

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: **28-SEP-2013** TIME: **0830** HOURS

2. OPERATOR: **Apache Corporation**

REPRESENTATIVE:

TELEPHONE:

CONTRACTOR: **BAKER ATLAS WIRELINE**

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: **G32263**

AREA: **MP** LATITUDE:

BLOCK: **295** LONGITUDE:

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

5. PLATFORM:

RIG NAME: **ENSCO 87**

6. ACTIVITY:

- EXPLORATION (POE)
- DEVELOPMENT/PRODUCTION (DOCD/POD)

8. CAUSE:

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

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

- FATALITY
- POLLUTION
- FIRE
- EXPLOSION

- LWC
- HISTORIC BLOWOUT
 - UNDERGROUND
 - SURFACE
 - DEVERTER
 - SURFACE EQUIPMENT FAILURE OR PROCEDURES

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

9. WATER DEPTH: **218** FT.
10. DISTANCE FROM SHORE: **25** MI.
11. WIND DIRECTION: **E**
SPEED: **18** M.P.H.
12. CURRENT DIRECTION:
SPEED: **4** M.P.H.
13. SEA STATE: FT.

17. INVESTIGATION FINDINGS: -

At approximately 08:30 while pulling out of the hole with wireline tools, the Driller stopped the wireline side entry sub one joint below the rotary. The Wireline Unit Operator then slacked-off to remove the sheave at the V-Door. After the wireline was slacked-off the Injured Person (IP) and an Ensco employee began opening up the snatch block to remove the wire. At that time, the IP placed his hands on the wire above the sheave to pull down slack from the crown. As the IP was pulling down, the wireline slipped through the side entry clamp causing his left hand to be pulled into the sheave; resulting in injuries to his pinky finger (severed below first joint), ring finger (broken with skin missing, and middle finger (possibly broken). The IP was taken by helicopter to West Jefferson General Hospital in Marrero, La. at 10:12. The Rig Medic accompanied the IP to the hospital then returned to rig.

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

- 1) Poor hand placement. The IP put his hand above the snatch block attempting to remove the wire.
- 2) The wire clamp in the side entry sub failed allowing the wire to slip.

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

- 1) Wireline slipping through side entry clamp causing left hand to be pulled into the sheave. Hand caught between wireline and sheave at V-Door.

20. LIST THE ADDITIONAL INFORMATION:

- 1) Reviewed JSA. (Crew reviewed hand and finger pinch-point areas while handling tools and equipment).

21. PROPERTY DAMAGED:

N/A -

NATURE OF DAMAGE:

N/A

ESTIMATED AMOUNT (TOTAL):

22. RECOMMENDATIONS TO PREVENT RECURRENCE NARRATIVE:

The BSEE New Orleans District makes no recommendations to the Agency.

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

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

25. DATE OF ONSITE INVESTIGATION:

30-OCT-2013

26. ONSITE TEAM MEMBERS: -

Earl Roy /

29. ACCIDENT INVESTIGATION

PANEL FORMED: **NO**

OCS REPORT:

30. DISTRICT SUPERVISOR:

David Trocquet

APPROVED

DATE: **19-MAR-2014**

INJURY/FATALITY/WITNESS ATTACHMENT

- OPERATOR REPRESENTATIVE

INJURY

INJURY/FATALITY/WITNESS ATTACHMENT

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: