

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

ACCIDENT/INCIDENT FORM

1. OCCURRED

DATE: 05-JAN-2015 TIME: 1345 HOURS

2. OPERATOR: Exxon Mobil Corporation

REPRESENTATIVE: Eugene Ping

TELEPHONE: (805) 961-4202

CONTRACTOR

REPRESENTATIVE

TELEPHONE

3. LEASE: P00182

AREA: SM

BLOCK: 6683

4. PLATFORM: HERITAGE

RIGNAME:

5. TYPE: HISTORIC INJURY

REQUIRED EVACUATION

LTA (1-3 days)

LTA (>3 days)

RW/JT (1-3 days)

RW/JT (>3 days)

Other Injury _____

FATALITY

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 _____

7. CAUSE: EQUIPMENT FAILURE

HUMAN ERROR

SLIP/TRIP/FALL

WEATHER RELATED

OTHER _____

8. POLLUTION: YES

9. NO. OF FATALITIES:

10. NO. OF INJURIES:

11. Water Depth: 1075

12. Distance from Shore: 6

13. INITIATE A 2010: NO

14. EMERGENCY REPORT: N

15. OPERATOR REPORT ON FILE: NO

16. WAS OPERATOR TOLD TO CONTACT P/L SECTION? NO

17. RECEIVED BY:

DATE: TIME: HOURS

DISTRICT: CALIFORNIA DISTRICT

18. REMARKS/CORRECTIVE ACTIONS:

~ Discharge of .5 oz hydraulic oil mixture from the platform survival craft stuffing box of the drive shaft due to mechanical failure.

NRC-1104940

CALEMA-15-0057

6. OPERATION:

PRODUCTION EXPLORATION (POE)

DRILLING DEVELOPMENT/PRODUCTION

WORKOVER (DOCD/POD)

COMPLETION

HELICOPTER

MOTOR VESSEL

PIPELINE SEGMENT NO. _____

OTHER _____

REPORT ID: EVACCR

RUN DATE: 19-SEP-2018

* * * * *

PROPRIETARY

* * * * *

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

ACCIDENT/INCIDENT FORM

1. OCCURRED
DATE: **25-JAN-2015** TIME: **1436** HOURS
2. OPERATOR: **Beta Operating Company, LLC**
REPRESENTATIVE: **Scott Bing**
TELEPHONE:

7. CAUSE: EQUIPMENT FAILURE
 HUMAN ERROR
 SLIP/TRIP/FALL
 WEATHER RELATED
 OTHER _____

CONTRACTOR
REPRESENTATIVE
TELEPHONE

3. LEASE: **P00205**
AREA: **LA**
BLOCK: **6912**

8. POLLUTION: **NO**
9. NO. OF FATALITIES:

4. PLATFORM: **GAIL**
RIGNAME:

10. NO. OF INJURIES:

5. TYPE: HISTORIC INJURY
 REQUIRED EVACUATION
 LTA (1-3 days)
 LTA (>3 days)
 RW/JT (1-3 days)
 RW/JT (>3 days)
 Other Injury _____

11. Water Depth:
12. Distance from Shore:
13. INITIATE A 2010: **NO**
14. EMERGENCY REPORT: **N**

FATALITY
 FIRE
 EXPLOSION

15. OPERATOR REPORT ON FILE: **NO**
16. WAS OPERATOR TOLD TO CONTACT P/L SECTION? **NO**

LWC HISTORIC BLOWOUT
 UNDERGROUND
 SURFACE
 DEVERTER
 SURFACE EQUIPMENT FAILURE OR PROCEDURES

17. RECEIVED BY:

DATE: TIME: HOURS

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

DISTRICT: **CALIFORNIA DISTRICT**

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

18. REMARKS/CORRECTIVE ACTIONS:

~ While performing maintenance on V-07 electrostatic coalescer some gas vented out and triggered a combustible gas audible alarm, (GDE-803). An announcement was made for everyone to report to their safe briefing area for a head count. All personnel were accounted for, the alarm cleared and everyone went back to work.

6. OPERATION:

No equipment or process shutdowns occurred due to the alarm.

PRODUCTION EXPLORATION (POE)
 DRILLING DEVELOPMENT/PRODUCTION (DOCD/POD)
 WORKOVER
 COMPLETION
 HELICOPTER
 MOTOR VESSEL
 PIPELINE SEGMENT NO. _____
 OTHER _____

REPORT ID: EVACCR

RUN DATE: 19-SEP-2018

* * * * *

PROPRIETARY

* * * * *

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

ACCIDENT/INCIDENT FORM

1. OCCURRED

DATE: 27-JUN-2015 TIME: 0820 HOURS

2. OPERATOR: Beta Operating Company, LLC

REPRESENTATIVE: BRYAN KEARNEY

TELEPHONE:

CONTRACTOR

REPRESENTATIVE

TELEPHONE

3. LEASE: P00300

AREA: LB

BLOCK: 6438

4. PLATFORM: ELLEN

RIGNAME:

5. TYPE: HISTORIC INJURY

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

FATALITY

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 CRANE W/DAMAGE TO BOOM

6. OPERATION:

PRODUCTION

DRILLING

WORKOVER

COMPLETION

HELICOPTER

MOTOR VESSEL

PIPELINE SEGMENT NO. _____

OTHER _____

EXPLORATION (POE)

DEVELOPMENT/PRODUCTION
(DOCD/POD)

7. CAUSE: EQUIPMENT FAILURE

HUMAN ERROR

SLIP/TRIP/FALL

WEATHER RELATED

OTHER UNER INVESTIGATION

8. POLLUTION: NO

9. NO. OF FATALITIES:

10. NO. OF INJURIES:

11. Water Depth:

12. Distance from Shore: 9

13. INITIATE A 2010: NO

14. EMERGENCY REPORT: N

15. OPERATOR REPORT ON FILE: NO

16. WAS OPERATOR TOLD TO CONTACT P/L SECTION? NO

17. RECEIVED BY: BSEE-M. MITCHELL

DATE: 27-JUN-2015 TIME: 1000 HOURS

DISTRICT: CALIFORNIA DISTRICT

18. REMARKS/CORRECTIVE ACTIONS:

// The operator stated: Swung over to pick up 2 ways with whip line. I stopped, went to boom down and it would not boom down. The clutches appeared to be stuck in the engaged position. I stopped and inspected the clutches on the crane and saw no visible issues with the clutches. I then got back in the cab and engaged the master clutch. I tried to swing right and gave it throttle. I heard a loud pop and then the boom bounced against the stops and bent them. I immediately stopped and contacted David Fischer and Jon LeBeof.

While crane operator was lowering the whip line to put on his 2 ways the whip line seemed to get stuck and did not lower down any further as well as the boom on the crane. The crane operator then attempted to turn the crane when the boom started to come up and was not stopping. I then witnessed the crane

REPORT ID: EVACCR

RUN DATE: 19-SEP-2018

* * * * *

PROPRIETARY

* * * * *

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

operator attempting to adjust his levers and the boom kept coming up and then made contact with the back stops and bent them.

I responded to the pipe rack to investigate crane damage. We danger taped the area off and made a platform wide announcement for personnel to stay clear of the center crane. I collected statements as well as pictures and we had a safety stand down on the rig floor to bring up the awareness of the rig crew to stay away from the area.

Root Cause: Unknown, Incident under investigation

Corrective Action: EE contacted all proper personnel and the incident is under investigation.

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

ACCIDENT/INCIDENT FORM

1. OCCURRED

DATE: 27-APR-2015 TIME: 0717 HOURS

2. OPERATOR: Exxon Mobil Corporation

REPRESENTATIVE: Case, Erik

TELEPHONE: (832) 625-4583

CONTRACTOR

REPRESENTATIVE

TELEPHONE

3. LEASE:

AREA: SM

BLOCK: 6636

4. PLATFORM: HONDO

RIGNAME:

5. TYPE: HISTORIC INJURY

REQUIRED EVACUATION

LTA (1-3 days)

LTA (>3 days)

RW/JT (1-3 days)

RW/JT (>3 days)

Other Injury _____

FATALITY

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 _____

6. OPERATION:

PRODUCTION

DRILLING

WORKOVER

COMPLETION

HELICOPTER

MOTOR VESSEL

PIPELINE SEGMENT NO. _____

OTHER _____

EXPLORATION (POE)

DEVELOPMENT/PRODUCTION

(DOCD/POD)

7. CAUSE: EQUIPMENT FAILURE

HUMAN ERROR

SLIP/TRIP/FALL

WEATHER RELATED

OTHER _____

8. POLLUTION: NO

9. NO. OF FATALITIES:

10. NO. OF INJURIES:

11. Water Depth: 842

12. Distance from Shore: 5

13. INITIATE A 2010: NO

14. EMERGENCY REPORT: N

15. OPERATOR REPORT ON FILE: NO

16. WAS OPERATOR TOLD TO CONTACT P/L SECTION? NO

17. RECEIVED BY: Kaiser, John

DATE: 13-MAY-2015 TIME: 1143 HOURS

DISTRICT: CALIFORNIA DISTRICT

18. REMARKS/CORRECTIVE ACTIONS:

At 07:17 (PST) hours on April 27, 2015, our Hondo facility experienced an event (minor H2S release) that initiated a muster of the personnel on the platform.

The bellows on PSV 1117A-2 blew out, due to an unexpected shut-in, and caused a small amount of H2S to be vented, causing 1 gas detector to alarm and alerted the facility. Once all personnel mustered and were accounted for, a team was sent out to safe the area (i.e. PSV 1117A-2 was isolated).

UPDATE:

All safety protocols were followed during this event and no injuries occurred. PSV-1117A-2 will be replaced

REPORT ID: EVACCR

RUN DATE: 19-SEP-2018

* * * * *

PROPRIETARY

* * * * *

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

ACCIDENT/INCIDENT FORM

1. OCCURRED

DATE: 23-APR-2015 TIME: 1800 HOURS

2. OPERATOR: Exxon Mobil Corporation

REPRESENTATIVE: Pullen, Carol

TELEPHONE: (832) 625-4584

CONTRACTOR

REPRESENTATIVE

TELEPHONE

3. LEASE: P00190

AREA: SM

BLOCK: 6635

4. PLATFORM: HARMONY

RIGNAME:

5. TYPE: HISTORIC INJURY

REQUIRED EVACUATION

LTA (1-3 days)

LTA (>3 days)

RW/JT (1-3 days)

RW/JT (>3 days)

Other Injury _____

FATALITY

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 CRANE-Mat1 Handling

6. OPERATION:

PRODUCTION

DRILLING

WORKOVER

COMPLETION

HELICOPTER

MOTOR VESSEL

PIPELINE SEGMENT NO. _____

OTHER _____

EXPLORATION (POE)

DEVELOPMENT/PRODUCTION

(DOCD/POD)

7. CAUSE: EQUIPMENT FAILURE

HUMAN ERROR

SLIP/TRIP/FALL

WEATHER RELATED

OTHER _____

8. POLLUTION: NO

9. NO. OF FATALITIES:

10. NO. OF INJURIES:

11. Water Depth: 1198

12. Distance from Shore: 6

13. INITIATE A 2010: NO

14. EMERGENCY REPORT: N

15. OPERATOR REPORT ON FILE: NO

16. WAS OPERATOR TOLD TO CONTACT P/L SECTION? NO

17. RECEIVED BY: Kaiser, John

DATE: 13-MAY-2015 TIME: 1145 HOURS

DISTRICT: CALIFORNIA DISTRICT

18. REMARKS/CORRECTIVE ACTIONS:

While lifting a 4 x 4 basket off the drill deck on Harmony Platform with the East platform crane, a tag line wrapped around rigger's leg, lifting him approximately 5' off the deck before the crane operator realized it and lowered him down. Person tending the basket had stepped 5' back from the load, but unknowingly stepped inside the slack of the tag line laying on the deck. The crane operator lifted the basket approximately 7' straight up and then looked to his right to see obstacles that he would need to clear, second tender called to stop via radio. No injuries were incurred.

Incident Learnings:

-Tag lines are not necessary with Clear Deck Process

-Crane Operator looked away from the load being lifted

-Person lifted didn't realize the tag line

REPORT ID: EVACCR

RUN DATE: 19-SEP-2018

* * * * *

PROPRIETARY

* * * * *

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

was there, which had been tossed
there by the other roustabout while the he
was hooking up the basket
-Tag line was longer than usual (20' total
length)

Actions Taken:

- Tag lines were removed from field 4 x 4
baskets
- Dedicated location assigned for
loading/off loading 4 x 4 baskets on each
facility
- All Platforms, boats and shore base were
contacted and incident reviewed
- Personnel involved sent in for A&D
testing, with negative results

NOTE: Verbal notification of incident
reported to John Kaiser on 04/23/15 at 21:14
hours (PST).

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

ACCIDENT/INCIDENT FORM

1. OCCURRED

DATE: 12-JUL-2015 TIME: 1615 HOURS

2. OPERATOR: Exxon Mobil Corporation

REPRESENTATIVE: Case, Erik

TELEPHONE: (832) 635-4583

CONTRACTOR

REPRESENTATIVE

TELEPHONE

3. LEASE: P00190

AREA: SM

BLOCK: 6635

4. PLATFORM: HARMONY

RIGNAME:

5. TYPE: HISTORIC INJURY

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

FATALITY

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 CRANE _____

6. OPERATION:

PRODUCTION

DRILLING

WORKOVER

COMPLETION

HELICOPTER

MOTOR VESSEL

PIPELINE SEGMENT NO. _____

OTHER _____

EXPLORATION (POE)

DEVELOPMENT/PRODUCTION

(DOCD/POD)

7. CAUSE: EQUIPMENT FAILURE

HUMAN ERROR

SLIP/TRIP/FALL

WEATHER RELATED

OTHER _____

8. POLLUTION: NO

9. NO. OF FATALITIES:

10. NO. OF INJURIES:

11. Water Depth: 1198

12. Distance from Shore: 6

13. INITIATE A 2010: NO

14. EMERGENCY REPORT: N

15. OPERATOR REPORT ON FILE: NO

16. WAS OPERATOR TOLD TO CONTACT P/L SECTION? NO

17. RECEIVED BY: Kaiser, John

DATE: 30-JUL-2015 TIME: 0930 HOURS

DISTRICT: SANTA MARIA DISTRICT

18. REMARKS/CORRECTIVE ACTIONS:

On 7/12/15 at 16:15 hours (PST) the crane at our Harmony facility was lowering items, contained in a crate, when a gust of wind (~15mph) blew the load against the platform, causing its contents to shift and break out of the side of its container. All items (~25 total) were tools that would be used for the cleaning and pigging of the J-Tubes in preparation of the cable pull. These items were not recoverable.

No further remarks.

Items lost overboard as reported by email from Erik Case: regulatory specialist included 2 Gauging pigs, 1 brush cleaning pig, 3 pull-thru support pigs, 1 spare disc set, 3 1.2mm x 32 mm wire slings and 12 12.5T shackles

REPORT ID: EVACCR

RUN DATE: 19-SEP-2018

* * * * *

PROPRIETARY

* * * * *

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

ACCIDENT/INCIDENT FORM

1. OCCURRED
DATE: 17-SEP-2015 TIME: 1445 HOURS
2. OPERATOR: DCOR, L.L.C.
REPRESENTATIVE: SEAN CHENOWETH
TELEPHONE: (805) 535-2007

7. CAUSE: EQUIPMENT FAILURE
 HUMAN ERROR
 SLIP/TRIP/FALL
 WEATHER RELATED
 OTHER _____

CONTRACTOR
REPRESENTATIVE
TELEPHONE

3. LEASE: P00241
AREA: LA
BLOCK: 6658

8. POLLUTION: NO
9. NO. OF FATALITIES:

4. PLATFORM: C
RIGNAME:

5. TYPE: HISTORIC INJURY
 REQUIRED EVACUATION 1
 LTA (1-3 days)
 LTA (>3 days)
 RW/JT (1-3 days)
 RW/JT (>3 days)
 Other Injury _____

10. NO. OF INJURIES: 1
11. Water Depth: 242
12. Distance from Shore: 4
13. INITIATE A 2010: NO
14. EMERGENCY REPORT: N

FATALITY
 FIRE
 EXPLOSION

15. OPERATOR REPORT ON FILE: NO

LWC HISTORIC BLOWOUT
 UNDERGROUND
 SURFACE
 DEVERTER
 SURFACE EQUIPMENT FAILURE OR PROCEDURES

16. WAS OPERATOR TOLD TO CONTACT P/L SECTION? NO

17. RECEIVED BY: BSEE-MITCHELL

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

DATE: 17-SEP-2015 TIME: 1538 HOURS

DISTRICT: CALIFORNIA DISTRICT

STRUCTURAL DAMAGE
 CRANE
 OTHER LIFTING DEVICE _____
 DAMAGED/DISABLED SAFETY SYS. _____
 INCIDENT >\$25K _____
 H2S/15MIN./20PPM
 REQUIRED MUSTER
 SHUTDOWN FROM GAS RELEASE
 OTHER PAIN IN BICEP LOOSENING NUT

18. REMARKS/CORRECTIVE ACTIONS:

// THE OPERATOR STATES: An employee felt pain in his bicep muscle while loosening a nut using a combination wrench. He is being sent to Concentra for medical evaluation, and we will send a formal report to BSEE within the next 14 days.

Update (09/30/15): An employee felt pain and heard a tear in his right bicep while loosening a pipe fitting on the rig test cart.

6. OPERATION:

PRODUCTION EXPLORATION (POE)
 DRILLING DEVELOPMENT/PRODUCTION
 WORKOVER (DOCD/POD)
 COMPLETION
 HELICOPTER
 MOTOR VESSEL
 PIPELINE SEGMENT NO. _____
 OTHER _____

Contributing Factors: None noted- the employee was performing his normal duties in a safe and proper manner when the incident occurred.

Corrective Action/s: None noted- the employee was performing his normal duties in a safe and proper manner when the incident occurred.

REPORT ID: EVACCR

RUN DATE: 19-SEP-2018

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

ACCIDENT/INCIDENT FORM

1. OCCURRED
DATE: 25-MAY-2015 TIME: 0830 HOURS
2. OPERATOR: Freeport-McMoRan Oil & Gas LLC
REPRESENTATIVE: MARY MILLER
TELEPHONE: (805) 938-7990

7. CAUSE: EQUIPMENT FAILURE
 HUMAN ERROR
 SLIP/TRIP/FALL
 WEATHER RELATED
 OTHER _____

CONTRACTOR
REPRESENTATIVE
TELEPHONE

3. LEASE: P00450
AREA: SM
BLOCK: 6524
4. PLATFORM: HIDALGO
RIGNAME:

8. POLLUTION: NO
9. NO. OF FATALITIES:

5. 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 _____

10. NO. OF INJURIES: 1

FATALITY
 FIRE
 EXPLOSION

11. Water Depth:
12. Distance from Shore: 6
13. INITIATE A 2010: NO
14. EMERGENCY REPORT: N

LWC HISTORIC BLOWOUT
 UNDERGROUND
 SURFACE
 DEVERTER
 SURFACE EQUIPMENT FAILURE OR PROCEDURES

15. OPERATOR REPORT ON FILE: NO
16. WAS OPERATOR TOLD TO CONTACT P/L SECTION? NO
17. RECEIVED BY: BSEE-Boudreaux

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

DATE: 09-JUN-2015 TIME: 0700 HOURS
DISTRICT: CALIFORNIA DISTRICT

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

18. REMARKS/CORRECTIVE ACTIONS:
As a follow-up, the operator states; On Wednesday, May 25, 2015 at 830 hours, a Contract Individual (CI) was walking around a compressor checking fittings and struck his arm on the corner of the compressor motor. Later in the day, the CI went to see the onboard medic to let him know what he had done and that he was having pains in his arm. The onboard medic examined the CI's arm and felt that the CI needed to be flown to shore for further medical examination. A call was made to John Kaiser to notify BSEE that an offshore individual had been sent in for a medical evaluation due to a work injury.

6. OPERATION:
 PRODUCTION EXPLORATION (POE)
 DRILLING DEVELOPMENT/PRODUCTION (DOCD/POD)
 WORKOVER
 COMPLETION
 HELICOPTER
 MOTOR VESSEL
 PIPELINE SEGMENT NO. _____
 OTHER _____

The CI was examined by a doctor who determined that sutures would be the appropriate medical treatment for this injury. This individuals duties were modified as he was advised not to return offshore due to the potential for infection in the wound.

REPORT ID: EVACCR

RUN DATE: 19-SEP-2018

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

He returned to his normal offshore duties on June 1, 2015.

As a corrective action, the CI was counselled on being aware of the surroundings and paying closer attention when walking in areas where there are obstacles that could cause this type of injury if accidentally struck with a part of the his body

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

ACCIDENT/INCIDENT FORM

1. OCCURRED
DATE: 15-JUL-2015 TIME: 1530 HOURS
2. OPERATOR: Exxon Mobil Corporation
REPRESENTATIVE: Pullen, Carol
TELEPHONE: (832) 625-4584

7. CAUSE: EQUIPMENT FAILURE
 HUMAN ERROR
 SLIP/TRIP/FALL
 WEATHER RELATED
 OTHER _____

CONTRACTOR
REPRESENTATIVE
TELEPHONE

3. LEASE:
AREA: SM
BLOCK: 6635
4. PLATFORM: HARMONY
RIGNAME:

8. POLLUTION: NO
9. NO. OF FATALITIES:

5. TYPE: HISTORIC INJURY
 REQUIRED EVACUATION
 LTA (1-3 days)
 LTA (>3 days)
 RW/JT (1-3 days)
 RW/JT (>3 days) 1
 Other Injury _____

10. NO. OF INJURIES:
11. Water Depth: 1198
12. Distance from Shore: 6
13. INITIATE A 2010: NO
14. EMERGENCY REPORT: N

FATALITY
 FIRE
 EXPLOSION

15. OPERATOR REPORT ON FILE: NO
16. WAS OPERATOR TOLD TO CONTACT P/L SECTION? NO

LWC HISTORIC BLOWOUT
 UNDERGROUND
 SURFACE
 DEVERTER
 SURFACE EQUIPMENT FAILURE OR PROCEDURES

17. RECEIVED BY: Kaiser, John

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

DATE: 18-AUG-2015 TIME: 0849 HOURS

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

DISTRICT: CALIFORNIA DISTRICT

18. REMARKS/CORRECTIVE ACTIONS:
7/15 The contractor (Parker Drilling Co.) was removing the fuel cap on the generator when the wind blew the door closed hitting him in the back. He immediately reported the incident to his supervisor and stated that he was okay. The next morning (7/16) the IP reported to his supervisor that his back was sore before going on his regular days off. Once on shore, the IP was accompanied to the Sansum Clinic in Santa Barbara for evaluation.

6. OPERATION:

PRODUCTION EXPLORATION (POE)
 DRILLING DEVELOPMENT/PRODUCTION
 WORKOVER (DOCD/POD)
 COMPLETION
 HELICOPTER
 MOTOR VESSEL
 PIPELINE SEGMENT NO. _____
 OTHER _____

Incident reporting guidance from the Camarillo District Office stated that this was not a reportable incident unless the IP was evacuated and or could not return to his next scheduled work day (07/30/15).

The IP was released with restrictions and will report to work at Parker's shop until such time he is given a full release to

REPORT ID: EVACCR

RUN DATE: 19-SEP-2018

* * * * *

PROPRIETARY

* * * * *

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

return to work.

A door securing device was added to mechanically secure the generator shed door in the open position and a signage has been posted on generator shed to remind personnel to secure door to generator shed when working in doorway.

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

ACCIDENT/INCIDENT FORM

1. OCCURRED

DATE: **04-AUG-2015** TIME: **1400** HOURS

2. OPERATOR: **Exxon Mobil Corporation**

REPRESENTATIVE: **Case, Erik**

TELEPHONE: **(832) 625-4583**

CONTRACTOR

REPRESENTATIVE

TELEPHONE

3. LEASE:

AREA: **SM**

BLOCK: **6636**

4. PLATFORM: **HONDO**

RIGNAME:

5. TYPE: HISTORIC INJURY

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

FATALITY

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 _____

6. OPERATION:

PRODUCTION

DRILLING

WORKOVER

COMPLETION

HELICOPTER

MOTOR VESSEL

PIPELINE SEGMENT NO. _____

OTHER _____

EXPLORATION (POE)

DEVELOPMENT/PRODUCTION
(DOCD/POD)

7. CAUSE: EQUIPMENT FAILURE

HUMAN ERROR

SLIP/TRIP/FALL

WEATHER RELATED

OTHER _____

8. POLLUTION: **NO**

9. NO. OF FATALITIES:

10. NO. OF INJURIES:

11. Water Depth: **842**

12. Distance from Shore: **5**

13. INITIATE A 2010: **NO**

14. EMERGENCY REPORT: **N**

15. OPERATOR REPORT ON FILE: **NO**

16. WAS OPERATOR TOLD TO CONTACT P/L SECTION? **NO**

17. RECEIVED BY: **Kaiser, John**

DATE: **21-AUG-2015** TIME: **1614** HOURS

DISTRICT: **CALIFORNIA DISTRICT**

18. REMARKS/CORRECTIVE ACTIONS:

At approximately 14:00(PST), we had an arc flash. There was a 480 line with the lead tied into a welding machine. Somehow the lead came loose and fell out of the welding machine, making contact with the deck and causing an arc. Investigation into the root cause is underway. No property damage or injury to personnel reported.

UPDATE (8/19/15)

Incident Description:

ÃÂA 2-man contract electrician crew was tasked with terminating a temporary power cable from a 480V receptacle on the drill deck down to the welding machine located on the production deck. Cable was already run between both locations.

ÃÂ1 individual entered the 480V building located on the cellar deck and switched the

REPORT ID: EVACCR

RUN DATE: 19-SEP-2018

* * * * *

PROPRIETARY

* * * * *

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

receptacle breaker to the off position
• The other individual involved, installed a 4-prong plug on one end of the wire and placed the device on the drill deck next to the 480V receptacle
• The person originally inside the 480V building, inserted the plug into the receptacle, travelled back to the 480V building and switched the breaker back to the on position
• This action resulted in a phase-to-phase electrical arc on the exposed end of the cable on the production deck that had not been connected to the welding machine which then tripped the breaker

Corrective actions include that the contractor provide a comprehensive refresher course with an emphasis on special conditions that could compromise existing work procedures.

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

Contractor will develop a checklist for supervisors/field management to utilize when performing tasks that occur when assisting in the relocation and providing of temporary power for mobile equipment.

Verbal notification of the incident made to BSEE (Bethram Ofolete) at 15:34 (PST) hours on 8/4/15

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

ACCIDENT/INCIDENT FORM

1. OCCURRED
DATE: 17-JUN-2015 TIME: 1500 HOURS
2. OPERATOR: Freeport-McMoRan Oil & Gas LLC
REPRESENTATIVE: Gerald Penny
TELEPHONE: (805) 934-8264
CONTRACTOR
REPRESENTATIVE Bruce Daniels
TELEPHONE (805) 874-3050

7. CAUSE: EQUIPMENT FAILURE
 HUMAN ERROR
 SLIP/TRIP/FALL
 WEATHER RELATED
 OTHER _____

3. LEASE: P00315
AREA: SM
BLOCK: 6525
4. PLATFORM: HARVEST
RIGNAME:

8. POLLUTION: NO
9. NO. OF FATALITIES:

5. TYPE: HISTORIC INJURY
 REQUIRED EVACUATION 1
 LTA (1-3 days)
 LTA (>3 days)
 RW/JT (1-3 days)
 RW/JT (>3 days)
 Other Injury _____

10. NO. OF INJURIES: 1
11. Water Depth: 675
12. Distance from Shore: 7
13. INITIATE A 2010: NO
14. EMERGENCY REPORT: N

FATALITY
 FIRE
 EXPLOSION
LWC HISTORIC BLOWOUT
 UNDERGROUND
 SURFACE
 DEVERTER
 SURFACE EQUIPMENT FAILURE OR PROCEDURES

15. OPERATOR REPORT ON FILE: NO
16. WAS OPERATOR TOLD TO CONTACT P/L SECTION? NO
17. RECEIVED BY: BSEE-Chet Miller

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 Minor Injury

DATE: 18-JUN-2015 TIME: 1006 HOURS
DISTRICT: CALIFORNIA DISTRICT
18. REMARKS/CORRECTIVE ACTIONS:

6. OPERATION:
 PRODUCTION EXPLORATION (POE)
 DRILLING DEVELOPMENT/PRODUCTION
 WORKOVER (DOCD/POD)
 COMPLETION
 HELICOPTER
 MOTOR VESSEL
 PIPELINE SEGMENT NO. _____
 OTHER Cleaning up

A CI was finishing washing his hand at the restroom sink. Upon reaching for a paper towel the back of his right hand came into contact with the corner of a stainless steel shelf located directly above the sink and result in a small laceration to the hand. Medic on examined and felt it could require a higher level of medical attention.

// Follow-up (07/02/15); The CI was scheduled to leave the platform that day and upon returning to shore the CI went to a physician for a medical examination. The medical examination resulted in the injury being deemed a First Aid treatment case and the CI was released to return to his normal working duties.

As a corrective action, the CI was counseled on awareness and to pay attention when performing even the smallest of tasks to

REPORT ID: EVACCR

RUN DATE: 19-SEP-2018

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

prevent an incident or injury.

Operator ID # INR-15-0430.

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

ACCIDENT/INCIDENT FORM

1. OCCURRED
DATE: 18-JUN-2015 TIME: 0745 HOURS
2. OPERATOR: Venoco, Inc.
REPRESENTATIVE: STEPHEN CRAWFORDI
TELEPHONE: (805) 745-4572

7. CAUSE: EQUIPMENT FAILURE
 HUMAN ERROR
 SLIP/TRIP/FALL
 WEATHER RELATED
 OTHER _____

CONTRACTOR
REPRESENTATIVE
TELEPHONE

3. LEASE: P00205
AREA: LA
BLOCK: 6912

8. POLLUTION: NO
9. NO. OF FATALITIES:

4. PLATFORM: GAIL
RIGNAME:

10. NO. OF INJURIES:

5. TYPE: HISTORIC INJURY
 REQUIRED EVACUATION
 LTA (1-3 days)
 LTA (>3 days)
 RW/JT (1-3 days)
 RW/JT (>3 days)
 Other Injury _____

11. Water Depth:
12. Distance from Shore: 10
13. INITIATE A 2010: NO
14. EMERGENCY REPORT: N

FATALITY
 FIRE
 EXPLOSION

15. OPERATOR REPORT ON FILE: NO
16. WAS OPERATOR TOLD TO CONTACT P/L SECTION? NO

LWC HISTORIC BLOWOUT
 UNDERGROUND
 SURFACE
 DEVERTER
 SURFACE EQUIPMENT FAILURE OR PROCEDURES

17. RECEIVED BY: BSEE-C. MILLER

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

DATE: 18-JUN-2015 TIME: 1000 HOURS

STRUCTURAL DAMAGE

DISTRICT: CALIFORNIA DISTRICT

CRANE

18. REMARKS/CORRECTIVE ACTIONS:

OTHER LIFTING DEVICE _____

// The Operator stated that while changing out empty chemical totes on the chemical storage rack, one of the totes bumped the East facing hand rail while placing it in it's spot on the rack. It was then noticed by Mr. Eddie Macias that the hand rail had moved. The job was stopped at that point and the issue was brought to operations attention.

DAMAGED/DISABLED SAFETY SYS. _____

INCIDENT >\$25K _____

H2S/15MIN./20PPM

REQUIRED MUSTER

SHUTDOWN FROM GAS RELEASE

OTHER BENT HANDRAIL _____

6. OPERATION:

The Root Cause was that the welded area of the lower section of the hand rail was corroded. By moving a chemical tote that bumped this hand rail, brought this item to our attention. The hand rail was removed and repaired within a few hours.

PRODUCTION EXPLORATION (POE)
 DRILLING DEVELOPMENT/PRODUCTION
 WORKOVER (DOCD/POD)
 COMPLETION
 HELICOPTER
 MOTOR VESSEL
 PIPELINE SEGMENT NO. _____
 OTHER _____

REPORT ID: EVACCR

RUN DATE: 19-SEP-2018

* * * * *

PROPRIETARY

* * * * *

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

ACCIDENT/INCIDENT FORM

1. OCCURRED
DATE: **07-OCT-2015** TIME: **1521** HOURS
2. OPERATOR: **Exxon Mobil Corporation**
REPRESENTATIVE: **Pullen, Carol**
TELEPHONE: **(832) 625-4584**
CONTRACTOR
REPRESENTATIVE **Williams, Gary**
TELEPHONE **(310) 415-6792**

3. LEASE: **P00182**
AREA: **SM**
BLOCK: **6683**
4. PLATFORM: **HERITAGE**
RIGNAME:

5. TYPE: HISTORIC INJURY
 REQUIRED EVACUATION 1
 LTA (1-3 days)
 LTA (>3 days)
 RW/JT (1-3 days)
 RW/JT (>3 days)
 Other Injury _____

FATALITY
 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 **LEFT SHOULDER INJURY** _____

6. OPERATION:

PRODUCTION EXPLORATION (POE)
 DRILLING DEVELOPMENT/PRODUCTION
 WORKOVER (DOCD/POD)
 COMPLETION
 HELICOPTER
 MOTOR VESSEL
 PIPELINE SEGMENT NO. _____
 OTHER **Construction** _____

7. CAUSE: EQUIPMENT FAILURE
 HUMAN ERROR
 SLIP/TRIP/FALL
 WEATHER RELATED
 OTHER

8. POLLUTION: **NO**
9. NO. OF FATALITIES:
10. NO. OF INJURIES: **1**
11. Water Depth: **1075**
12. Distance from Shore: **9**
13. INITIATE A 2010: **NO**
14. EMERGENCY REPORT: **N**
15. OPERATOR REPORT ON FILE: **NO**
16. WAS OPERATOR TOLD TO CONTACT P/L SECTION? **NO**
17. RECEIVED BY: **Kaiser, John**

DATE: **14-OCT-2015** TIME: **1330** HOURS

DISTRICT: **CALIFORNIA DISTRICT**

18. REMARKS/CORRECTIVE ACTIONS:

Contractor Company: **Petrochem**
Contractor Supervisor: **Gary Williams**

At 15:20 hours, a PetroChem Contractor, scaffold builder, lost his footing while descending West stairs from +43 deck to +15 deck on Platform Heritage. During his fall, the IP injured his left shoulder while maintaining hand placement on the handrail. He was evacuated by crew boat to Ellwood Pier to seek medical evaluation. He will be escorted by ExxonMobil, SECORP and his contract representative to Goleta Valley Cottage Hospital.

The contractor's name is not included in the drop down list of contractors.

Verbal notification made to Mike Mitchell on 10/07/15.

REPORT ID: EVACCR

RUN DATE: 19-SEP-2018

* * * * *

PROPRIETARY

* * * * *

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

Dr. Tang diagnosed the injury as a strained shoulder. IP was instructed to take over the counter Advil for pain and was released to full duty effective 10/08/15 without any work restrictions.

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

ACCIDENT/INCIDENT FORM

1. OCCURRED
DATE: 05-MAR-2015 TIME: 0950 HOURS
2. OPERATOR: Beta Operating Company, LLC
REPRESENTATIVE: Mariana Robertsc
TELEPHONE: (562) 683-3497

7. CAUSE: EQUIPMENT FAILURE
 HUMAN ERROR
 SLIP/TRIP/FALL
 WEATHER RELATED
 OTHER _____

CONTRACTOR
REPRESENTATIVE
TELEPHONE

3. LEASE: P00300
AREA: LB
BLOCK: 6438

8. POLLUTION: NO
9. NO. OF FATALITIES:

4. PLATFORM: ELLEN
RIGNAME:

10. NO. OF INJURIES: 1

5. TYPE: HISTORIC INJURY
 REQUIRED EVACUATION 1
 LTA (1-3 days)
 LTA (>3 days)
 RW/JT (1-3 days)
 RW/JT (>3 days)
 Other Injury _____

11. Water Depth:
12. Distance from Shore:
13. INITIATE A 2010: NO
14. EMERGENCY REPORT: N

FATALITY
 FIRE
 EXPLOSION

15. OPERATOR REPORT ON FILE: NO

LWC HISTORIC BLOWOUT
 UNDERGROUND
 SURFACE
 DEVERTER
 SURFACE EQUIPMENT FAILURE OR PROCEDURES

16. WAS OPERATOR TOLD TO CONTACT P/L SECTION? NO

17. RECEIVED BY:

DATE: TIME: HOURS

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

DISTRICT: CALIFORNIA DISTRICT

STRUCTURAL DAMAGE

18. REMARKS/CORRECTIVE ACTIONS:

CRANE

~ Employee was cleaning threads on a packer assembly that was poorly supported between rails on the pipe rack. It was barely long enough to span the space. The packer shifted, one end fell down and the other bounced landing on employees right middle finger. The impact caused a laceration and fractured the bone. Employee was assessed and treated at a local emergency room and was allowed to return to work with restricted use of right hand.

OTHER LIFTING DEVICE _____

DAMAGED/DISABLED SAFETY SYS. _____

INCIDENT >\$25K _____

H2S/15MIN./20PPM

REQUIRED MUSTER

SHUTDOWN FROM GAS RELEASE

OTHER _____

6. OPERATION:

PRODUCTION EXPLORATION (POE)
 DRILLING DEVELOPMENT/PRODUCTION
 WORKOVER (DOCD/POD)
 COMPLETION
 HELICOPTER
 MOTOR VESSEL
 PIPELINE SEGMENT NO. _____
 OTHER _____

REPORT ID: EVACCR

RUN DATE: 19-SEP-2018

* * * * *

PROPRIETARY

* * * * *

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

ACCIDENT/INCIDENT FORM

1. OCCURRED

DATE: 01-MAR-2015 TIME: 1800 HOURS

2. OPERATOR: Freeport-McMoRan Oil & Gas LLC

REPRESENTATIVE: David Willis

TELEPHONE: (805) 934-8251

CONTRACTOR

REPRESENTATIVE

TELEPHONE

3. LEASE: P00441

AREA: SM

BLOCK: 6374

4. PLATFORM: IRENE

RIGNAME:

5. TYPE: HISTORIC INJURY

REQUIRED EVACUATION 1

LTA (1-3 days)

LTA (>3 days)

RW/JT (1-3 days)

RW/JT (>3 days)

Other Injury _____

FATALITY

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 _____

6. OPERATION:

PRODUCTION

DRILLING

WORKOVER

COMPLETION

HELICOPTER

MOTOR VESSEL

PIPELINE SEGMENT NO. _____

OTHER _____

EXPLORATION (POE)

DEVELOPMENT/PRODUCTION

(DOCD/POD)

7. CAUSE: EQUIPMENT FAILURE

HUMAN ERROR

SLIP/TRIP/FALL

WEATHER RELATED

OTHER _____

8. POLLUTION: NO

9. NO. OF FATALITIES:

10. NO. OF INJURIES: 1

11. Water Depth:

12. Distance from Shore:

13. INITIATE A 2010: NO

14. EMERGENCY REPORT: N

15. OPERATOR REPORT ON FILE: NO

16. WAS OPERATOR TOLD TO CONTACT P/L SECTION? NO

17. RECEIVED BY:

DATE: TIME: HOURS

DISTRICT: CALIFORNIA DISTRICT

18. REMARKS/CORRECTIVE ACTIONS:

~ Contract Individual (CI) was walking around the east side of V-220, near the drilling rig heading toward the galley. Due to recent rainfall, the deck was wet and the CI slipped. As the CI fell to the deck, he put his hands out to catch himself and twisted his body to the right as he landed on the deck. The CI informed the drilling crew about the slippery deck and the area was cleaned and inspected. The CI did not experience pain that evening, but experienced pain in his right hip the following morning while climbing stairs (3/2/15). The CI was flown to shore on a regularly scheduled flight to seek medical attention and meet with his company's safety department.

REPORT ID: EVACCR

RUN DATE: 19-SEP-2018

* * * * *

PROPRIETARY

* * * * *

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

ACCIDENT/INCIDENT FORM

1. OCCURRED

DATE: 08-AUG-2015 TIME: 0910 HOURS

2. OPERATOR: Freeport-McMoRan Oil & Gas LLC

REPRESENTATIVE: GERALD PENNY

TELEPHONE: (805) 934-8264

CONTRACTOR

REPRESENTATIVE

TELEPHONE

3. LEASE: P00441

AREA: SM

BLOCK: 6374

4. PLATFORM: IRENE

RIGNAME:

5. TYPE: HISTORIC INJURY

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

FATALITY

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 CRANE INCIDENT

6. OPERATION:

PRODUCTION

DRILLING

WORKOVER

COMPLETION

HELICOPTER

MOTOR VESSEL

PIPELINE SEGMENT NO. _____

OTHER SUPPLY TRANSFER

EXPLORATION (POE)

DEVELOPMENT/PRODUCTION

(DOCD/POD)

7. CAUSE: EQUIPMENT FAILURE

HUMAN ERROR

SLIP/TRIP/FALL

WEATHER RELATED

OTHER _____

8. POLLUTION: NO

9. NO. OF FATALITIES:

10. NO. OF INJURIES:

11. Water Depth: 242

12. Distance from Shore: 4

13. INITIATE A 2010: NO

14. EMERGENCY REPORT: N

15. OPERATOR REPORT ON FILE: NO

16. WAS OPERATOR TOLD TO CONTACT P/L SECTION? NO

17. RECEIVED BY: BSEE-P. FERNANDEZ

DATE: 23-SEP-2015 TIME: 1703 HOURS

DISTRICT: SANTA MARIA DISTRICT

18. REMARKS/CORRECTIVE ACTIONS:

// The Operator states; On Saturday, August 8, 2015 at 0910 hours, while in the process of lifting an 8'x1 0' connex container rigged with a 4-way wire rope sling from the supply boat MN Adele Elise, three of the four legs of the wire rope sling parted. The container weighed approximately 7000 lbs. and was approximately one to two feet off the deck of the boat when this occurred. The container dropped back onto the deck of the boat with no injuries or property damage resulting from this incident. There were no obvious reasons for the rigging failure so the involved rigging was removed and sent in for analysis.

Background information: The rigging involved with this incident was a wire cable 4-leg with stinger configuration. The four legs are 8'

REPORT ID: EVACCR

RUN DATE: 19-SEP-2018

* * * * *

PROPRIETARY

* * * * *

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

in length with a rope size of ~". The four legs are connected via a master link to a 1 X" stinger, with a system working load limit of 28,000 lbs. at 60° and 22,000 lbs. at 45°. The angle of the legs falls within those limits at approximately 55°. Each of the four legs are connected to a pad eye located via a safety shackle through the leg end thimble eye on each corner of the 8'x1 0' bin. The conn ex container is 8' in height and has a working load limit of 15,000 lbs. The wire rope rigging system involved had last been last certified by the manufacturer on October 16, 2014. This includes the following;
¿ Visual inspection as per API RP 2D which incorporates ASME 30.9 inspection

REPORT ID: EVACCR

RUN DATE: 19-SEP-2018

* * * * *

PROPRIETARY

* * * * *

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

criteria.

¿ Proof load test to 56,000 lbs. which is two times the working load limit at 60°, held for 3 minutes.

¿ Lubrication

Root Cause: A third party failure analysis was performed by an engineering company specializing in crane and rigging industry forensics and publications.

Below is a summary of the failure analysis:

Magnified and microscopic examination of the broken ends of the slings samples were conducted. Representative strands were removed from the wire rope sling components for a

closer investigation with an emphasis on corroded wires, the types of breaks at the failure

points and the ability of the strands to flex

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

or bend. It was determined that the wire rope slings failed due to advanced pitting corrosion.

Historically, we have performed annual rigging certifications which include third party inspection and proof testing as well as pre use inspections. Even though this is the first incident of this type to occur, FM O&G is concerned that the annual rigging inspection may not quantitatively and effectively determine corrosion levels of rigging in all cases, as evidenced by the advanced corrosion of the rigging involved in this incident which was inspected 10 months prior. In order to ensure that another incident of this type does not occur, FM O&G has implemented the following corrective actions:

REPORT ID: EVACCR

RUN DATE: 19-SEP-2018

* * * * *

PROPRIETARY

* * * * *

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

¿ All rigging greater than one year will be removed from service and destroyed immediately,
¿ All rigging less than one year will be inspected following the guidelines in ASME 30.9,
¿ FM O&G will be meeting with the inspection company to question them on the validity of the annual rigging inspection, with an emphasis on corrosion levels that require the rigging to be removed from service,
¿ FM O&G will implement a 3-year maximum service life for wire rope, synthetic and fabric slings.
¿ All rigging that had previously been left attached to containers at our Shorebase will be removed from the containers after each use and stored appropriately,
¿ Evaluation of a more corrosion-resistant wire rope system for the grocery and production bins,

REPORT ID: EVACCR

RUN DATE: 19-SEP-2018

* * * * *

PROPRIETARY

* * * * *

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

¿ Determination of the optimal wire rope rigging lubrication frequency,
¿ FM O&G will also be utilizing the failed rigging system as a prop to train our riggers and crane operators to better identify rigging which needs to be removed from service.

Ref; FMOG Incident INR-15-0575

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

ACCIDENT/INCIDENT FORM

1. OCCURRED

DATE: **26-MAR-2015** TIME: **0801** HOURS

2. OPERATOR: **Exxon Mobil Corporation**

REPRESENTATIVE: **Pullen, Carol**

TELEPHONE: **(832) 625-4584**

CONTRACTOR

REPRESENTATIVE

TELEPHONE

3. LEASE: **P00188**

AREA: **SM**

BLOCK: **6636**

4. PLATFORM: **HONDO**

RIGNAME:

5. TYPE: HISTORIC INJURY

REQUIRED EVACUATION

LTA (1-3 days)

LTA (>3 days)

RW/JT (1-3 days)

RW/JT (>3 days)

Other Injury _____

FATALITY

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 **CRANE** _____

6. OPERATION:

PRODUCTION

DRILLING

WORKOVER

COMPLETION

HELICOPTER

MOTOR VESSEL

PIPELINE SEGMENT NO. _____

OTHER **TAR - Platform Shut-in** _____

EXPLORATION (POE)

DEVELOPMENT/PRODUCTION
(DOCD/POD)

7. CAUSE: EQUIPMENT FAILURE

HUMAN ERROR

SLIP/TRIP/FALL

WEATHER RELATED

OTHER _____

8. POLLUTION: **NO**

9. NO. OF FATALITIES:

10. NO. OF INJURIES:

11. Water Depth: **842**

12. Distance from Shore: **5**

13. INITIATE A 2010: **NO**

14. EMERGENCY REPORT: **N**

15. OPERATOR REPORT ON FILE: **NO**

16. WAS OPERATOR TOLD TO CONTACT P/L SECTION? **NO**

17. RECEIVED BY: **Kaiser, John**

DATE: **13-APR-2015** TIME: **0955** HOURS

DISTRICT: **CALIFORNIA DISTRICT**

18. REMARKS/CORRECTIVE ACTIONS:

As a valve was being lifted from within the drill rig substructure with the Platform East Crane, an employee told the crane operator to hold the load because as the valve came up, a short piece of rope tied to a bolt hole on the bottom flange has wrapped around the grating that the valve had been stored on. When the crane operator stopped the lift, the grating (4' x 6' x 2"), shook loose and fell going through the open hole in the pit area, falling approximately ~15', landing on the well head deck. There was no damage to any equipment as a result of the incident. Prior to the lift, the wellbay had been cleared of all personnel.

Investigation found that the crew had not identified the miscellaneous rope wrapped around the grating prior to attempting the lift and that the grating where the valve was being stored was not secured with grating

REPORT ID: EVACCR

RUN DATE: 19-SEP-2018

* * * * *

PROPRIETARY

* * * * *

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

clips. The importance of a complete hazard assessment prior to performing work or lift was addressed to the workgroups and to further investigate the need for grating clips and apply when appropriate. FINAL REPORT FOR THIS MATERIAL HANDLING INCIDENT.

Verbal initial notification made to Chet Miller at 10:50 hours (PST) on 3/26.

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

ACCIDENT/INCIDENT FORM

1. OCCURRED
DATE: 26-MAR-2015 TIME: 0800 HOURS
2. OPERATOR: Exxon Mobil Corporation
REPRESENTATIVE: Pullen, Carol
TELEPHONE: (832) 625-4584

7. CAUSE: EQUIPMENT FAILURE
 HUMAN ERROR
 SLIP/TRIP/FALL
 WEATHER RELATED
 OTHER _____

CONTRACTOR
REPRESENTATIVE
TELEPHONE

3. LEASE: P00182
AREA: SM
BLOCK: 6683
4. PLATFORM: HERITAGE
RIGNAME:

8. POLLUTION: NO
9. NO. OF FATALITIES:

5. TYPE: HISTORIC INJURY
 REQUIRED EVACUATION
 LTA (1-3 days)
 LTA (>3 days)
 RW/JT (1-3 days)
 RW/JT (>3 days)
 Other Injury _____

10. NO. OF INJURIES:
11. Water Depth: 1075
12. Distance from Shore: 9
13. INITIATE A 2010: NO
14. EMERGENCY REPORT: N

FATALITY
 FIRE
 EXPLOSION

15. OPERATOR REPORT ON FILE: NO
16. WAS OPERATOR TOLD TO CONTACT P/L SECTION? NO

LWC HISTORIC BLOWOUT
 UNDERGROUND
 SURFACE
 DEVERTER
 SURFACE EQUIPMENT FAILURE OR PROCEDURES

17. RECEIVED BY: Kaiser, John

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

DATE: 13-APR-2015 TIME: 0957 HOURS

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

DISTRICT: CALIFORNIA DISTRICT

18. REMARKS/CORRECTIVE ACTIONS:
3/26 While realigning switchgear for maintenance, one breaker either did not open or partially opened off the energized bus. Smoke was smelled by the team who then quickly de-energized the gear. NO SPARKS OR FLAMES were observed, ONLY the smell of burnt electrical. There were no injuries incurred. Repair plans are being developed at this time. Any findings will be reported in our 15-day Final Report. Verbal notification made to Chet Miller at 10:50 (PST) on 3/26.

6. OPERATION:
 PRODUCTION EXPLORATION (POE)
 DRILLING DEVELOPMENT/PRODUCTION (DOCD/POD)
 WORKOVER
 COMPLETION
 HELICOPTER
 MOTOR VESSEL
 PIPELINE SEGMENT NO. _____
 OTHER TAR - Platform Shut-In _____

ExxonMobil's Electrical Engineer and our Contractor came out to investigate the 480V breaker that failed on demand. The breaker's trip coil burnt up and prevented the breaker from operating electrically or mechanically. The breaker was partially disassembled inside the switchgear where it was successfully opened and removed. The faulty breaker was sent to LFC for an overhaul and a spare put

REPORT ID: EVACCR

RUN DATE: 19-SEP-2018

* * * * *

PROPRIETARY

* * * * *

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

in its place. BSEE inspectors happened to arrive on the platform shortly after this discovery. A verbal, visual and written explanation of the equipment failure was give to the inspectors. They were in agreement that the failure was minor and were satisfied with how the field responded. THIS IS THE FINAL REPORT FOR THIS INCIDENT.

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

ACCIDENT/INCIDENT FORM

1. OCCURRED

DATE: 27-MAR-2015 TIME: 1500 HOURS

2. OPERATOR: Exxon Mobil Corporation
REPRESENTATIVE: Pullen, Carol
TELEPHONE: (832) 625-4584

CONTRACTOR
REPRESENTATIVE
TELEPHONE

3. LEASE: P00182
AREA: SM
BLOCK: 6683

4. PLATFORM: HERITAGE
RIGNAME:

5. TYPE: HISTORIC INJURY
 REQUIRED EVACUATION
 LTA (1-3 days)
 LTA (>3 days)
 RW/JT (1-3 days)
 RW/JT (>3 days)
 Other Injury _____

FATALITY
 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 Arc in junction box _____

6. OPERATION:

PRODUCTION EXPLORATION (POE)
 DRILLING DEVELOPMENT/PRODUCTION
 WORKOVER (DOCD/POD)
 COMPLETION
 HELICOPTER
 MOTOR VESSEL
 PIPELINE SEGMENT NO. _____
 OTHER TAR - Platform shut-in _____

7. CAUSE: EQUIPMENT FAILURE

HUMAN ERROR

SLIP/TRIP/FALL

WEATHER RELATED

OTHER _____

8. POLLUTION: NO

9. NO. OF FATALITIES:

10. NO. OF INJURIES:

11. Water Depth: 1075

12. Distance from Shore: 9

13. INITIATE A 2010: NO

14. EMERGENCY REPORT: N

15. OPERATOR REPORT ON FILE: NO

16. WAS OPERATOR TOLD TO CONTACT P/L SECTION? NO

17. RECEIVED BY: Kaiser, John

DATE: 13-APR-2015 TIME: 0959 HOURS

DISTRICT: CALIFORNIA DISTRICT

18. REMARKS/CORRECTIVE ACTIONS:

While restoring power to the living quarters, a cable lug grounded out inside its junction box. The insulation tape around the lug was loose and the lug pierced through the tape as the cable was being laid into junction box. After confirming no damage to the cable, the damaged lug was replaced and all remaining lugs were re-taped properly. The cables were also re-positioned inside the junction box to maintain clearance. The junction box suffered little damage (pin-sized hole) which was repaired. There was no visible fire or flame, nor smoke or the smell of burnt electrical. There was however evidence of an arc and the junction box door was popped open and opened the breaker. The investigation of the incident is complete. It was determined that the taping job around the lug was compromised due to the fact it rubbed against the junction box wall.

REPORT ID: EVACCR

RUN DATE: 19-SEP-2018

* * * * *

PROPRIETARY

* * * * *

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

Initial verbal notification was made to John
Kaiser on 3/28/15 at 09:29 hours (PST).

Forward plan is to fabricate a new junction
box. THIS IS THE FINAL REPORT FOR THIS
INCIDENT.

