1. OCCURRED
   DATE: 13-OCT-2014  TIME: 1335  HOURS

2. OPERATOR: Anadarko Petroleum Corporation
   REPRESENTATIVE: 
   TELEPHONE: 
   CONTRACTOR: -
   REPRESENTATIVE: 
   TELEPHONE: 

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

4. LEASE: G21444
   AREA: KC  LATITUDE: 
   BLOCK: 875  LONGITUDE: -

5. PLATFORM:
   RIG NAME: 

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

7. TYPE:
   [X] HISTORIC INJURY-
   REQUIRED EVACUATION 1-
   LTA (1-3 days) 
   LTA (>3 days) 1
   RW/JT (1-3 days)
   RW/JT (>3 days)
   Other Injury-

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

9. WATER DEPTH: 7000 FT.

10. DISTANCE FROM SHORE: 230 MI.

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

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

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

On October 13, 2014 at approximately 1335 hours, an employee was injured while attempting to hydro test a pipeline.

The injured employee (IE) was part of a crew that was in the process of hydro-testing the oil system on a new facility. The maximum pressure to be tested on the system was 9000 psi.

As the pressure reached approximately 8000 psi, the seal on a check valve failed on the #6 flow line. The testing was stopped and the pressure was bled down to repair the check valve. The crew stopped for lunch after bleeding the pressure.

Prior to resuming the check valve repair, the test gauges were checked and 2800 psi was found on a gauge installed downstream of the check valve 2 (CV2) but the IE failed to check the gauge installed downstream of check valve 1 (CV1). The trapped pressure located downstream of the (CV2) was bled down utilizing a needle valve located on that section of piping.

As per the Contractors Standard Operating Procedure, the Hydro Foreman or his designee shall be responsible for system walk down. There was a foreman present during hydro-testing operations but failed to detect the hazard.

As the IE and another employee began to unscrew the cap screws so the piping could be removed to access the leaking valve, trapped pressure downstream of the (CV1) was released striking the IE in the left side of face and head. The IE was found unconscious due to his injuries. The IE was transported to a medical facility for additional treatment.

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

The IE failed to check the gauge installed downstream of the check valve 1 (CV1).

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

As per the Contractors Standard Operating Procedure, the Hydro Foreman or his designee shall be responsible for system walk down. There was a foreman present during hydro-testing operations but failed to detect the hazard.

20. LIST THE ADDITIONAL INFORMATION:
ESTIMATED AMOUNT (TOTAL): $  

22. RECOMMENDATIONS TO PREVENT RECURRANCE NARRATIVE:

The BSEE Lafayette District office makes no recommendations to the 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 Anadarko Petroleum Corporation failed to protect health, safety and the environment by not performing operations in a safe and workmanlike manner as follows: Anadarko Petroleum Corporation failed to properly supervise hydro testing operations in a safe manner to protect the equipment and employees. A contractor was struck in the left side of the head and face by an unknown amount of pressure while removing the cap screws around a 6" ball valve. The contract employees performing the hydro test failed to ensure the pressure was properly bled off prior to attempting to remove the cap screws.

25. DATE OF ONSITE INVESTIGATION:

14-OCT-2014

26. ONSITE TEAM MEMBERS:

Raymond Johnson / Wade Guillotte / John Mouton /

29. ACCIDENT INVESTIGATION PANEL FORMED: NO

OCS REPORT:

30. DISTRICT SUPERVISOR:

Elliott S. Smith

INJURY/FATALITY/WITNESS ATTACHMENT

☐ OPERATOR REPRESENTATIVE  ☐ INJURY
☐ CONTRACTOR REPRESENTATIVE  ☐ PATALITY
☐ OTHER ______________________  ☑ WITNESS
**INJURY/FATALITY/WITNESS ATTACHMENT**

<table>
<thead>
<tr>
<th>Operator</th>
<th>Witness</th>
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<tbody>
<tr>
<td>Contractor</td>
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**MMS - FORM 2010**

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**EV2010R**

18-DEC-2014