

UNITED STATES DEPARTMENT OF THE INTERIOR
 BUREAU OF SAFETY AND ENVIRONMENTAL ENFORCEMENT
 GULF OF MEXICO REGION

ACCIDENT INVESTIGATION REPORT

1. OCCURRED

DATE: **16-AUG-2012** TIME: **1250** HOURS

2. OPERATOR: **Contango Operators, Inc.**

REPRESENTATIVE:

TELEPHONE:

CONTRACTOR: **Hercules Offshore, Inc.**

REPRESENTATIVE:

TELEPHONE:

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

4. LEASE: **G33640**

AREA: **SS** LATITUDE:

BLOCK: **121** LONGITUDE:

5. PLATFORM:

RIG NAME: **HERCULES 205**

6. ACTIVITY: EXPLORATION(POE)

DEVELOPMENT/PRODUCTION
 (DOCD/POD)

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

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

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: **36** FT.

10. DISTANCE FROM SHORE: **22** MI.

11. WIND DIRECTION: **S**
 SPEED: **1** M.P.H.

12. CURRENT DIRECTION: **S**
 SPEED: **1** M.P.H.

13. SEA STATE: **3** FT.

17. INVESTIGATION FINDINGS:

On August 16, 2012, the Hercules 205 was running 11 7/8" casing using the draw works to pull single joints of casing through the V-door from the catwalk of the main deck. A single joint elevator was attached to the primary casing elevator, which was attached to the bales of the top drive. On joint number 229, the elevators lodged in the A-frame of the derrick and caused one of the elevator slings and swivel to break. The casing fell onto the rig floor striking the casing tongs, which struck the Tong Operator and flipped him off of his work platform causing him to land on his head/neck. The casing fell from the rig floor to the catwalk on the main deck, coming to rest after striking the backstop of the catwalk.

The Tong Operator was injured but responsive. First responders secured the Injured Person (IP) while the medic responded. The response team loaded the IP into a basket and moved him to the heliport to be evacuated via emergency medi-evac. The IP broke his neck on impact. Surgery was required to fuse and pin C6 and C7 vertebrae. He is expected to make a near full to full recovery.

The incident investigation found that the hazard of the casing and/or elevators getting caught in the A-frame had been identified in the pre-job Job Safety Analysis (JSA) and had been discussed, but no single person was assigned to watch out for this hazard. When the elevators became bound in the A-frame only one person noticed (the casing stabber) and he was not able to alert the Driller in time to prevent failure of the elevator.

The elevator slings consisted of one 5/8" and one 3/4" sling. Both slings were rated appropriately and had never been used. There was also a swivel in the elevator assembly. The 5/8" sling parted first, and when the 5/8" sling caught the swivel pulled apart which allowed the casing to fall.

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

1) The elevator sling lodged in the A-frame. The casing continued to be pulled once the elevator hung up, causing failure of the sling and swivel.

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

1) Not enough attention was given to the potential hazard of hanging up in the A-frame.

20. LIST THE ADDITIONAL INFORMATION:

The I/P broke his neck on impact. Surgery was required to fuse and pin C6 and C7 vertebrae. He is expected to make a near full to full recovery.

21. PROPERTY DAMAGED:

NATURE OF DAMAGE:

N/A

N/A

ESTIMATED AMOUNT (TOTAL):

\$

22. RECOMMENDATIONS TO PREVENT RECCURANCE NARRATIVE:

23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: **YES**

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

G-110- "On August 16, 2012 a single joint of 11 7/8" casing fell on the rig floor causing serious injury to the casing tong operator. The investigation that followed indicates that the casing elevators lodged in the A-frame of the derrick and went unnoticed until the sling ruptured and the swivel seperate. As a result, the joint of casing fell and struck casing tong operator and flipped him off of his work platform."

25. DATE OF ONSITE INVESTIGATION:

17-AUG-2012

26. ONSITE TEAM MEMBERS:

C Campo / J Ladner /

29. ACCIDENT INVESTIGATION

PANEL FORMED: **NO**

OCS REPORT:

30. DISTRICT SUPERVISOR:

Bryan A. Domangue

APPROVED

DATE: 23-AUG-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:

INJURY/FATALITY/WITNESS ATTACHMENT

OPERATOR REPRESENTATIVE

CONTRACTOR REPRESENTATIVE

OTHER _____

INJURY

FATALITY

WITNESS

NAME :

HOME ADDRESS :

CITY :

STATE :

WORK PHONE :

TOTAL OFFSHORE EXPERIENCE :

YEARS

EMPLOYED BY :

BUSINESS ADDRESS :

CITY :

STATE :

ZIP CODE :

INJURY/FATALITY/WITNESS ATTACHMENT

<input type="checkbox"/>	OPERATOR REPRESENTATIVE	<input type="checkbox"/>	INJURY
<input checked="" type="checkbox"/>	CONTRACTOR REPRESENTATIVE	<input type="checkbox"/>	FATALITY
<input type="checkbox"/>	OTHER _____	<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
<input checked="" type="checkbox"/>	OTHER <u>Premier Casing, Pusher</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 :