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

ACCIDENT/INCIDENT FORM

1. OCCURRED
DATE: **29-MAR-2015** TIME: **1400** HOURS
2. OPERATOR: **Exxon Mobil Corporation**
REPRESENTATIVE: **Pullen, Carol**
TELEPHONE: **(832) 625-4584**

7. CAUSE: EQUIPMENT FAILURE
 HUMAN ERROR
 SLIP/TRIP/FALL
 WEATHER RELATED
 OTHER _____

CONTRACTOR
REPRESENTATIVE
TELEPHONE

3. LEASE: **P00190**
AREA: **SM**
BLOCK: **6635**
4. PLATFORM: **HARMONY**

8. POLLUTION: **NO**
9. NO. OF FATALITIES:

RIGNAME:
5. TYPE: HISTORIC INJURY
 REQUIRED EVACUATION
 LTA (1-3 days)
 LTA (>3 days)
 RW/JT (1-3 days)
 RW/JT (>3 days)
 Other Injury _____

10. NO. OF INJURIES:
11. Water Depth: **1198**
12. Distance from Shore: **6**
13. INITIATE A 2010: **NO**
14. EMERGENCY REPORT: **N**

FATALITY
 FIRE
 EXPLOSION

15. OPERATOR REPORT ON FILE: **NO**
16. WAS OPERATOR TOLD TO CONTACT P/L SECTION? **NO**
17. RECEIVED BY: **Kaiser, John**

LWC HISTORIC BLOWOUT
 UNDERGROUND
 SURFACE
 DEVERTER
 SURFACE EQUIPMENT FAILURE OR PROCEDURES

DATE: **13-APR-2015** TIME: **1000** HOURS
DISTRICT: **CALIFORNIA DISTRICT**

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 _____

18. REMARKS/CORRECTIVE ACTIONS:
During the isolation process of the flare, a H2S alarm sounded in the control room of 10ppm. Operations announced that they were picking up H2S on the SE side of the cellar deck and were investigating. PIC made contact with the Safety Stand-by person watching the first line break. Due to communication issues he was not understanding what the ppm reading was in the area, PIC called for a muster at 14:03-04 hours and to tighten flange back up. Within a few minutes (14:10 hours), response team reported all clear. The crew reported they saw 15ppm at the flange. At the time of the incident, there was no wind and conditions on the platform very warm. Prior to releasing everyone from the muster area, the PIC took a few minutes to explain the situation and everything was back to normal. Verbal notification made to John Kaiser at 19:55 hours on 3/29/15. This is the FINAL REPORT

6. OPERATION:
 PRODUCTION EXPLORATION (POE)
 DRILLING DEVELOPMENT/PRODUCTION (DOCD/POD)
 WORKOVER
 COMPLETION
 HELICOPTER
 MOTOR VESSEL
 PIPELINE SEGMENT NO. _____
 OTHER **TAR - Platform shut-in**

REPORT ID: EVACCR

RUN DATE: 19-SEP-2018

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

for this incident.

REPORT ID: EVACCR

RUN DATE: 19-SEP-2018

* * * * *

PROPRIETARY

* * * * *

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

ACCIDENT/INCIDENT FORM

1. OCCURRED
DATE: 05-AUG-2015 TIME: 0545 HOURS
2. OPERATOR: DCOR, L.L.C.
REPRESENTATIVE: SEAN CHENOWETH
TELEPHONE: (805) 535-2007

7. CAUSE: EQUIPMENT FAILURE
 HUMAN ERROR
 SLIP/TRIP/FALL
 WEATHER RELATED
 OTHER _____

CONTRACTOR
REPRESENTATIVE
TELEPHONE

3. LEASE: P00241
AREA: LA
BLOCK: 6658

8. POLLUTION: NO
9. NO. OF FATALITIES:

4. PLATFORM: C
RIGNAME:

5. TYPE: HISTORIC INJURY
 REQUIRED EVACUATION
 LTA (1-3 days)
 LTA (>3 days)
 RW/JT (1-3 days)
 RW/JT (>3 days)
 Other Injury _____

10. NO. OF INJURIES:
11. Water Depth: 193
12. Distance from Shore: 6
13. INITIATE A 2010: NO
14. EMERGENCY REPORT: N

FATALITY
 FIRE
 EXPLOSION

15. OPERATOR REPORT ON FILE: NO
16. WAS OPERATOR TOLD TO CONTACT P/L SECTION? NO

LWC HISTORIC BLOWOUT
 UNDERGROUND
 SURFACE
 DEVERTER
 SURFACE EQUIPMENT FAILURE OR PROCEDURES

17. RECEIVED BY: BSEE-M. MITCHELL

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

DATE: 12-AUG-2015 TIME: 0700 HOURS

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

DISTRICT: CALIFORNIA DISTRICT

18. REMARKS/CORRECTIVE ACTIONS:
// Operators heard a loud "boom" sound coming from the sump deck area. After reaching the area, they noticed small flames (1 to 2 inches) coming from both ends of a parted anode cable. One of the operators quickly put out the flames with a fire extinguisher. It was determined that one or more of the anode wires contacted the wire rope that supported the anode string, causing a short in the string. The short then parted the entire anode string and supporting wire rope, instantaneously tripping rectifier #4's internal breaker (moving it to the open position) and alleviating any power to the affected area.

6. OPERATION:
 PRODUCTION EXPLORATION (POE)
 DRILLING DEVELOPMENT/PRODUCTION (DOCD/POD)
 WORKOVER
 COMPLETION
 HELICOPTER
 MOTOR VESSEL
 PIPELINE SEGMENT NO. _____
 OTHER _____

Root Cause: There was evidence of corrosion on the anode wires caused by moisture intrusion at the make-up section. There was a possible breakdown of the original manufacturer's insulation due to natural

REPORT ID: EVACCR

RUN DATE: 19-SEP-2018

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

deterioration of materials over a long period of time. It is believed that the small flames on the insulation were caused by the heat from the electrical short.

Corrective Action: The damaged anode string will be repaired and put back in service.

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

ACCIDENT/INCIDENT FORM

1. OCCURRED

DATE: 06-JUN-2015 TIME: 1748 HOURS

2. OPERATOR: Beta Operating Company, LLC

REPRESENTATIVE: GARY BURRIS

TELEPHONE: (562) 606-5705

CONTRACTOR

REPRESENTATIVE

TELEPHONE

3. LEASE: P00300

AREA: LB

BLOCK: 6438

4. PLATFORM: ELLEN

RIGNAME:

5. TYPE: HISTORIC INJURY

REQUIRED EVACUATION 1

LTA (1-3 days)

LTA (>3 days)

RW/JT (1-3 days)

RW/JT (>3 days)

Other Injury _____

FATALITY

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 NON WORK RELATED INJURY

7. CAUSE: EQUIPMENT FAILURE

HUMAN ERROR

SLIP/TRIP/FALL

WEATHER RELATED

OTHER NON WORK RELATED

8. POLLUTION: NO

9. NO. OF FATALITIES:

10. NO. OF INJURIES: 1

11. Water Depth: 265

12. Distance from Shore: 9

13. INITIATE A 2010: NO

14. EMERGENCY REPORT: N

15. OPERATOR REPORT ON FILE: NO

16. WAS OPERATOR TOLD TO CONTACT P/L SECTION? NO

17. RECEIVED BY: BSEE-B. Boudreaux

DATE: 07-JUN-2015 TIME: 0700 HOURS

DISTRICT: CALIFORNIA DISTRICT

18. REMARKS/CORRECTIVE ACTIONS:

// Notice of Medical evacuation:
Howard Thompson was evacuated from Platform
Ellen/Elly on June 6, 2015 At approximately
15:45.

Mr. Thompson exhibited symptoms of chest
pain, shortness of breath and disorientation.
Mercy Air Ambulance was summoned and Howard
was taken to Hoag Hospital Newport Beach.
The illness does not appear to be work
related.

6. OPERATION:

PRODUCTION

EXPLORATION (POE)

DRILLING

DEVELOPMENT/PRODUCTION

WORKOVER

(DOCD/POD)

COMPLETION

HELICOPTER

MOTOR VESSEL

PIPELINE SEGMENT NO. _____

OTHER NON WORK RELATED

REPORT ID: EVACCR

RUN DATE: 19-SEP-2018

* * * * *

PROPRIETARY

* * * * *

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

ACCIDENT/INCIDENT FORM

1. OCCURRED

DATE: 01-FEB-2015 TIME: 1039 HOURS

2. OPERATOR: Exxon Mobil Corporation

REPRESENTATIVE: Carol Pullen

TELEPHONE: (832) 625-4584

CONTRACTOR

REPRESENTATIVE

TELEPHONE

3. LEASE:

AREA:

BLOCK:

4. PLATFORM:

RIGNAME:

5. TYPE: HISTORIC INJURY

REQUIRED EVACUATION

LTA (1-3 days)

LTA (>3 days)

RW/JT (1-3 days)

RW/JT (>3 days)

Other Injury _____

FATALITY

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 _____

6. OPERATION:

PRODUCTION

DRILLING

WORKOVER

COMPLETION

HELICOPTER

MOTOR VESSEL

PIPELINE SEGMENT NO. _____

OTHER _____

EXPLORATION (POE)

DEVELOPMENT/PRODUCTION
(DOCD/POD)

7. CAUSE: EQUIPMENT FAILURE

HUMAN ERROR

SLIP/TRIP/FALL

WEATHER RELATED

OTHER _____

8. POLLUTION: NO

9. NO. OF FATALITIES:

10. NO. OF INJURIES:

11. Water Depth:

12. Distance from Shore:

13. INITIATE A 2010: NO

14. EMERGENCY REPORT: N

15. OPERATOR REPORT ON FILE: NO

16. WAS OPERATOR TOLD TO CONTACT P/L SECTION? NO

17. RECEIVED BY:

DATE: TIME: HOURS

DISTRICT: CALIFORNIA DISTRICT

18. REMARKS/CORRECTIVE ACTIONS:

~ At approximately 10:39 hours (PST) an Ardent contractor was tying in tubing/fittings to the glycol filter pot when a 1/2" nipple on the glycol sock filter lid broke off flush with the lid, releasing a mixture of rich glycol and sour gas. The event lasted 25 minutes and up to 50 ppm of H2S was detected at 1 head and up to 12 ppm at 2 additional heads. A muster was conducted in the recreation room, crew boats were standing by for evacuation, if required, and the Emergency Response Team (ERT) was deployed to the affected area where the filter pot was isolated and the leak secured. The platform did not shut down as the cross detection never reached above 17ppm on 2 heads. Our investigation found the all thread nipple was thin walled with corrosion as well which contributed to the failure. The nipple was replaced on 2/1/15 with a 1/2" NPT 3/16 stainless steel connector, which

REPORT ID: EVACCR

RUN DATE: 19-SEP-2018

* * * * *

PROPRIETARY

* * * * *

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

will eliminate corrosion potential.

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

ACCIDENT/INCIDENT FORM

1. OCCURRED

DATE: **06-JUN-2015** TIME: **1100** HOURS

2. OPERATOR: **Exxon Mobil Corporation**

REPRESENTATIVE: **Derek Saxton**

TELEPHONE: **(805) 961-4111**

CONTRACTOR

REPRESENTATIVE

TELEPHONE

3. LEASE: **P00188**

AREA: **SM**

BLOCK: **6636**

4. PLATFORM: **HONDO**

RIGNAME:

5. TYPE: HISTORIC INJURY

REQUIRED EVACUATION

LTA (1-3 days)

LTA (>3 days)

RW/JT (1-3 days)

RW/JT (>3 days)

Other Injury _____

FATALITY

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 **Electrical (Cable)** _____

6. OPERATION:

PRODUCTION

EXPLORATION (POE)

DRILLING

DEVELOPMENT/PRODUCTION

WORKOVER

(DOCD/POD)

COMPLETION

HELICOPTER

MOTOR VESSEL

PIPELINE SEGMENT NO. _____

OTHER **Maintenance** _____

7. CAUSE: EQUIPMENT FAILURE

HUMAN ERROR

SLIP/TRIP/FALL

WEATHER RELATED

OTHER _____

8. POLLUTION: **NO**

9. NO. OF FATALITIES:

10. NO. OF INJURIES:

11. Water Depth: **850**

12. Distance from Shore: **5**

13. INITIATE A 2010: **YES**

14. EMERGENCY REPORT: **N**

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

16. WAS OPERATOR TOLD TO CONTACT P/L SECTION? **NO**

17. RECEIVED BY:

DATE: _____ TIME: _____ HOURS

DISTRICT: **SANTA MARIA DISTRICT**

18. REMARKS/CORRECTIVE ACTIONS:

Contractor (Ardent Services) was tasked with removing existing 3" conduit feeding the 480v #1 transformer and replacing the conduit with new CLX cable. Existing 4160v AC feeder to the 480v AC #1 transformer was isolated and Zero Energy was confirmed by operations. Team lead identified conduit to the electrician and apprentice from a lower vantage point and instructed them to gather their tools and that he was going upstairs to disconnect the leads. The electrician and apprentice then climbed up and proceeded to cut the conduit for removal. The team mistakenly cut into the live 4160v feed which powers the 480v transformer# 2. When the saw blade contacted the live conductors, the 51 G ground relay tripped upon sensing a phase to ground short. Power was immediately lost to the facility. The electrician and the apprentice were not injured

REPORT ID: EVACCR

RUN DATE: 19-SEP-2018

* * * * *

PROPRIETARY

* * * * *

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

ACCIDENT/INCIDENT FORM

1. OCCURRED
DATE: 02-JUN-2015 TIME: 1140 HOURS
2. OPERATOR: DCOR, L.L.C.
REPRESENTATIVE: SEAN CHENOWETH
TELEPHONE: (805) 535-2007

7. CAUSE: EQUIPMENT FAILURE
 HUMAN ERROR
 SLIP/TRIP/FALL
 WEATHER RELATED
 OTHER _____

CONTRACTOR
REPRESENTATIVE
TELEPHONE

3. LEASE: P00216
AREA: LA
BLOCK: 6862

8. POLLUTION: NO
9. NO. OF FATALITIES:

4. PLATFORM: GILDA
RIGNAME:

10. NO. OF INJURIES:

5. TYPE: HISTORIC INJURY
 REQUIRED EVACUATION
 LTA (1-3 days)
 LTA (>3 days)
 RW/JT (1-3 days)
 RW/JT (>3 days)
 Other Injury _____

11. Water Depth: 205
12. Distance from Shore: 9
13. INITIATE A 2010: NO
14. EMERGENCY REPORT: N

FATALITY
 FIRE
 EXPLOSION

15. OPERATOR REPORT ON FILE: NO
16. WAS OPERATOR TOLD TO CONTACT P/L SECTION? NO

LWC HISTORIC BLOWOUT
 UNDERGROUND
 SURFACE
 DEVERTER
 SURFACE EQUIPMENT FAILURE OR PROCEDURES

17. RECEIVED BY: BSEE-M. MITCHELL

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

DATE: 11-JUN-2015 TIME: 1130 HOURS

STRUCTURAL DAMAGE

DISTRICT: CALIFORNIA DISTRICT

CRANE

18. REMARKS/CORRECTIVE ACTIONS:

OTHER LIFTING DEVICE _____

// The operator states; While cutting with a torch on the drill deck, a popping noise was heard and a small amount of smoke was seen coming from a drain approximately six feet behind and to the left of the contractor. The designated Fire Watch proceeded to spray water on the drain with a fire hose.

