

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: **21-FEB-2014** TIME: **2110** HOURS

2. OPERATOR: **Stone Energy Corporation**

REPRESENTATIVE:

TELEPHONE:

CONTRACTOR: **Diamond Offshore**

REPRESENTATIVE:

TELEPHONE:

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

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

6. OPERATION:

4. LEASE: **G31474**

AREA: **MC** LATITUDE:

BLOCK: **26** LONGITUDE:

- PRODUCTION
- DRILLING
- WORKOVER
- COMPLETION
- HELICOPTER
- MOTOR VESSEL
- PIPELINE SEGMENT NO.
- OTHER

5. PLATFORM:

RIG NAME: **DIAMOND OCEAN VICTORY**

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

8. CAUSE:

7. TYPE:

- HISTORIC INJURY
- REQUIRED EVACUATION 1
- LTA (1-3 days)
- LTA (>3 days) 1
- RW/JT (1-3 days)
- RW/JT (>3 days)
- Other Injury

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

- FATALITY
- POLLUTION
- FIRE
- EXPLOSION

- LWC HISTORIC BLOWOUT
- UNDERGROUND
 - SURFACE
 - DEVERTER
 - SURFACE EQUIPMENT FAILURE OR PROCEDURES

COLLISION HISTORIC >\$25K <=\$25K

9. WATER DEPTH: **1116** FT.
10. DISTANCE FROM SHORE: **25** MI.
11. WIND DIRECTION: **NNE**
SPEED: **30** M.P.H.
12. CURRENT DIRECTION:
SPEED: M.P.H.
13. SEA STATE: FT.

17. INVESTIGATION FINDINGS:

On 21-FEB-2014, the 9.875" casing centralizer would not pass through the wellhead requiring the casing crew to pull and lay down the casing string. While pulling the 9.875" casing from the wellbore, the Injured Person (IP) was in the process of servicing the tongs on the rig floor. As the IP was servicing the tongs, a joint of casing was being laid onto the skirt of the pipe skate in order to remove the casing from the rig floor. As the draw works was lowering the pipe onto the skirt, the hinge pin on the single joint elevators became hung-up on the derrick girt (crossbeam). The crew backed the pipe skate up in an attempt to free the joint of casing from the girt. At this time, the joint of casing slipped off the skirt while still connected to the Top Drive single joint elevators. This caused the joint of casing to swing back to the well center. At the same time the casing slipped off the skirt, the IP decided to pass between the suspended joint of casing and the joint in the rotary. As a result, the joint of casing struck the IP in the mid-section of his body pinning him between the casing in the rotary and the joint of casing being laid down.

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

- 1) The hinge pin on the single joint elevators became hung-up on the derrick girt. The pipe skate continued moving and joint of casing came off of the skirt allowing the pipe to swing back toward stump. -
- 2) The IP crossed the rig floor with a suspended load overhead. -

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

- 1) The 9.875" casing centralizer would not pass through the wellhead requiring the casing crew to pull and lay down the casing string. -

20. LIST THE ADDITIONAL INFORMATION:

21. PROPERTY DAMAGED:

NATURE OF DAMAGE:

None -

None

ESTIMATED AMOUNT (TOTAL):

22. RECOMMENDATIONS TO PREVENT RECURRENCE 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:

27-FEB-2014

26. ONSITE TEAM MEMBERS:

Earl Roy / Frank Masacchia /

29. ACCIDENT INVESTIGATION

PANEL FORMED: NO

OCS REPORT:

30. DISTRICT SUPERVISOR:

David Trocquet

APPROVED

DATE: 05-JUN-2014

INJURY/FATALITY/WITNESS ATTACHMENT

OPERATOR REPRESENTATIVE

INJURY

CONTRACTOR REPRESENTATIVE

FATALITY

OTHER _____

WITNESS

NAME:

HOME ADDRESS:

CITY:

STATE:

INJURY/FATALITY/WITNESS ATTACHMENT

WORK PHONE: TOTAL OFFSHORE EXPERIENCE: 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: YEARS

EMPLOYED BY:

BUSINESS ADDRESS:

CITY:

STATE:

ZIP CODE: