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: 06-AUG-2013   TIME: 1925   HOURS

2. OPERATOR: Energy XXI GOM, LLC
   REPRESENTATIVE: TELEPHONE:
   CONTRACTOR: REPRESENTATIVE: TELEPHONE:

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

4. LEASE: 00031
   AREA: GI   LATITUDE: 29.101448
   BLOCK: 22   LONGITUDE: -89.97855

5. PLATFORM: L-CMP-VALVE
   RIG NAME:

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

7. TYPE:
   [ ] HISTORIC INJURY
   [X] REQUIRED EVACUATION 1
   [ ] LTA (1-3 days)
   [ ] LTA (>3 days)
   [ ] RW/JT (1-3 days)
   [X] 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
   [X] HUMAN ERROR
   [ ] EXTERNAL DAMAGE
   [ ] SLIP/TRIP/FALL
   [ ] WEATHER RELATED
   [ ] LEAK
   [ ] UPSET H2O TREATING
   [ ] OVERBOARD DRILLING FLUID
   [X] OTHER Complacency

9. WATER DEPTH: 55 FT.

10. DISTANCE FROM SHORE: 8 MI.

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

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

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

During construction operations, a FABCON Rigger was caught between a muffler and a handrail scaffold when the muffler suddenly rolled as the butterfly valve was being lifted by the crane. The Injured Person (IP) was flown to Terrebone General where he was examined and released after the CAT scan showed only a hairline fracture of his Scapula (shoulder blade).

The investigation revealed:

1) Employee complacency.
2) Employee was not aware of the surroundings and was not paying attention to the task at hand.
3) The employee placed himself in a potential pinch point.
4) There were only two 3/8" bolts holding the muffler stack to the stand instead of the four (4) required.
5) There were slip braces in place instead of welding or bolted bracing to support the muffler stack.
6) The Crane used was on a the Liftboat Ram X. Seas or movement possibly contributed to the force exerted on the butterfly valve mounting bolts.

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

1) Employee complacency.
2) Employee was not aware of the surroundings and was not paying attention to the task at hand.
3) The employee placed himself in a potential pinch point.

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

1) There were only two 3/8" bolts holding the muffler stack to the stand instead of the four (4) required.
2) There were slip braces in place instead of welding or bolted bracing to support the muffler stack.
3) The Crane used was on a the Liftboat Ram X. Seas or movement possibly contributed to the force exerted on the butterfly valve mounting bolts.

20. LIST THE ADDITIONAL INFORMATION:

1) The Liftboat Ram X was located next to GI 22 Compressor Platform.
2) The crane operation was a blind lift utilizing radio communications, signalmen and riggers.
3) The FABCON construction crew previously had replaced two similar butterfly valves on two other compressors (#5 and #7) without incident.
4) Liftboats are under U.S. Coast Guard jurisdiction. No crane form submitted.
21. PROPERTY DAMAGED: Scaffold Legs  
   NATURE OF DAMAGE: Bent

ESTIMATED AMOUNT (TOTAL): $

22. RECOMMENDATIONS TO PREVENT RECURRANCE NARRATIVE:  
The BSEE New Orleans District makes no recommendations to the Agency.

23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: YES

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:  
   G-110 (W) removing butterfly valve in an unsafe manner.

25. DATE OF ONSITE INVESTIGATION:  
   21-AUG-2013

26. ONSITE TEAM MEMBERS:  
   Gerald Taylor / Greg Johnston Jr. /

29. ACCIDENT INVESTIGATION PANEL FORMED: NO

OCS REPORT:

30. DISTRICT SUPERVISOR:  
   David Trocquet

APPROVED DATE: 10-FEB-2014
INJURY/FATALITY/WITNESS ATTACHMENT

☐ OPERATOR REPRESENTATIVE  ☐ INJURY
☒ CONTRACTOR REPRESENTATIVE  ☐ FATALITY
☐ OTHER _____________________  ☐ WITNESS

NAME:
HOME ADDRESS:
CITY: STATE:
WORK PHONE:
TOTAL OFFSHORE EXPERIENCE: 0 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: 3 YEARS
EMPLOYED BY:
BUSINESS ADDRESS:
CITY: STATE:
ZIP CODE:
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