DAMAGED/DISABLED SAFETY SYS. _____

INCIDENT >\$25K _____

Root Cause; Before commencing work, there was a drain plug installed, there was water in the drain housing, and the drain was covered with a wet cloth tarp. It was determined that there was not a proper seal between the drain plug and the drain, which allowed the water to escape the drain housing. As such, gases were able to build up underneath the tarp. While performing their work, a hot piece of metal was able to make its way underneath the cloth tarp, mixing with the gas and causing this incident to occur.

H2S/15MIN./20PPM

REQUIRED MUSTER

SHUTDOWN FROM GAS RELEASE

OTHER _____

6. OPERATION:

PRODUCTION EXPLORATION (POE)
 DRILLING DEVELOPMENT/PRODUCTION
 WORKOVER (DOCD/POD)
 COMPLETION
 HELICOPTER
 MOTOR VESSEL
 PIPELINE SEGMENT NO. _____
 OTHER CUTTING ON DRILL DECK _____

REPORT ID: EVACCR

RUN DATE: 19-SEP-2018

* * * * *

PROPRIETARY

* * * * *

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

Corrective Action; This specific drain plug was discarded and replaced with a new plug that will provide a better seal with the drain housing. Also, the contractors were reminded that only heavy rubber tarps are permitted for this type of activity so that hot metal fragments cannot make their way underneath the tarp and to the drain.

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

ACCIDENT/INCIDENT FORM

1. OCCURRED
DATE: 05-AUG-2015 TIME: 0800 HOURS
2. OPERATOR: Freeport-McMoRan Oil & Gas LLC
REPRESENTATIVE: JERRY PENNY
TELEPHONE:

7. CAUSE: EQUIPMENT FAILURE
 HUMAN ERROR
 SLIP/TRIP/FALL
 WEATHER RELATED
 OTHER _____

CONTRACTOR
REPRESENTATIVE
TELEPHONE

3. LEASE: P00441
AREA: SM
BLOCK: 6374

4. PLATFORM: IRENE
RIGNAME:

5. TYPE: HISTORIC INJURY
 REQUIRED EVACUATION 1
 LTA (1-3 days) 1
 LTA (>3 days)
 RW/JT (1-3 days)
 RW/JT (>3 days)
 Other Injury _____

8. POLLUTION: NO
9. NO. OF FATALITIES:
10. NO. OF INJURIES: 1
11. Water Depth: 242
12. Distance from Shore: 4
13. INITIATE A 2010: NO
14. EMERGENCY REPORT: N

15. OPERATOR REPORT ON FILE: NO

16. WAS OPERATOR TOLD TO CONTACT P/L SECTION? NO

17. RECEIVED BY: BSEE-M. MITCHELL

DATE: 06-AUG-2015 TIME: 1145 HOURS

DISTRICT: CALIFORNIA DISTRICT

18. REMARKS/CORRECTIVE ACTIONS:

// On Wednesday, August 5, 2015, a contract individual (CI) was checking fittings on the A-32 well head in the well room. When finished he moved away from the well head and his left foot passed through a small opening in the grating behind and adjacent to the area he was working. When his left foot passed through the opening, his right leg came down causing him to strike the grating just under his right knee resulting in a laceration. This CI was examined by the onboard medic and it was determined that he needed to seek further medical care. He was sent in to the hospital and the CI's laceration was determined to need sutures. The CI was release from the hospital but did not return to the P/F.

Root Cause: Hole in grating was marked off with caution tape but was hazard was identified by the CI while performing his

RUN DATE: 19-SEP-2018

FATALITY
 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 _____

6. OPERATION:

PRODUCTION EXPLORATION (POE)
 DRILLING DEVELOPMENT/PRODUCTION
 WORKOVER (DOCD/POD)
 COMPLETION
 HELICOPTER
 MOTOR VESSEL
 PIPELINE SEGMENT NO. _____
 OTHER _____

REPORT ID: EVACCR

* * * * *

PROPRIETARY

* * * * *

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

duties.

Corrective Action: Better identification of hazards in the work area and a covering will be installed over the hole in the grating near the penetration of the piping versus caution tape.

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

ACCIDENT/INCIDENT FORM

1. OCCURRED

DATE: 25-JUL-2015 TIME: 2045 HOURS

2. OPERATOR: Freeport-McMoRan Oil & Gas LLC

REPRESENTATIVE: JERRY PENNY

TELEPHONE: (805) 934-8264

CONTRACTOR

REPRESENTATIVE

TELEPHONE

3. LEASE: P00450

AREA: SM

BLOCK: 6524

4. PLATFORM: HIDALGO

RIGNAME:

5. TYPE: HISTORIC INJURY

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

FATALITY

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 FALSE FIRE ALARM _____

6. OPERATION:

PRODUCTION

DRILLING

WORKOVER

COMPLETION

HELICOPTER

MOTOR VESSEL

PIPELINE SEGMENT NO. _____

OTHER _____

EXPLORATION (POE)

DEVELOPMENT/PRODUCTION
(DOCD/POD)

7. CAUSE: EQUIPMENT FAILURE

HUMAN ERROR

SLIP/TRIP/FALL

WEATHER RELATED

OTHER _____

8. POLLUTION: NO

9. NO. OF FATALITIES:

10. NO. OF INJURIES:

11. Water Depth: 430

12. Distance from Shore: 7

13. INITIATE A 2010: NO

14. EMERGENCY REPORT: N

15. OPERATOR REPORT ON FILE: NO

16. WAS OPERATOR TOLD TO CONTACT P/L SECTION? NO

17. RECEIVED BY: BSEE-ASHFAQ

DATE: 27-JUL-2015 TIME: 0800 HOURS

DISTRICT: CALIFORNIA DISTRICT

18. REMARKS/CORRECTIVE ACTIONS:

// On Saturday, July 25, 2015 at 2045 hours all platform personnel mustered due to a false fire alarm that was activated from a PSL condition of the instrument air system. The cause of the low pressure was due to an instrument air leak at the piping going to the fresh water storage vessel (V-58) which is located in the B-5 jacket leg.

Root Cause: External corrosion of the instrument air piping.

Corrective Actions: Immediately, the air leak was secured and all pressure was returned to the system. Once the all clear notification was announced the mustered personnel were released from the mustering area. No injuries or damages were sustained as a result of this

REPORT ID: EVACCR

RUN DATE: 19-SEP-2018

* * * * *

PROPRIETARY

* * * * *

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

incident. Plans are currently being developed to replace the corroded piping associated with this incident.

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

ACCIDENT/INCIDENT FORM

1. OCCURRED
DATE: 30-MAY-2015 TIME: 1430 HOURS
2. OPERATOR: DCOR, L.L.C.
REPRESENTATIVE: SEAN CHENOWETH
TELEPHONE: (805) 535-2007

7. CAUSE: EQUIPMENT FAILURE
 HUMAN ERROR
 SLIP/TRIP/FALL
 WEATHER RELATED
 OTHER _____

CONTRACTOR
REPRESENTATIVE
TELEPHONE

3. LEASE: P00296
AREA: LB
BLOCK: 6437

8. POLLUTION: NO
9. NO. OF FATALITIES:

4. PLATFORM: EDITH
RIGNAME:

10. NO. OF INJURIES:

5. TYPE: HISTORIC INJURY
 REQUIRED EVACUATION
 LTA (1-3 days)
 LTA (>3 days)
 RW/JT (1-3 days)
 RW/JT (>3 days)
 Other Injury _____

11. Water Depth: 150
12. Distance from Shore: 8
13. INITIATE A 2010: NO
14. EMERGENCY REPORT: N

FATALITY
 FIRE
 EXPLOSION

15. OPERATOR REPORT ON FILE: NO
16. WAS OPERATOR TOLD TO CONTACT P/L SECTION? NO

LWC HISTORIC BLOWOUT
 UNDERGROUND
 SURFACE
 DEVERTER
 SURFACE EQUIPMENT FAILURE OR PROCEDURES

17. RECEIVED BY: BSEE-M. MITCHELL

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

DATE: 30-JUN-2015 TIME: 0700 HOURS

DISTRICT: CALIFORNIA DISTRICT

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

18. REMARKS/CORRECTIVE ACTIONS:

Operator noticed small flames coming from the freezer refrigerant unit electrical enclosure which is located in a non-classified area.

We will follow up with our official report and further details when the investigation has been completed.

Update (06/02/15): An Operator noticed 2" flames coming from the freezer refrigerant unit electrical enclosure. The unit is located outside the north galley entrance in a non-classified area, and the electrical enclosure is approximately one foot above the deck. The Operator immediately put out the fire with a dry chemical extinguisher and then shut off the power to the unit.

Root Cause: A few minutes before the fire, a helper washed down the deck near the refrigeration unit. Water had entered the

6. OPERATION:

PRODUCTION EXPLORATION (POE)
 DRILLING DEVELOPMENT/PRODUCTION
 WORKOVER (DOCD/POD)
 COMPLETION
 HELICOPTER
 MOTOR VESSEL
 PIPELINE SEGMENT NO. _____
 OTHER ELECT ENCLOSURE/FREEZER

REPORT ID: EVACCR

RUN DATE: 19-SEP-2018

* * * * *

PROPRIETARY

* * * * *

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

enclosure and shorted out the wiring.

Corrective Action: Employees are now aware that they should be very careful washing down the deck while in the vicinity of the refrigeration unit. Also, the Lead Operator and Foreman are looking into options for a waterproof electrical enclosure.

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

ACCIDENT/INCIDENT FORM

1. OCCURRED
DATE: 19-MAY-2015 TIME: 1029 HOURS
2. OPERATOR: Exxon Mobil Corporation
REPRESENTATIVE: Case, Erik
TELEPHONE: (832) 625-4583

7. CAUSE: EQUIPMENT FAILURE
 HUMAN ERROR
 SLIP/TRIP/FALL
 WEATHER RELATED
 OTHER _____

CONTRACTOR
REPRESENTATIVE
TELEPHONE

3. LEASE:
AREA: SM
BLOCK: 6683
4. PLATFORM: HERITAGE
RIGNAME:

8. POLLUTION: NO
9. NO. OF FATALITIES:

5. TYPE: HISTORIC INJURY
 REQUIRED EVACUATION
 LTA (1-3 days)
 LTA (>3 days)
 RW/JT (1-3 days)
 RW/JT (>3 days)
 Other Injury _____

10. NO. OF INJURIES:
11. Water Depth: 1075
12. Distance from Shore: 9
13. INITIATE A 2010: NO
14. EMERGENCY REPORT: N

FATALITY
 FIRE
 EXPLOSION

15. OPERATOR REPORT ON FILE: NO
16. WAS OPERATOR TOLD TO CONTACT P/L SECTION? NO

LWC HISTORIC BLOWOUT
 UNDERGROUND
 SURFACE
 DEVERTER
 SURFACE EQUIPMENT FAILURE OR PROCEDURES

17. RECEIVED BY: Kaiser, John

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

DATE: 02-JUN-2015 TIME: 1231 HOURS

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

DISTRICT: CALIFORNIA DISTRICT

18. REMARKS/CORRECTIVE ACTIONS:
Heritage experienced a release at 10:29 this morning where a single head recorded 24 ppm on our Sub-cellar deck. The control room operator made the call to muster in the Recreation room. The head in question, TG2402, will consistently alarm when a drain that is tied into a local sump has no water in it and the bubble cap is uncovered. Emergency Response Team (ERT) quickly realized the problem and filled the drain. Shortly thereafter the gas dissipated and we made the call to stand down from the drill.

6. OPERATION:
 PRODUCTION EXPLORATION (POE)
 DRILLING DEVELOPMENT/PRODUCTION (DOCD/POD)
 WORKOVER
 COMPLETION
 HELICOPTER
 MOTOR VESSEL
 PIPELINE SEGMENT NO. _____
 OTHER _____

REPORT ID: EVACCR

RUN DATE: 19-SEP-2018

* * * * *

PROPRIETARY

* * * * *

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

ACCIDENT/INCIDENT FORM

1. OCCURRED
DATE: 27-NOV-2015 TIME: 0930 HOURS
2. OPERATOR: Exxon Mobil Corporation
REPRESENTATIVE: Case, Erik
TELEPHONE: (832) 625-4583
CONTRACTOR
REPRESENTATIVE Perez, Ulyses
TELEPHONE (805) 830-3050

7. CAUSE: EQUIPMENT FAILURE
 HUMAN ERROR
 SLIP/TRIP/FALL
 WEATHER RELATED
 OTHER _____

3. LEASE: P00182
AREA: SM
BLOCK: 6683
4. PLATFORM: HERITAGE
RIGNAME:

8. POLLUTION: NO
9. NO. OF FATALITIES:

5. TYPE: HISTORIC INJURY
 REQUIRED EVACUATION 1
 LTA (1-3 days)
 LTA (>3 days)
 RW/JT (1-3 days)
 RW/JT (>3 days)
 Other Injury _____

10. NO. OF INJURIES:
11. Water Depth: 1075
12. Distance from Shore: 9
13. INITIATE A 2010: NO
14. EMERGENCY REPORT: N

FATALITY
 FIRE
 EXPLOSION

15. OPERATOR REPORT ON FILE: NO
16. WAS OPERATOR TOLD TO CONTACT P/L SECTION? NO
17. RECEIVED BY: Ofolete, Bethram

LWC HISTORIC BLOWOUT
 UNDERGROUND
 SURFACE
 DEVERTER
 SURFACE EQUIPMENT FAILURE OR PROCEDURES

DATE: 03-DEC-2015 TIME: 1619 HOURS
DISTRICT:

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 _____

18. REMARKS/CORRECTIVE ACTIONS:
Contractor Company: Irwin Industries
Contractor Supervisor: Ulyses Perez

6. OPERATION:
 PRODUCTION EXPLORATION (POE)
 DRILLING DEVELOPMENT/PRODUCTION
 WORKOVER (DOCD/POD)
 COMPLETION
 HELICOPTER
 MOTOR VESSEL
 PIPELINE SEGMENT NO. _____
 OTHER _____

An injury/ evac has occurred at our Heritage Platform today 11-27-15 at 09:30 (PST). The Injured Person (IP) is an Irwin Industries contractor that was tasked with the pulling of spool pieces and installing blinds on the production casings at the platform. The IP was using an impact wrench with a swivel and socket. While performing this work, the socket kicked back off the nut, and with the swivel, it allowed it to rotate around striking the IP in the lower jaw. The IP is being taken to shore for further evaluation. The IP's safety representative, Ulyses Perez will be escorting him to the physician's office.

