ACCIDENT INVESTIGATION REPORT

For Public Release

1. OCCURRED
   DATE: 07-JUL-2014  TIME: 1940 HOURS

2. OPERATOR:  BP Exploration & Production Inc.
   REPRESENTATIVE:
   TELEPHONE:
   CONTRACTOR:
   REPRESENTATIVE:
   TELEPHONE:

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

4. LEASE: G09866
   AREA: MC
   LATITUDE: 28.215806
   BLOCK: 776
   LONGITUDE: -88.558333

5. PLATFORM:
   RIG NAME: SEADRILL WEST VELA

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

7. TYPE:
   □ HISTORIC INJURY
   □ REQUIRED EVACUATION 2
   □ LTA (1-3 days)
   □ LTA (>3 days) 2
   □ RW/JT (1-3 days)
   □ RW/JT (>3 days)
   □ Other Injury
   □ FATALITY
   □ POLLUTION
   □ FIRE
   □ EXPLOSION
   □ 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 Unknown at this time

9. WATER DEPTH: 5638 FT.

10. DISTANCE FROM SHORE: 70 MI.

11. WIND DIRECTION: ENE
    SPEED: 6 M.P.H.

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

13. SEA STATE: FT.
On 7 July 2014, at approximately 1940 hours an incident occurred that resulted in injuries to two Seadrill employees. The first injured employee (IE1) was sent to the hospital with lacerations to his elbow and bruising on the left side of his body. The second injured employee (IE2) was sent to the hospital with 2 fractured ribs and a lacerated spleen.

While performing workover operations, the drill crew had to pull the production tubing from the wellbore. The drill crew tripped in the well a tubing hanger mechanical recovery tool (THMRT). Once the THMRT was latched in the tubing hanger the drill crew started pulling the tubing out of the well. With the tubing hanger at the rotary table the THMRT had to be removed and a tubing hanger handling tool (THHT) installed. The FMC Technologies' procedures document shows that the onsite FMC Technologies Representative initialed each procedural step for the installation of the THHT in the tubing hanger. At the time of the investigation it is unknown whether the THHT failed due to a mechanical failure or whether the THHT was not installed properly. The entire assembly was passed from the main rotary to the auxiliary rotary so it could be transported to the main deck storage area. Using an air tugger, the drill crew landed the hanger on the pipe skate and began to tail the assembly out from the drill floor. When the assembly reached approximately a 35° angle the THHT separated from the tubing hanger. The hanger fell approximately 15' to the pipe skate and bounced from side to side on the skate. The tugger operator (IE2) was struck by the tubing hanger and another employee (IE1) on the opposite side of the skate fell to the deck to avoid the tubing hanger. At the time of the investigation it was unclear whether IE1 was struck by the tubing hanger or was injured as he fell. Both employees were sent to the hospital via medevac.

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

At the time of the investigation it is unknown whether the THHT failed or whether the THHT was installed improperly.

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

None at this time.

20. LIST THE ADDITIONAL INFORMATION:

1) The procedure for installing the THHT was on location and completed prior to lifting the tubing hanger with the THHT.
2) The THHT is owned by FMC Technologies. The on-site FMC Technologies representative told the BP representative that the THHT was installed and ready to lay out.
3) The tubing hanger weight is 2700 lbs.
4) The on-site FMC representative that verified the installation of the THHT has 14 years of experience running these tools.
5) The Operator is sending the THHT in for further evaluation and testing.
21. PROPERTY DAMAGED: NATURE OF DAMAGE:
   None None

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: NO

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

25. DATE OF ONSITE INVESTIGATION:
   08-JUL-2014

26. ONSITE TEAM MEMBERS:
   Sam Ibrahim / Nathan Ince / Michael "Joe" Sonnier /

29. ACCIDENT INVESTIGATION PANEL FORMED: NO
   OCS REPORT:

30. DISTRICT SUPERVISOR:
   David Trocquet
## INJURY/FATALITY/WITNESS ATTACHMENT

<table>
<thead>
<tr>
<th></th>
<th>OPERATOR REPRESENTATIVE</th>
<th>CONTRACTOR REPRESENTATIVE</th>
<th>OTHER</th>
<th>INJURY</th>
<th>FATALITY</th>
<th>WITNESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**EMPLOYED BY:** BP Exploration & Production Inc.
**BUSINESS ADDRESS:**
**CITY:**
**STATE:**
**ZIP CODE:**

---

<table>
<thead>
<tr>
<th></th>
<th>OPERATOR REPRESENTATIVE</th>
<th>CONTRACTOR REPRESENTATIVE</th>
<th>OTHER</th>
<th>INJURY</th>
<th>FATALITY</th>
<th>WITNESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**EMPLOYED BY:** BP Exploration & Production Inc.
**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:

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

EMPLOYED BY:
BUSINESS ADDRESS:
CITY:  STATE:
ZIP CODE:
INJURY/FATALITY/WITNESS ATTACHMENT

☐ OPERATOR REPRESENTATIVE ☐ INJURY
☐ CONTRACTOR REPRESENTATIVE ☐ FATALITY
☒ OTHER FMC Technologies ☒ WITNESS

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

EMPLOYED BY:
BUSINESS ADDRESS:
CITY: STATE:
ZIP CODE:

☐ OPERATOR REPRESENTATIVE ☐ INJURY
☐ CONTRACTOR REPRESENTATIVE ☐ FATALITY
☒ OTHER FMC Technologies ☒ WITNESS

NAME:
HOME ADDRESS:
CITY: STATE:
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:  Seadrill Limited
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:  Seadrill Limited
BUSINESS ADDRESS:
CITY: STATE:
ZIP CODE:
**INJURY/FATALITY/WITNESS ATTACHMENT**

For Public Release

<table>
<thead>
<tr>
<th>Operator Representative</th>
<th>INJURY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contractor Representative</td>
<td>FATALITY</td>
</tr>
<tr>
<td>Other</td>
<td>WITNESS</td>
</tr>
</tbody>
</table>

**NAME:**

**HOME ADDRESS:**

**CITY:** | **STATE:**

**WORK PHONE:** | **TOTAL OFFSHORE EXPERIENCE:** | **YEARS**

**EMPLOYED BY:** Seadrill Limited

**BUSINESS ADDRESS:**

**CITY:** | **STATE:**

**ZIP CODE:**

---

<table>
<thead>
<tr>
<th>Operator Representative</th>
<th>INJURY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contractor Representative</td>
<td>FATALITY</td>
</tr>
<tr>
<td>Other</td>
<td>WITNESS</td>
</tr>
</tbody>
</table>

**NAME:**

**HOME ADDRESS:**

**CITY:** | **STATE:**

**WORK PHONE:** | **TOTAL OFFSHORE EXPERIENCE:** | **YEARS**

**EMPLOYED BY:** Seadrill Limited

**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:  Seadrill Limited
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:  Seadrill Limited
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:  Seadrill Limited
BUSINESS ADDRESS:
CITY:                      STATE:
ZIP CODE:

☐  ☐  ☐  ☐  ☐  ☐  ☐  ☐

NAME:
HOME ADDRESS:
CITY:                      STATE:

Seadrill Limited
BUSINESS ADDRESS:
CITY:                      STATE:
ZIP CODE:
<table>
<thead>
<tr>
<th>Role</th>
<th>Injury/Fatal</th>
<th>Witness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operator Representative</td>
<td>✅ Inj</td>
<td>✅ Wt</td>
</tr>
<tr>
<td>Contractor Representative</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td>✅ Wt</td>
</tr>
</tbody>
</table>

**NAME:**

**Home Address:**

**City:**

**State:**

**Work Phone:**

**Total Offshore Experience:**

**Employed By:** Seadrill Limited

**Business Address:**

**City:**

**State:**

**Zip Code:**