

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: **17-SEP-2014** TIME: **2230** HOURS

2. OPERATOR: **SandRidge Energy Offshore, LLC**

REPRESENTATIVE:

TELEPHONE: -

CONTRACTOR: -

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: **G06693**

AREA: **SM** LATITUDE:

BLOCK: **147** LONGITUDE: -

- PRODUCTION
- DRILLING
- WORKOVER
- COMPLETION
- HELICOPTER
- MOTOR VESSEL
- PIPELINE SEGMENT NO.
- OTHER **Third Party Decommissioning**

5. PLATFORM: - **A**

RIG NAME:

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: **235** FT.

10. DISTANCE FROM SHORE: **83** MI.

11. WIND DIRECTION: **NE** -
SPEED: **3** M.P.H.

12. CURRENT DIRECTION: **NE**
SPEED: **3** M.P.H.

13. SEA STATE: **4** FT.

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

At approximately 22:30 hours on 17 September 2014, an employee for Quality Construction & Production (QCP) suffered an ankle injury during abandonment operations of Well A002 for McMoRan Oil & Gas LLC (McMoRan) at the South Marsh Island (SMI) Block 147A platform operated by Fieldwood Energy (Fieldwood).

McMoRan contracted QCP and several other construction companies to remove nine conductor casings at the SMI-147A platform. The procedures employed for the removal of the SMI-147A conductor casings were as follows: 1) install support beams for the conductor casing at the Jacket Level located at +13 feet (ft) above water line; 2) cut a shackle hole in the conductor casing and install a 55-ton shackle at the Cellar Deck situated +46 ft above the water line; 3) rig up crane and pull tension on conductor casing; 4) cut conductor casing at the +13 Jacket Level and pull to Main Deck; 5) burn hole in top of conductor casing at Main Deck and insert flat pin through side of conductor casing; 6) lower conductor casing to rest on the +13 Jacket Level support beams and change out long sling for a shorter sling; 7) pull up on conductor casing between 10 to 20 ft and pin at the +13 Jacket Level; 8) cut conductor casing at the +13 Jacket Level; and 9) remove 80 foot section of conductor casing to the material barge.

The injury was sustained by the QCP employee when he was assisting with the installation of the flat pin into the Well A002 conductor casing as it was being held by the derrick barge crane with assistance from the platform crane. An unforeseen wave action caused a shift in tension on the derrick barge crane and the flat pin slid out striking the left ankle of the QCP employee. The injured QCP employee walked up to the living quarters for medical attention by placing ice on his left ankle to reduce swelling. The following day on 18 September 2014, increased swelling and bruising of the left ankle was observed, therefore, the injured QCP employee was transported by a crew boat to the shore for medical attention.

On 19 September 2014, the injured QCP employee was treated at a medical clinic but was referred to an Orthopedist for further evaluation. On 20 September 2014, an Orthopedist determined that the injured QCP employee sustained a hairline fracture in his left ankle and was treated by putting a hard splint boot over the injured left ankle. The Orthopedist released the injured QCP employee to full duty; however, he did not return to the SMI-147A platform, but was assigned to work at QCP's shop until his left ankle healed.

According to the McMoRan Incident Investigation Report, the probable cause of the accident was attributed to the derrick barge crane's balance and tension forces on the load that shifted due to an unexpected wave action.

The McMoRan Incident Investigation Report and BSEE findings attributed the contributing cause for the accident to an unforeseen weather-related wave action event that resulted in the flat pin being dislodged from the conductor casing striking the IP who was in the area providing assistance.

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

According to the McMoRan Incident Investigation Report, the probable cause of the accident was attributed to the derrick barge crane's balance and tension forces on the load that shifted due to an unexpected wave action.

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

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The McMoRan Incident Investigation Report and BSEE findings attributed the contributing cause for the accident to an unforeseen weather-related wave action event that resulted in the flat pin being dislodged from the conductor casing striking the IP who was in the area providing assistance.

20. LIST THE ADDITIONAL INFORMATION:

21. PROPERTY DAMAGED:

NATURE OF DAMAGE:

No property was damaged during this incident.

None.

ESTIMATED AMOUNT (TOTAL):

\$

22. RECOMMENDATIONS TO PREVENT RECURRENCE NARRATIVE:

The BSEE Lafayette District makes no recommendations to the Office of Safety Management.

23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: NO

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

None.

25. DATE OF ONSITE INVESTIGATION:

06-OCT-2014

26. ONSITE TEAM MEMBERS:

Troy Naquin / Johnny Serrette /

29. ACCIDENT INVESTIGATION

PANEL FORMED: NO

OCS REPORT:

30. DISTRICT SUPERVISOR:

Elliott S. Smith

APPROVED

DATE:

19-NOV-2014

INJURY/FATALITY/WITNESS ATTACHMENT

For Public Release

<input type="checkbox"/> OPERATOR REPRESENTATIVE	<input type="checkbox"/> INJURY
<input type="checkbox"/> CONTRACTOR REPRESENTATIVE	<input type="checkbox"/> FATALITY
<input checked="" type="checkbox"/> OTHER <u>Construction Contractor</u>	<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 type="checkbox"/> CONTRACTOR REPRESENTATIVE	<input type="checkbox"/> FATALITY
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