

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: 29-DEC-2011 TIME: 2400 HOURS

2. OPERATOR: Stone Energy Corporation

REPRESENTATIVE: Gaspard, Chad
TELEPHONE: (337) 521-2187

CONTRACTOR: Superior Well Service

REPRESENTATIVE: Sanders, Robert
TELEPHONE: (337) 714-2120

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

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

6. OPERATION:

4. LEASE: G05825

AREA: MC LATITUDE:
BLOCK: 109 LONGITUDE:

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

5. PLATFORM: A-Amberjack

RIG NAME:

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

8. CAUSE:

7. TYPE:

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

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

- FATALITY
- POLLUTION
- FIRE
- EXPLOSION

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

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

9. WATER DEPTH: 1100 FT.
10. DISTANCE FROM SHORE: 15 MI.
11. WIND DIRECTION:
SPEED: M.P.H.
12. CURRENT DIRECTION:
SPEED: M.P.H.
13. SEA STATE: FT.

17. INVESTIGATION FINDINGS:

On December 29, 2011, while conducting slickline operations for Stone Energy Corporation, a Superior Well Service employee failed to follow the company's procedures and intentionally discarded a 5' x 1'1/2" wireline jarring tool overboard. On January 4, 2012, BSEE inspectors conducted an onsite investigation and through witness statements, discovered that after a wireline jarring tool was dropped on the deck and damaged, the wireline operator instructed his helper to throw the damaged wireline jarring tool overboard into Gulf waters. The wireline helper failed to use the Stop Work Authority to question the non-compliant instructions and discarded the tool overboard. The platform is located in 1100' of water and the tool was not recovered.

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

Negligence (No Stop Work Order Issued) - A contractor employee intentionally discarded the wireline jarring tool overboard into Gulf waters.

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

Human Error - A contractor employee failed to follow company guidelines, policies and procedures.

20. LIST THE ADDITIONAL INFORMATION:

21. PROPERTY DAMAGED:

None

NATURE OF DAMAGE:

None

ESTIMATED AMOUNT (TOTAL):

\$

22. RECOMMENDATIONS TO PREVENT RECCURANCE NARRATIVE:
The BSEE New Orleans District makes no recommendations to the Agency.

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

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

G-110 - The failure to perform all operations in a safe and workmanlike manner as required by 30 CFR 250.107(a). The Superior Wireline Crew committed an unsafe act by throwing a wireline jarring tool into the Gulf of Mexico.

G-253 - The wireline jarring tool that was thrown overboard was not recorded on the Facility's Daily Operations Report as required by 30 CFR 250.300(d)

E-108 - Failure to prevent the intentional disposal of a wireline jarring tool into offshore waters as required by 30 CFR 250.300(b)(6).

25. DATE OF ONSITE INVESTIGATION:

04-JAN-2012

26. ONSITE TEAM MEMBERS:

Joel Moore / Earl Roy /

29. ACCIDENT INVESTIGATION

PANEL FORMED: **NO**

OCS REPORT:

30. DISTRICT SUPERVISOR:

David J. Trocquet

APPROVED

DATE: 05-APR-2012

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:

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

OPERATOR REPRESENTATIVE

INJURY

CONTRACTOR REPRESENTATIVE

FATALITY

OTHER _____

WITNESS

NAME :

HOME ADDRESS :

CITY :

STATE :

WORK PHONE :

TOTAL OFFSHORE EXPERIENCE :

YEARS

EMPLOYED BY :

BUSINESS ADDRESS :

CITY :

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