ACCIDENT INVESTIGATION REPORT

For Public Release

1. OCCURRED
   DATE: 12-MAY-2013  TIME: 1345  HOURS

2. OPERATOR: Chevron U.S.A. Inc.
   REPRESENTATIVE:
   TELEPHONE:
   CONTRACTOR:
   REPRESENTATIVE:
   TELEPHONE:

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

4. LEASE: G02076
   AREA: VR  LATITUDE:
   BLOCK: 214  LONGITUDE:

5. PLATFORM: A
   RIG NAME:

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

7. TYPE:
   HISTORIC INJURY
   REQUIRED EVACUATION 1
   LTA (1-3 days)
   LTA (>3 days)
   RW/JT (1-3 days)
   RW/JT (>3 days) 1
   Other Injury

   EXPLOSION
   POLLUTION
   FIRE
   EQUIPMENT FAILURE
   HUMAN ERROR
   EXTERNAL DAMAGE
   SLIP/TRIP/FALL
   WEATHER RELATED
   LEAK
   OVERBOARD DRILLING FLUID
   OTHER

8. CAUSE:
   WATER DEPTH: 127 FT.

9. DISTANCE FROM SHORE: 57 MI.

10. WIND DIRECTION:
    SPEED: M.P.H.

11. CURRENT DIRECTION:
    SPEED: M.P.H.

12. SEA STATE: FT.

MMS - FORM 2010  PAGE: 1 OF 6
EV2010R  12-JUL-2013
On May 12, 2013, Quality Energy Services was on location at VR-214 for Chevron U.S.A. INC. conducting Permanent Abandonment (PA) work on multiple wells. At approximately 07:00 a Job Safety Analysis (JSA) meeting was conducted for Electric-line (E-line) and Slick-line (S-line) work. In the JSA under mitigations to minimize/eliminate hazards the JSA states "Use crane to move/assemble lubricators if feasible. Lift with legs/keeping back straight. Keep hands and fingers from between lubricator/rigging/deck/equipment". While using the E-line lubricator on the A14 well some of the PA crew assembled the S-line lubricator in anticipation of rigging it up on the next well to be serviced. The S-line lubricator was twenty seven feet long and weighed approximately three hundred and ninety pounds and was placed on stands in the work area.

When the PA crew was finished using the E-line lubricator on the A14 well it became apparent that the S-line lubricator needed to be moved approximately two feet to make room to lay the E-line lubricator down in the work area. At 13:45 a member of the PA crew attempted to move the S-line lubricator by hand. The sheave on the S-line lubricator snagged on the work deck and rolled the S-line lubricator up out of the cradle on the top of the stand. While the PA crew was holding onto the lubricator the Injured Person (IP) attempted to help place the lubricator back onto the stand. The PA crew member was unable to support the weight of the S-line lubricator and dropped it from a height of approximately twelve inches above the work deck onto the IP's foot. The IP was removed from the work area and transported inland to see a physician, the diagnosis was a fractured foot.

A PA crew member attempted to move the S-line lubricator which was twenty seven feet long and weighed approximately 390 pounds without the help of another crew member or the aid of a mechanical lifting device.

In the JSA under mitigations to minimize/eliminate hazards for moving/assembling the lubricators, the JSA did not recognize the hazards of moving the lubricator by hand.

None N/A

None N/A

None N/A
22. RECOMMENDATIONS TO PREVENT RECURRANCE NARRATIVE:
The Lake Charles District Office has no recommendations.

23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: NO

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

25. DATE OF ONSITE INVESTIGATION:

15-MAY-2013

26. ONSITE TEAM MEMBERS:

Klumpp, Mitchell /

29. ACCIDENT INVESTIGATION

PANEL FORMED: NO

OCS REPORT:

30. DISTRICT SUPERVISOR:

Williamson, Larry

APPROVED
DATE: 11-JUL-2013
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:
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:
<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:**

**BUSINESS ADDRESS:**

**CITY:**

**STATE:**

**ZIP CODE:**