

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF SAFETY AND ENVIRONMENTAL ENFORCEMENT
PACIFIC OCS REGION

ACCIDENT INVESTIGATION REPORT

1. OCCURRED

DATE: 09-MAR-2004 TIME: 1130 HOURS

2. OPERATOR: Arguello Inc.

REPRESENTATIVE:
TELEPHONE:

CONTRACTOR:

REPRESENTATIVE:
TELEPHONE:

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

4. LEASE: P00450

AREA: SM LATITUDE:
BLOCK: 6524 LONGITUDE:

5. PLATFORM: HIDALGO

RIG NAME:

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

FATALITY 0
 POLLUTION
 FIRE
 EXPLOSION

LWC HISTORIC BLOWOUT
 UNDERGROUND
 SURFACE
 DEVERTER
 SURFACE EQUIPMENT FAILURE OR PROCEDURES

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

STRUCTURAL DAMAGE
 CRANE
 OTHER LIFTING DEVICE
 DAMAGED/DISABLED SAFETY SYS.
 INCIDENT >\$25K
 H2S/15MIN./20PPM
 REQUIRED MUSTER
 SHUTDOWN FROM GAS RELEASE
 OTHER Rig Installation

6. OPERATION:

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

8. CAUSE:

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

9. WATER DEPTH: 430 FT.

10. DISTANCE FROM SHORE: 6 MI.

11. WIND DIRECTION: N
SPEED: 6 M.P.H.

12. CURRENT DIRECTION: SSE
SPEED: 1 M.P.H.

13. SEA STATE: 1 FT.

14. PICTURES TAKEN: YES

15. STATEMENT TAKEN: YES

17. INVESTIGATION FINDINGS:

Mr. was tying off electric cables to a cable tray @ 20'7" above the drill floor level. When he attempted to exit the tray he fell to the floor below. His fall was somewhat broken by a support pipe @ 9' below the cable tray. Marks on the pipe indicated a fall route. landed extremely hard, then he fell backwards..

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

He had previously been tied off properly, but it appears that he tried to take a short-cut, rather than using a ladder 25' away, and attempted to span the area between the cable tray and the staircase structure without being tied off.. A distance of @ 3'7"

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

20. LIST THE ADDITIONAL INFORMATION:

Mr. was medi-vacd @ 1300 hours by helicopter to Marion Hospital in Santa Maria. He sustained two broken legs, two broken ankles, and fractures in his left foot.

21. PROPERTY DAMAGED:

none

NATURE OF DAMAGE:

ESTIMATED AMOUNT (TOTAL):

22. RECOMMENDATIONS TO PREVENT RECURRANCE NARRATIVE:

23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: YES

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

30CFR 250.107
INC G-112 issued 3/9/04

25. DATE OF ONSITE INVESTIGATION:

09-MAR-2004

28. ACCIDENT CLASSIFICATION:

MINOR

26. ONSITE TEAM MEMBERS:

29. ACCIDENT INVESTIGATION
PANEL FORMED: NO

John Hime /

OCS REPORT:

30. DISTRICT SUPERVISOR:

Thomas Dunaway

27. OPERATOR REPORT ON FILE: **YES**

APPROVED

DATE: 18-MAR-2004

