UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF SAFETY AND ENVIRONMENTAL ENFORCEMENT  
GULF OF MEXICO REGION  
ACCIDENT INVESTIGATION REPORT 
For Public Release

For Public Release

MMS - FORM 2010
EV2010R

1. OCCURRED
DATE: 07-AUG-2014  TIME: 0525  HOURS

2. OPERATOR: Noble Energy, Inc.
REPRESENTATIVE: 
TELEPHONE: 
CONTRACTOR: ATWOOD OCEANICS, INC.
REPRESENTATIVE: 
TELEPHONE: 

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

4. LEASE: G33757
AREA: MC  LATITUDE: 
BLOCK: 782  LONGITUDE: 

5. PLATFORM:
RIG NAME: ATWOOD ADVANTAGE

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-

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

9. WATER DEPTH: 6565 FT.

10. DISTANCE FROM SHORE: 64 MI.

11. WIND DIRECTION: W
SPEED: 7 M.P.H.

12. CURRENT DIRECTION: W
SPEED: 2 M.P.H.

13. SEA STATE: FT.
On August 7, 2014 at 0525 hours an incident occurred that caused damage to the Hydra-Racker (Automated Pipe-Racking) and Top-Drive systems. The incident happened within the last 30 minutes of the last shift prior to crew change; employees were not focused on the task at hand. The crew works a 28 day on and 28 day off rotation. While tripping 6 5/8" drill pipe out of the hole (wellbore), the Main Driller was observing the pipe tripping operations between the Auxiliary Driller, who was actually in the Main Driller's chair, and the Assistant Driller, who was working the Hydra-Racker. The Assistant Driller captured the stand of drill pipe with the Hydra-Racker after it was broken out (unthreaded) by the iron roughneck. The Assistant Driller then lifted the stand of drill pipe from the tool joint and then retracted the Hydra-Racker with the elevators still closed and the top drive extended. Without communicating with the Auxiliary Driller the Assistant Driller then lowered the top drive with the drill pipe still connected to the elevators and block. As the blocks were lowered the top drive struck the top of the stand of drill pipe. This caused the drill pipe to be pushed down until the bottom of the stand contacted the rig floor, bowing the stand of drill pipe. As this is occurring the pipe handler on the top drive was being pushed upward causing damage to multiple top drive components. At that point the drill pipe broke out of the Hydra-Racker heads causing damage to each head and shearing the mounting bolts on the lower guide arm head. The lower guide arm head, weighing approximately 500 lbs, along with the shearing of the mounting bolts allowed the lower guide arm to break free and fall 12 feet to the rig floor.

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

1) Poor communication between the Assistant Driller and the Auxiliary Driller.
2) Main Driller was not operating the top drive at the time of the accident.
3) Human Error.

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

1) Operators did not follow JSA procedure for tripping pipe out of the hole.
2) There was no visual confirmation and verbal communication between the Auxiliary Driller and Assistant Driller.
3) The incident happened within the last 30 minutes of the last shift prior to crew change; employees were not focused on the task at hand. NOTE: Crew works a 28 day on and 28 day off rotation.

20. LIST THE ADDITIONAL INFORMATION:
21. PROPERTY DAMAGED: Hydra Racker and Top Drive Systems
   NATURE OF DAMAGE: Hydra-Racker Collision

ESTIMATED AMOUNT (TOTAL): $49,497

22. RECOMMENDATIONS TO PREVENT RECURRANCE NARRATIVE:
   The New Orleans District has no recommendations at this time.

23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: NO

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

25. DATE OF ONSITE INVESTIGATION:
   13-AUG-2014

26. ONSITE TEAM MEMBERS: Earl Roy /

29. ACCIDENT INVESTIGATION PANEL FORMED: NO
   OCS REPORT:

30. DISTRICT SUPERVISOR:
    David Trocquet

APPROVED DATE: 23-JAN-2015

INJURY/FATALITY/WITNESS ATTACHMENT

- OPERATOR REPRESENTATIVE □ INJURY
- CONTRACTOR REPRESENTATIVE □ FATALITY
- OTHER □ WITNESS

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

EMPLOYED BY:
<table>
<thead>
<tr>
<th>Role</th>
<th>Yes/No</th>
<th>Description</th>
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<tbody>
<tr>
<td>Operator Representative</td>
<td></td>
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</tr>
<tr>
<td>Contractor Representative</td>
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<td>Witness</td>
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