INJURY/FATALITY/WITNESS ATTACHMENT

<input type="checkbox"/>	OPERATOR REPRESENTATIVE	<input type="checkbox"/>	INJURY
<input type="checkbox"/>	CONTRACTOR REPRESENTATIVE	<input type="checkbox"/>	FATALITY
<input checked="" type="checkbox"/>	OTHER <u>Premier Casing, Stabber</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
<input checked="" type="checkbox"/>	OTHER <u>Premier Casing, Stabber</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 :

Crane/Other Material-Handling Equipment Attachment

Equipment Information

Installation date: 01-JAN-1978

Manufacturer: NATIONAN

Manufacture date: 01-JAN-1978

Make/Model: 1320 / U 200 HP

Any modifications since manufactured? Describe and include date(s).

What was the maximum lifting capacity at the time of the lift?

Static: Dynamic:

Was a tag line utilized during the lift? N

Were there any known documented deficiencies prior to conducting the lift? If yes, what were the deficiencies?

List specific type of failure that occurred during this incident.(e.g. cable parted, sticking control valve, etc.)

If sling/loose gear failure occurred does operator have a sling/loose gear inspection program in place?

Type of lift:

Load Information

What was being lifted? **PIPE**

Description of what was being lifted (e.g. 10 joints of 2 3/8-inch pipe, ten 500-lb. sacks of sand, 2 employees, etc.)

single joint of 11 7/8" casing

Approximate weight of load being lifted: **3231**

Was crane/lifting device equipped with an operable weight indicator? **N**

Was the load identified with the correct or approximate weight? **N**

Where was the lift started, where was it destined to finish, and at what point in the lift did the incident occur? Give specific details (e.g. pipe rack, riser cart, drill floor, etc.)

running casing

If personnel was being lifted at the time of this incident, give specific details of lifting device and riding apparatus in use (e.g. 1) crane-personnel basket, 2) air hoist-boatswain chair, other)

Were personnel wearing a safety harness?

Was a lifeline available and utilized?

List property lost overboard.

Rigger/Operator Information

Has rigger had rigger training?

If yes, date of last training:

How many years of rigger experience did rigger have?

How many hours was the operator on duty prior to the incident? 12

Was operator on medication when incident occurred? Y

How many hours was the rigger on duty prior to the incident?

How much sleep did rigger have in the 24 hours preceding this incident? 6

Was rigger on medication when incident occurred?

Were all personnel involved in the lift drug tested immediately following this incident?

Operator: Y

Rigger:

Other:

While conducting the lift, was line of sight between operator and load maintained?

N

Does operator wear glasses or contact lenses? N

If so, were glasses or contacts in use at time of the incident? N

Does operator wear a hearing aid? N

If so, was operator using hearing aid at time of the incident? N

What type of communication system was being utilized between operator and rigger at time of this incident?

For crane only:

What crane training institution did crane operator attend?

Where was institution located?

Was operator qualified on this type of crane? N

How much actual operational time did operator have on this particular crane involved in this incident?

Years: Months

List recent crane operator training dates.

For other material-handling equipment only:

Has operator been trained to operate the lifting device involved in the incident? **Y**

How many years of experience did operator have operating the specific type of lifting device involved in the incident?

20

Inspection/Maintenance Information

For crane only:

Is the crane involved classified as Heavy, Moderate or Infrequent use.

Was pre-use inspeciton conducted?

For the annual/quarterly/monthly crane inspections, please fill out the following information:

What was the date of the last inspection?

Who performed the last inspection?

Was inspection conducted in-house or by a 3rd party?

Who qualified the inspector?

Does operators' policy require load or pull test prior to heavy lift?

Which type of test was conducted prior to heavy lift?

Date of last pull test: Load test:

Results:

If fail explain why:

Test Parameters: Boom angle: Radius:

What was the date of most recent crane maintenance performed?

Who performed crane maintenance? (Please clarify persons name or company name.)

Was crane maintenance performed in-house or by a third party?

What type of maintenance was performed?

For other material-handling equipment only:

Was equipment visually inspected before the lift took place? **Y**

What is the manufacture's recommendation for performing periodic inspection on the equipment involved in this incident?

The contractor follows a monthly, quarterly, and annual inspection protocol.

Safety Management Systems

Does the company have a safety management program in place? **N**

Does the company's safety management program address crane/other material-handling equipment operations?

N

Provide any remarks you may have that applies to the company's safety management program and this incident?

Did operator fill out a Job Safety Analysis (JSA) prior to job being performed?

Y

Did operator have an operational or safety meeting prior to job being performed?

N

What precautions were taken by operator before conducting lift resulting in incident?

Procedures in place for crane/other material-handling equipment activities:

Did operator have procedures written? **N**

Did procedures cover the circumstances of this incident? **N**

Was a copy available for review prior to incident? **N**

Were procedures available to MMS upon request? **N**

Is it documented that operator's representative reviewed procedures before conducting lift?

N

Additional observations or concerns: