

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-JUN-2015 TIME: 2151 HOURS

2. OPERATOR: Statoil Gulf of Mexico LLC
REPRESENTATIVE:
TELEPHONE:
CONTRACTOR: Maersk Drilling USA Inc. -
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: G34462
AREA: MC LATITUDE:
BLOCK: 814 LONGITUDE: -

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

5. PLATFORM:
RIG NAME: MAERSK DEVELOPER

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

9. WATER DEPTH: 4756 FT.
10. DISTANCE FROM SHORE: 60 MI.
11. WIND DIRECTION: NE -
SPEED: 3 M.P.H.
12. CURRENT DIRECTION: NE
SPEED: 1 M.P.H.
13. SEA STATE: 0 FT.

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

On 6 June 2015 at 2151 hours, an injury occurred at MC 814 on the Maersk Developer under contract with Statoil Gulf of Mexico LLC. The operation at the time of the incident involved the drill crew, which included the Injured Person (IP), a Floorhand, who were attempting to free the insert carrier that was lodged against a 5" drill pipe tool joint inside of the casing wear bushing.

Preceding the incident, a drill pipe slip insert carrier was accidentally dropped into the well. While pulling the 5" section of drill pipe out of the well, the crew observed the master bushing being pushed upwards out of the rotary table. The crew then pulled the master bushings to investigate the problem. At this time, it was observed that the drill casing wear bushing was inadvertently pulled from the well head. After further inspection, it was confirmed that the casing wear bushing was being supported by the missing insert carrier which was lodged above a drill pipe tool joint.

With the diverter closed, the MPMA (Multi-Purpose Manipulating Arm) was positioned below the casing wear bushing to act as a protection device. The stand of 5" drill pipe was then raised clear of the drill floor to enable the crew to reinstall the master bushings back into the rotary table. With the master bushings back in place, the same 5" stand of drill pipe was lowered to rotary level. A wooden block was then placed on top of the rotary table with an additional wooden chock placed vertically on top of the wooden block. (This operation was being conducted in an attempt to free the jammed insert carrier from the casing wear bushing). After the first attempt, it was decided the wooden chock was too short. The stand of drill pipe was then raised approximately 2 feet to allow for a longer metal chock to be positioned inside of the casing wear bushing. The drill string was then lowered to engage the longer chock. When the chock came into contact with the insert carrier, the casing wear bushing unexpectedly dislodged from the insert carrier and fell approximately 1.0 to 1.5 feet onto the wooden block. At that same moment, the IP saw the chock move and positioned both hands on the lower end of the chock. Both of the IP's hands were caught between the casing wear bushing and the wooden block causing serious injuries to both hands. As a result, the IP's left hand was amputated just below the wrist. The IP also lost one full finger and two partial fingers on the right hand.

The BSEE investigation concluded that the probable causes of the incident were poor hand placement by the IP and the Rig Managers' failure to stop the operation and re-assess the situation. Furthermore, another shortcoming was the failure of the team to recognize the hazards associated by a change in conditions after the first attempt to free the jammed insert carrier. Additionally, no written JSA (Job Safety Analysis) was in place. Only a verbal meeting "Toolbox Talk" was conducted in the Driller's shack prior to commencing this very dangerous operation.

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

Human Error: Poor hand placement. -
Failure of everyone involved to recognize the numerous safety hazards. -
Failure of key personnel for not stopping the job to reevaluate or assess the situation. -

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

No written JSA (Job Safety Analysis) in place. Only a verbal meeting in the Driller's shack prior to commencing this very dangerous operation.

20. LIST THE ADDITIONAL INFORMATION:

21. PROPERTY DAMAGED:

None

NATURE OF DAMAGE:

None

ESTIMATED AMOUNT (TOTAL): \$

22. RECOMMENDATIONS TO PREVENT RECURRANCE NARRATIVE:

At this time the New Orleans District has no recommendations.

23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: **YES**

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

As of this date 6-23-2015, no Notification of Incident(s) of Non-Compliance have been issued.

25. DATE OF ONSITE INVESTIGATION:

17-JUN-2015

26. ONSITE TEAM MEMBERS:

Eary Roy /

29. ACCIDENT INVESTIGATION

PANEL FORMED: **NO**

OCS REPORT:

30. DISTRICT SUPERVISOR:

David Trocquet

APPROVED

DATE: **06-AUG-2015**

INJURY/FATALITY/WITNESS ATTACHMENT

OPERATOR REPRESENTATIVE

INJURY

CONTRACTOR REPRESENTATIVE

FATALITY

INJURY/FATALITY/WITNESS ATTACHMENT

For Public Release

OTHER _____ WITNESS

NAME:

HOME ADDRESS: **Statoil Gulf Service LLC**

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:

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