   TELEPHONE: 

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

4. LEASE: G31570
   AREA: DC LATITUDE: 
   BLOCK: 757 LONGITUDE: 

5. PLATFORM:
   RIG NAME: ENSCO 8502

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

7. TYPE:
   HISTORIC INJURY
   REQUIRED EVACUATION
   LTA (1-3 days)
   LTA (>3 days)
   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

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

9. WATER DEPTH: 8391 FT.

10. DISTANCE FROM SHORE: 110 MI.

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

12. CURRENT DIRECTION: W
   SPEED: 0 M.P.H.

13. SEA STATE: 0 FT.
17. INVESTIGATION FINDINGS:

On October 26, 2013, at approximately 2230 hours the Horizontal to Vertical (HTV) pipe handler fell to the rig floor causing damage to the HTV pipe handler, fox hole cover, and a joint of 6-5/8" drill pipe.

The drill crew was in the process of drilling ahead while picking up and racking back 6-5/8" drill pipe with the HTV pipe handler. The crew made up a full stand of pipe and was in the process of pulling it out of the fox hole to hand it off to the bridge racker. At this time, both 1" support cables for the HTV parted and the HTV fell 42' to the rig floor. The 3 drill crew employees operating the equipment were an estimated 15 feet away resulting in no injuries.

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

Both of the 1" support cables for the HTV parted at the wedge socket.

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

No contributing factors could be listed at the time of the investigation.

20. LIST THE ADDITIONAL INFORMATION:

1) At the time of the investigation the equipment was still on the rig. Ensco will be getting the cable analyzed to determine the cause of the failure.
2) After reviewing the data logger for the HTV no over-pulling was observed.
3) Both cables were installed 8-16-2012.
4) The HTV weighs an estimated 31000 lbs and each support cable has a minimum breaking strength of 130,609 lbs.

21. PROPERTY DAMAGED:  

<table>
<thead>
<tr>
<th>HTV Pipe racker, Fox Hole Cover, One Joint of 6 5/8&quot; Drill Pipe. &gt;$25,000</th>
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<tbody>
<tr>
<td>NATURE OF DAMAGE: Structural and Cosmetic</td>
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<td>ESTIMATED AMOUNT (TOTAL): $25,000</td>
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22. RECOMMENDATIONS TO PREVENT RECURRANCE NARRATIVE: 
The BSEE New Orleans District makes no recommendations to the Agency.

23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: NO

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

25. DATE OF ONSITE INVESTIGATION: 
   28-OCT-2013

26. ONSITE TEAM MEMBERS: - Michael "Joe" Sonnier /

29. ACCIDENT INVESTIGATION PANEL FORMED: NO

30. DISTRICT SUPERVISOR: 
   David J. Trocquet

INJURY/FATALITY/WITNESS ATTACHMENT

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<tr>
<th></th>
<th>OPERATOR REPRESENTATIVE</th>
<th>INJURY</th>
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<tr>
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<td>CONTRACTOR REPRESENTATIVE</td>
<td>FATALITY</td>
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<td>OTHER</td>
<td>WITNESS</td>
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NAME: 
HOME ADDRESS: 
CITY: STATE: 
WORK PHONE: TOTAL OFFSHORE EXPERIENCE: YEARS
EMPLOYED BY: 
BUSINESS ADDRESS: 
CITY: STATE: 
ZIP CODE:

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CONTRACTOR REPRESENTATIVE  WITNESS

NAME: ________________________________

HOME ADDRESS: ____________________________

CITY: ____________________________ STATE: ________________

WORK PHONE: ____________________________ TOTAL OFFSHORE EXPERIENCE: ________________ YEARS

EMPLOYED BY: ____________________________

BUSINESS ADDRESS: ____________________________

CITY: ____________________________ STATE: ________________

ZIP CODE: ____________________________