*Verbal contact made with Camarillo District receptionist at 09:43 (pst)

REPORT ID: EVACCR

RUN DATE: 19-SEP-2018

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

*Verbal contact made with Mike Mitchell at
10:15 (pst)

Once available, contractor information will
be included into this report. NOTE:
Contractor (Irwin Industries) does not appear
in BSEE list of contractors.

12-01-15 IP was released same day (11/27)
with no restrictions or medications .

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

ACCIDENT/INCIDENT FORM

1. OCCURRED

DATE: 25-NOV-2015 TIME: 1145 HOURS

2. OPERATOR: Exxon Mobil Corporation

REPRESENTATIVE: Case, Erik

TELEPHONE: (832) 625-4583

CONTRACTOR

REPRESENTATIVE

TELEPHONE

3. LEASE: P00188

AREA: SM

BLOCK: 6636

4. PLATFORM: HONDO

RIGNAME:

5. TYPE: HISTORIC INJURY

REQUIRED EVACUATION

LTA (1-3 days)

LTA (>3 days)

RW/JT (1-3 days)

RW/JT (>3 days)

Other Injury _____

FATALITY

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 _____

6. OPERATION:

PRODUCTION

DRILLING

WORKOVER

COMPLETION

HELICOPTER

MOTOR VESSEL

PIPELINE SEGMENT NO. _____

OTHER Crane Activities _____

EXPLORATION (POE)

DEVELOPMENT/PRODUCTION

(DOCD/POD)

7. CAUSE: EQUIPMENT FAILURE

HUMAN ERROR

SLIP/TRIP/FALL

WEATHER RELATED

OTHER _____

8. POLLUTION: NO

9. NO. OF FATALITIES:

10. NO. OF INJURIES:

11. Water Depth: 842

12. Distance from Shore: 5

13. INITIATE A 2010: NO

14. EMERGENCY REPORT: N

15. OPERATOR REPORT ON FILE: NO

16. WAS OPERATOR TOLD TO CONTACT P/L SECTION? NO

17. RECEIVED BY: Ofolete, Bethram

DATE: 11-DEC-2015 TIME: 1118 HOURS

DISTRICT:

18. REMARKS/CORRECTIVE ACTIONS:

Description of Incident:

On the morning of 11/25/15 at 11:45 hours, the crane operator prepared to unload the 4th boat that morning with the East Crane on Platform Hondo. He started lowering the whip line when the brake pedal went down on its own and at that moment the line started lowering by itself towards the deck (650 lbs hook block on the whip line, no other load). He put the control lever to the neutral position trying to reengage the brakes but was unsuccessful. He then did the following steps to lower the line safely: switched controls to "up" position, swung the boom away from the boat towards the drill deck and engaged the clutch to slow down the descending whip line. The line was successfully lowered to the drill deck pipe laydown area. There was no one in the area when the incident took place and no damage to equipment. The East crane was tagged out of

REPORT ID: EVACCR

RUN DATE: 19-SEP-2018

* * * * *

PROPRIETARY

* * * * *

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

service until the investigation and repairs are completed.

CMO Crane Techs and Machinery Engineer arrived on Hondo 11/28/15 to support investigation and repairs. The auxiliary winch was partially disassembled to inspect components on the auxiliary winch brake band. During disassembly, the connection point of the brake bell crank to the brake band was discovered to be the point of failure.

Summary of Findings:

.Auxiliary winch braking system was not adjusted appropriately - multiple issues created too much stress in the linkages and the brake band components.
- Automatic braking cylinder on auxiliary winch was found to be out of adjustment (condition existed since crane installation), excessive force was applied to one of the

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

brake linkages causing it to bend (later bending was eliminated by changing adjustment on the hydraulic cylinder). Also, the as-found adjustment on the hydraulic cylinder caused faster brake actuation likely causing additional shock loading to the brake band components.

- The brake linkages were the correct OEM parts but dimensions were found to be outside of OEM specs: one link was 1" shorter than OEM specified length and one was 2" shorter, thus creating additional stress on the brake band components.

.The broken part has some characteristic signs of low cycle fatigue failure which indicates that the failure occurred due to higher than normal multiple stress cycles (i.e. failure was not instantaneous).

.Clevis holes on the bell crank were deformed by excessive force indicating that the yield strength of the material was exceeded (too

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

much tension on the brake band). The deformation occurred in the direction of tension from the brake band.
.Per the Crane Operator's feedback, brake bands on the auxiliary winch required more frequent adjustments since the crane was commissioned in December 2014 in comparison to the West crane and the previous installation of the East Crane. This can be explained by increased wear rate of the brake band lining material and by deformations in the brake linkages and the brake bands due to excessive stress. It is also likely that each brake adjustment increased tension on the "live end pin" on the brake bell crank.
.Per the Crane Operator's feedback, since the crane installation in December 2014, the auxiliary winch brake pedal had been "kicking" when putting the winch controls to neutral. That was indication of excessive stress in the braking mechanism and

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

excessively fast brake engagement.
.The inspection checklists used for the Hondo cranes were specific to hydraulic cranes at Harmony and Heritage platforms. Some inspection tasks for Hondo friction cranes were not in the scope of periodic inspections.
.The auxiliary winch braking system was not adjusted per the service manual guidance during the recent shop rebuild, and sufficient checks were not performed during crane commissioning. Required commissioning checks were not identified prior to issuing purchase order for the crane rebuild.
.As a precautionary measure, the auxiliary winch brake on the West Crane was inspected, and the clevis on the brake bell crank showed signs of wear. Dye Penetrant Inspection was performed and no crack indications were discovered. The part was determined to be suitable for continued service; however, it

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

was recommended that a replacement be purchased and the part be replaced at the next crane annual inspection.

Corrective Actions Taken / To Be Taken:
.Repair East Crane and adjust all brakes per OEM specifications. Perform pull test at various loads/boom angles to ensure smooth operations of all brakes. COMPLETED
.Perform detailed visual and NDT inspection of the brake band components and brake linkages on the East and West Cranes (all winches). COMPLETED
.Create crane specific inspection checklists for Hondo cranes (monthly, quarterly and annual inspections) including specific checks for the brake band components and brake linkages. Target Date: January 2016
.Review finding from this investigation with the Crane OEM and service representatives; review OEM quality assurance processes and

REPORT ID: EVACCR

RUN DATE: 19-SEP-2018

* * * * *

PROPRIETARY

* * * * *

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

documentation to set expectations for ongoing service and support. Target Date: January 2016

.Conduct full inspection and testing of Hondo Cranes to ensure all systems are within OEM specs (involve OEM). Target Date: January 2016

*Verbal contact made with Mike Mitchell for initial notification of incident.

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

ACCIDENT/INCIDENT FORM

1. OCCURRED
DATE: **21-JAN-2016** TIME: **0845** HOURS
2. OPERATOR: **DCOR, L.L.C.**
REPRESENTATIVE: **Summers, Jimilyr**
TELEPHONE: **(805) 535-2061**

7. CAUSE: EQUIPMENT FAILURE
 HUMAN ERROR
 SLIP/TRIP/FALL
 WEATHER RELATED
 OTHER _____

CONTRACTOR
REPRESENTATIVE
TELEPHONE

3. LEASE: **P00241**
AREA: **LA**
BLOCK: **6658**
4. PLATFORM: **B**
RIGNAME: **DCOR RIG #8**

8. POLLUTION: **NO**
9. NO. OF FATALITIES:

5. TYPE: HISTORIC INJURY
 REQUIRED EVACUATION
 LTA (1-3 days)
 LTA (>3 days) **1**
 RW/JT (1-3 days)
 RW/JT (>3 days)
 Other Injury _____

10. NO. OF INJURIES: **1**
11. Water Depth: **190**
12. Distance from Shore: **6**
13. INITIATE A 2010: **NO**
14. EMERGENCY REPORT: **N**

FATALITY
 FIRE
 EXPLOSION

15. OPERATOR REPORT ON FILE: **NO**
16. WAS OPERATOR TOLD TO CONTACT P/L SECTION? **NO**

LWC HISTORIC BLOWOUT
 UNDERGROUND
 SURFACE
 DEVERTER
 SURFACE EQUIPMENT FAILURE OR PROCEDURES

17. RECEIVED BY: **Mitchell, Michael**

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

DATE: **24-FEB-2016** TIME: **1526** HOURS

STRUCTURAL DAMAGE
 CRANE
 OTHER LIFTING DEVICE _____
 DAMAGED/DISABLED SAFETY SYS. _____
 INCIDENT >\$25K _____
 H2S/15MIN./20PPM
 REQUIRED MUSTER
 SHUTDOWN FROM GAS RELEASE
 OTHER **Injury to Right Bicept**

DISTRICT: **CALIFORNIA DISTRICT**

18. REMARKS/CORRECTIVE ACTIONS:
Contractor: Ensign Drilling
Injury to contractor's right bicep while
laying down 2-7/8" joint, heard and felt a
pop.

6. OPERATION:

PRODUCTION EXPLORATION (POE)
 DRILLING DEVELOPMENT/PRODUCTION
 WORKOVER (DOCD/POD)
 COMPLETION
 HELICOPTER
 MOTOR VESSEL
 PIPELINE SEGMENT NO. _____
 OTHER _____

Updated 2-16-2016:
Crew was laying down 12 J-55 Joints in the v-
door before running in the hole with an ESP
pump. On the second joint the employee
helping to set the joint down on the V-door
step felt a pop in his right upper arm.
Employee received a distal tendon rupture, in
his right arm.

REPORT ID: EVACCR

RUN DATE: 19-SEP-2018

* * * * *

PROPRIETARY

* * * * *

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

ACCIDENT/INCIDENT FORM

1. OCCURRED

DATE: 25-MAY-2017 TIME: 0800 HOURS

2. OPERATOR: Freeport-McMoRan Oil & Gas LLC

REPRESENTATIVE: Trevor Epps

TELEPHONE: (805) 733-5605

CONTRACTOR

REPRESENTATIVE

TELEPHONE

3. LEASE: P00450

AREA: SM

BLOCK: 6524

4. PLATFORM: HIDALGO

RIGNAME:

5. TYPE: HISTORIC INJURY

REQUIRED EVACUATION

LTA (1-3 days)

LTA (>3 days)

RW/JT (1-3 days)

RW/JT (>3 days)

Other Injury _____

FATALITY

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 _____

7. CAUSE: EQUIPMENT FAILURE

HUMAN ERROR

SLIP/TRIP/FALL

WEATHER RELATED

OTHER _____

8. POLLUTION: YES

9. NO. OF FATALITIES:

10. NO. OF INJURIES:

11. Water Depth:

12. Distance from Shore:

13. INITIATE A 2010: NO

14. EMERGENCY REPORT: N

15. OPERATOR REPORT ON FILE: NO

16. WAS OPERATOR TOLD TO CONTACT P/L SECTION? NO

17. RECEIVED BY:

DATE: TIME: HOURS

DISTRICT: CALIFORNIA DISTRICT

18. REMARKS/CORRECTIVE ACTIONS:

Operator reported 6 feet of handrail went overboard and could not be recovered due to working in the wellhead deck (center) lifting a bin and the feet got caught on the handrail.

6. OPERATION:

PRODUCTION EXPLORATION (POE)

DRILLING DEVELOPMENT/PRODUCTION

WORKOVER (DOCD/POD)

COMPLETION

HELICOPTER

MOTOR VESSEL

PIPELINE SEGMENT NO. _____

OTHER _____

REPORT ID: EVACCR

RUN DATE: 19-SEP-2018

* * * * *

PROPRIETARY

* * * * *

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

ACCIDENT/INCIDENT FORM

1. OCCURRED
DATE: 08-JUN-2016 TIME: 1500 HOURS
2. OPERATOR: DCOR, L.L.C.
REPRESENTATIVE: Jay Rao
TELEPHONE: (805) 701-6975

7. CAUSE: EQUIPMENT FAILURE
 HUMAN ERROR
 SLIP/TRIP/FALL
 WEATHER RELATED
 OTHER _____

CONTRACTOR
REPRESENTATIVE
TELEPHONE

3. LEASE: P00216
AREA: LA
BLOCK: 6862

8. POLLUTION: YES
9. NO. OF FATALITIES:

4. PLATFORM: GILDA
RIGNAME:

10. NO. OF INJURIES:

5. TYPE: HISTORIC INJURY
 REQUIRED EVACUATION
 LTA (1-3 days)
 LTA (>3 days)
 RW/JT (1-3 days)
 RW/JT (>3 days)
 Other Injury _____

11. Water Depth: 205

12. Distance from Shore: 9

13. INITIATE A 2010: NO

14. EMERGENCY REPORT: N

15. OPERATOR REPORT ON FILE: NO

16. WAS OPERATOR TOLD TO CONTACT P/L SECTION? NO

17. RECEIVED BY: Jason Langteau

FATALITY
 FIRE
 EXPLOSION

LWC HISTORIC BLOWOUT
 UNDERGROUND
 SURFACE
 DEVERTER
 SURFACE EQUIPMENT FAILURE OR PROCEDURES

DATE: 28-JUN-2016 TIME: HOURS

DISTRICT: CALIFORNIA DISTRICT

18. REMARKS/CORRECTIVE ACTIONS:

CALLER REPORTED A RELEASE OF 3 drops of LUBE OIL DUE TO EQUIPMENT FAILURE ON Platform Gilda.

