

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: 30-NOV-2015 TIME: 0915 HOURS

2. OPERATOR: Statoil USA E&P Inc.  
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: G24130  
AREA: MC LATITUDE:  
BLOCK: 942 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) 1  
 LTA (>3 days)  
 RW/JT (1-3 days)  
 RW/JT (>3 days) 1  
 Other Injury 1 Medical Evac

- 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: 4200 FT.  
10. DISTANCE FROM SHORE: 76 MI.  
11. WIND DIRECTION: SE  
SPEED: 9 M.P.H.  
12. CURRENT DIRECTION: SE  
SPEED: 0 M.P.H.  
13. SEA STATE: FT.

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

17. INVESTIGATION FINDINGS:

On 30-Nov-2015 an incident occurred aboard the Maersk Developer; a semi-submersible drilling rig which required the Injured Person (I.P.) to be airlifted from the facility.

This incident took place at approximately 0915-hours while the drill crew were making up stands of 5" heavy weight drill pipe. During this process a Teflon pipe drift, (rabbit) is utilized to verify the inside diameter of the pipe. The rabbit is inserted into the top of the joint of drill pipe while laying horizontally on the pipe skate. A thread protector is placed on the bottom of the pipe to act as a catch for the rabbit. In this particular instance, a chain tugger was utilized to raise the joint of pipe into the vertical position.

After the third joint of drill pipe was hoisted into the vertical position (NOTE: Three joints of drill pipe create one stand of drill pipe) the I.P. then removed the thread protector. When the I.P. did not see the rabbit exit the drill pipe, he signaled the tugger operator to raise the joint of drill pipe approximately two feet. At this point, the I.P. proceeded to look up into the drill pipe. As the IP is looking up the pipe, the rabbit came free and struck the I.P. in the face and he immediately collapsed to the rig floor. All work was stopped and the I.P. was sent to the medic for evaluation. A medevac was arranged and the I.P. was air lifted from the facility. The I.P. received numerous lacerations and fractures to the facial area requiring surgery.

Maersk's drilling procedure states that if the pipe drift (rabbit) becomes lodged inside of the pipe, a hammer may be utilized to strike the joint of pipe; provided the individual using the hammer is wearing a face shield.

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

- 1) Human error.
- 2) The I.P. placed himself directly in the line of fire.

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

- 1) The air tugger operator should not have raised the joint of pipe at the I.P.'s request.
- 2) Maersk rig personnel did not follow their own policy/procedure should the pipe drift (rabbit) become lodged inside of the drill pipe. (See last paragraph in section 17).

20. LIST THE ADDITIONAL INFORMATION:

21. PROPERTY DAMAGED:

**None**

NATURE OF DAMAGE:

**None**

ESTIMATED AMOUNT (TOTAL): \$

22. RECOMMENDATIONS TO PREVENT RECURRENCE NARRATIVE:

**The BSEE New Orleans District makes no recommendations to the Office of Incident Investigation.**

23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: **NO**

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

**G-110(S) 250.107(A)**

**After reviewing documentation and video involving the incident that occurred on 30-Nov-2015, BSEE inspectors determined that lessee did not perform all operations in a safe and workmanlike manner.**

**This resulted in serious facial injuries to the injured person.**

25. DATE OF ONSITE INVESTIGATION:

26. ONSITE TEAM MEMBERS:  
Earl Roy / Lorenzo Buckley /

29. ACCIDENT INVESTIGATION  
PANEL FORMED:  
30. DISTRICT SUPERVISOR:  
OCS REPORT:  
David Trocquet

APPROVED  
DATE: 29-MAR-2016

### INJURY/FATALITY/WITNESS ATTACHMENT

<input type="checkbox"/>	OPERATOR REPRESENTATIVE	<input type="checkbox"/>	INJURY
<input checked="" type="checkbox"/>	CONTRACTOR REPRESENTATIVE	<input type="checkbox"/>	FATALITY
<input type="checkbox"/>	OTHER _____	<input checked="" type="checkbox"/>	WITNESS

NAME:

HOME ADDRESS:

CITY: STATE:

WORK PHONE: TOTAL OFFSHORE EXPERIENCE: YEARS

EMPLOYED BY:

BUSINESS ADDRESS:

CITY: STATE:

ZIP CODE:

<input type="checkbox"/>	OPERATOR REPRESENTATIVE	<input type="checkbox"/>	INJURY
<input checked="" type="checkbox"/>	CONTRACTOR REPRESENTATIVE	<input type="checkbox"/>	FATALITY
<input type="checkbox"/>	OTHER _____	<input checked="" type="checkbox"/>	WITNESS

NAME:

HOME ADDRESS:

CITY: STATE:

WORK PHONE: TOTAL OFFSHORE EXPERIENCE: YEARS

# INJURY/FATALITY/WITNESS ATTACHMENT

*For Public Release*

EMPLOYED BY: **Maersk Drilling USA Inc. / 22688**

BUSINESS ADDRESS:

CITY:

STATE: **TX**

ZIP CODE:

OPERATOR REPRESENTATIVE

INJURY

CONTRACTOR REPRESENTATIVE

FATALITY

OTHER \_\_\_\_\_

WITNESS

NAME:

HOME ADDRESS:

CITY:

STATE:

WORK PHONE:

TOTAL OFFSHORE EXPERIENCE:

YEARS

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*For Public Release*

<input type="checkbox"/> OPERATOR REPRESENTATIVE	<input type="checkbox"/> INJURY
<input checked="" type="checkbox"/> CONTRACTOR REPRESENTATIVE	<input type="checkbox"/> FATALITY
<input type="checkbox"/> OTHER _____	<input checked="" type="checkbox"/> WITNESS

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

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<input checked="" type="checkbox"/> CONTRACTOR REPRESENTATIVE	<input type="checkbox"/> FATALITY
<input type="checkbox"/> OTHER _____	<input checked="" type="checkbox"/> WITNESS

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OPERATOR REPRESENTATIVE

INJURY

CONTRACTOR REPRESENTATIVE

FATALITY

OTHER \_\_\_\_\_

WITNESS

NAME:

HOME ADDRESS:

CITY:

STATE:

WORK PHONE:

TOTAL OFFSHORE EXPERIENCE:

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