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
   ☐ POLLUTION
   ☐ FIRE
   ☐ EXPLOSION
   ☑ HISTORIC BLOWOUT
     UNDERGROUND
     SURFACE
     DEVERTER
   ☐ SURFACE EQUIPMENT FAILURE OR PROCEDURES
   ☐ COLLISION
     ☐ HISTORIC ☐ >$25K ☐ <=$25K

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

MMS - FORM 2010
EV2010R
17. INVESTIGATION FINDINGS:

Mr. [redacted] 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. He 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. [redacted] 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

26. ONSITE TEAM MEMBERS:

27. ACCIDENT CLASSIFICATION: MINOR

28. ACCIDENT INVESTIGATION PANEL FORMED: NO
OCS REPORT:

30. DISTRICT SUPERVISOR:
   Thomas Dunaway

27. OPERATOR REPORT ON FILE: YES

APPROVED
DATE: 18-MAR-2004