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 POLLUTION _____

6. OPERATION:

PRODUCTION EXPLORATION (POE)
 DRILLING DEVELOPMENT/PRODUCTION
 WORKOVER (DOCD/POD)
 COMPLETION
 HELICOPTER
 MOTOR VESSEL
 PIPELINE SEGMENT NO. _____
 OTHER _____

REPORT ID: EVACCR

RUN DATE: 19-SEP-2018

* * * * *

PROPRIETARY

* * * * *

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

ACCIDENT/INCIDENT FORM

1. OCCURRED
DATE: 02-AUG-2016 TIME: 0800 HOURS
2. OPERATOR: DCOR, L.L.C.
REPRESENTATIVE: Riston Francis
TELEPHONE: (805) 535-2071

7. CAUSE: EQUIPMENT FAILURE
 HUMAN ERROR
 SLIP/TRIP/FALL
 WEATHER RELATED
 OTHER _____

CONTRACTOR
REPRESENTATIVE
TELEPHONE

3. LEASE: P00241
AREA: LA
BLOCK: 6658

8. POLLUTION: NO
9. NO. OF FATALITIES:

4. PLATFORM: A
RIGNAME:

5. TYPE: HISTORIC INJURY
 REQUIRED EVACUATION 1
 LTA (1-3 days)
 LTA (>3 days)
 RW/JT (1-3 days)
 RW/JT (>3 days)
 Other Injury _____

10. NO. OF INJURIES: 1
11. Water Depth: 188

FATALITY
 FIRE
 EXPLOSION

12. Distance from Shore: 6
13. INITIATE A 2010: NO
14. EMERGENCY REPORT: N

LWC HISTORIC BLOWOUT
 UNDERGROUND
 SURFACE
 DEVERTER
 SURFACE EQUIPMENT FAILURE OR PROCEDURES

15. OPERATOR REPORT ON FILE: NO

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

16. WAS OPERATOR TOLD TO CONTACT P/L SECTION? NO

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

17. RECEIVED BY: BSEE-M. MITCHELL

DATE: 02-AUG-2016 TIME: 0934 HOURS

DISTRICT: CALIFORNIA DISTRICT

18. REMARKS/CORRECTIVE ACTIONS:

// The operator stated; Riston Francis called to report an injury evacuation from platform A. Employee slipped on hydraulic fluid and fell striking his back on the Deck. The employee was complaining about back pain and was sent into shore for medical evaluation.

Riston Will follow up with an email and report the incident in E well when more details are available.

6. OPERATION:

PRODUCTION EXPLORATION (POE)
 DRILLING DEVELOPMENT/PRODUCTION
 WORKOVER (DOCD/POD)
 COMPLETION
 HELICOPTER
 MOTOR VESSEL
 PIPELINE SEGMENT NO. _____
 OTHER _____

REPORT ID: EVACCR

RUN DATE: 19-SEP-2018

* * * * *

PROPRIETARY

* * * * *

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

ACCIDENT/INCIDENT FORM

1. OCCURRED
DATE: 12-JUN-2018 TIME: 0910 HOURS
2. OPERATOR: DCOR, L.L.C.
REPRESENTATIVE: Summers, Jimilyr
TELEPHONE: (805) 535-2061

7. CAUSE: EQUIPMENT FAILURE
 HUMAN ERROR
 SLIP/TRIP/FALL
 WEATHER RELATED
 OTHER _____

CONTRACTOR
REPRESENTATIVE
TELEPHONE

3. LEASE:
AREA: LA
BLOCK: 6862

8. POLLUTION: NO
9. NO. OF FATALITIES:

4. PLATFORM: GILDA
RIGNAME: DCOR RIG #10

5. TYPE: HISTORIC INJURY
 REQUIRED EVACUATION
 LTA (1-3 days)
 LTA (>3 days)
 RW/JT (1-3 days)
 RW/JT (>3 days)
 Other Injury _____

10. NO. OF INJURIES:
11. Water Depth: 205
12. Distance from Shore: 9
13. INITIATE A 2010: NO
14. EMERGENCY REPORT: N

FATALITY
 FIRE
 EXPLOSION

15. OPERATOR REPORT ON FILE: NO
16. WAS OPERATOR TOLD TO CONTACT P/L SECTION? NO

LWC HISTORIC BLOWOUT
 UNDERGROUND
 SURFACE
 DEVERTER
 SURFACE EQUIPMENT FAILURE OR PROCEDURES

17. RECEIVED BY: Ofolete, Bethram

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

DATE: 11-JUL-2018 TIME: 1830 HOURS

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

DISTRICT:
18. REMARKS/CORRECTIVE ACTIONS:
Employee was finishing using the jib crane and moving the jib crane into storage location. During the storage process, employee was cabling up and moving the trolley inwards to its normal resting location. The jib crane's cable was raised past the anti-two block causing the crane block to make contact with the crane's cable drum. The contact caused damage to the jib crane cable and crane block.

6. OPERATION:
 PRODUCTION EXPLORATION (POE)
 DRILLING DEVELOPMENT/PRODUCTION (DOCD/POD)
 WORKOVER
 COMPLETION
 HELICOPTER
 MOTOR VESSEL
 PIPELINE SEGMENT NO. _____
 OTHER _____

See attached Incident Investigation Report.

REPORT ID: EVACCR

RUN DATE: 19-SEP-2018

* * * * *

PROPRIETARY

* * * * *

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

ACCIDENT/INCIDENT FORM

1. OCCURRED
DATE: 07-MAY-2018 TIME: 1219 HOURS
2. OPERATOR: DCOR, L.L.C.
REPRESENTATIVE: Summers, Jimilyr
TELEPHONE: (805) 535-2061
CONTRACTOR
REPRESENTATIVE
TELEPHONE

3. LEASE:
AREA: LA
BLOCK: 6862

4. PLATFORM: GILDA
RIGNAME:

5. TYPE: HISTORIC INJURY
 REQUIRED EVACUATION
 LTA (1-3 days)
 LTA (>3 days)
 RW/JT (1-3 days)
 RW/JT (>3 days)
 Other Injury _____

FATALITY
 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 _____

6. OPERATION:

PRODUCTION EXPLORATION (POE)
 DRILLING DEVELOPMENT/PRODUCTION
 WORKOVER (DOCD/POD)
 COMPLETION
 HELICOPTER
 MOTOR VESSEL
 PIPELINE SEGMENT NO. _____
 OTHER _____

7. CAUSE: EQUIPMENT FAILURE
 HUMAN ERROR
 SLIP/TRIP/FALL
 WEATHER RELATED
 OTHER _____

8. POLLUTION: NO

9. NO. OF FATALITIES:

10. NO. OF INJURIES:

11. Water Depth: 205

12. Distance from Shore: 9

13. INITIATE A 2010: NO

14. EMERGENCY REPORT: N

15. OPERATOR REPORT ON FILE: NO

16. WAS OPERATOR TOLD TO CONTACT P/L SECTION? NO

17. RECEIVED BY: Ofolete, Bethram

DATE: 11-JUL-2018 TIME: 1833 HOURS

DISTRICT:

18. REMARKS/CORRECTIVE ACTIONS:

While confirming the set point on the fire water pressure drain PSV, gas was released, causing two H2S sensors to go into alarm. All non-essential personnel mustered at safe briefing areas while two operators donned SCBAs and stopped the release.

REPORT ID: EVACCR

RUN DATE: 19-SEP-2018

* * * * *

PROPRIETARY

* * * * *

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

ACCIDENT/INCIDENT FORM

1. OCCURRED
DATE: **21-APR-2018** TIME: **1245** HOURS
2. OPERATOR: **DCOR, L.L.C.**
REPRESENTATIVE: **Summers, Jimilyr**
TELEPHONE: **(805) 535-2061**
CONTRACTOR
REPRESENTATIVE
TELEPHONE

7. CAUSE: EQUIPMENT FAILURE
 HUMAN ERROR
 SLIP/TRIP/FALL
 WEATHER RELATED
 OTHER _____

3. LEASE:
AREA: **LB**
BLOCK: **6437**

4. PLATFORM: **EDITH**
RIGNAME:

8. POLLUTION: **NO**
9. NO. OF FATALITIES:

5. TYPE: HISTORIC INJURY
 REQUIRED EVACUATION
 LTA (1-3 days)
 LTA (>3 days)
 RW/JT (1-3 days)
 RW/JT (>3 days)
 Other Injury _____

10. NO. OF INJURIES:

11. Water Depth: **161**

12. Distance from Shore: **9**

13. INITIATE A 2010: **NO**

14. EMERGENCY REPORT: **N**

15. OPERATOR REPORT ON FILE: **NO**

16. WAS OPERATOR TOLD TO CONTACT P/L SECTION? **NO**

17. RECEIVED BY: **Ofolete, Bethram**

DATE: **25-JUL-2018** TIME: **1127** HOURS

DISTRICT:

18. REMARKS/CORRECTIVE ACTIONS:

Crane Operator was back loading the food bin to the boat. Once the food bin was landed, the two boat deckhands detached the crane from the food bin. Once detached, the crane operator cabled up causing the crane hook to become caught under the life jacket of deckhand #1 lifting him approximately 2 feet in the air. Crane operator immediately recognized the situation and lowered deckhand #1 safely on the boat deck.

FATALITY
 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 _____

6. OPERATION:

PRODUCTION EXPLORATION (POE)
 DRILLING DEVELOPMENT/PRODUCTION
 WORKOVER (DOCD/POD)
 COMPLETION
 HELICOPTER
 MOTOR VESSEL
 PIPELINE SEGMENT NO. _____
 OTHER _____

REPORT ID: EVACCR

RUN DATE: 19-SEP-2018

* * * * *

PROPRIETARY

* * * * *

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

ACCIDENT/INCIDENT FORM

1. OCCURRED

DATE: 06-JUL-2015 TIME: 1100 HOURS

2. OPERATOR: Beta Operating Company, LLC

REPRESENTATIVE: MARINA ROBERTSON

TELEPHONE: (562) 683-3497

CONTRACTOR

REPRESENTATIVE

TELEPHONE

3. LEASE: P00301

AREA: LB

BLOCK: 6488

4. PLATFORM: EUREKA

RIGNAME:

5. TYPE: HISTORIC INJURY

REQUIRED EVACUATION 1

LTA (1-3 days) 1

LTA (>3 days)

RW/JT (1-3 days)

RW/JT (>3 days)

Other Injury _____

FATALITY

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 _____

6. OPERATION:

PRODUCTION

DRILLING

WORKOVER

COMPLETION

HELICOPTER

MOTOR VESSEL

PIPELINE SEGMENT NO. _____

OTHER _____

EXPLORATION (POE)

DEVELOPMENT/PRODUCTION
(DOCD/POD)

7. CAUSE: EQUIPMENT FAILURE

HUMAN ERROR

SLIP/TRIP/FALL

WEATHER RELATED

OTHER _____

8. POLLUTION: NO

9. NO. OF FATALITIES:

10. NO. OF INJURIES: 1

11. Water Depth: 700

12. Distance from Shore: 10

13. INITIATE A 2010: NO

14. EMERGENCY REPORT: N

15. OPERATOR REPORT ON FILE: NO

16. WAS OPERATOR TOLD TO CONTACT P/L SECTION? NO

17. RECEIVED BY: BSEE-MITCHELL

DATE: 30-SEP-2015 TIME: 0700 HOURS

DISTRICT: CALIFORNIA DISTRICT

18. REMARKS/CORRECTIVE ACTIONS:

// The operator states; Description of incident, damage or injury: Employee was climbing a ladder to access old tubing and struck his hardhat quite hard against a pipe bracket. At that instant he felt a pain and heard a noise coming from the back of his neck. He came down, self-administered an anti-inflammatory over-the-counter medication and returned to work. The next day (7/7/15), the pain increased and extended down to left shoulder blade, so he decided to have a medical evaluation at Beta's occupational clinic, US Health Works. He received non-prescription medications and was released back to work.

The report from US Health Works originally classified this injury as a First Aid. Sometime later, date unknown, Health Works reclassified this as Not a First Aid. It is now classified as a Recordable injury with

REPORT ID: EVACCR

RUN DATE: 19-SEP-2018

* * * * *

PROPRIETARY

* * * * *

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

medical treatment, but there has been no lost time or restricted work.

Corrective action taken (if applicable per §250.190): Not Applicable ; Employee noted that he should have had better awareness of obstacles present within the tight work space.

Property or equipment damage estimate (if applicable per §250.190): Not Applicable.

Additional Comments: This is re-classified as a Recordable injury.

Follow-up (10/06/15); Employee was climbing a ladder to access old tubing and struck his hardhat quite hard against a pipe bracket. At that instant he felt a pain and heard a noise coming from the back of his neck. He came down, self-administered an anti-inflammatory

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

over-the-counter medication and returned to work. The next day (7/7/15), the pain increased and extended down to left shoulder blade, so he decided to have a medical evaluation at Beta's occupational clinic, US Healthworks. He received non-prescription medications and was released back to work.

Corrective Action; Employee noted that he should have had better awareness of obstacles present within the tight work space.

Added Note; The report from US Health Works originally classified this injury as a First Aid. Sometime later, date unknown, Health Works reclassified this as Not a First Aid. It is now classified as a Recordable injury with medical treatment, but there has been no lost time or restricted work.

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

ACCIDENT/INCIDENT FORM

1. OCCURRED
DATE: 17-NOV-2015 TIME: 0700 HOURS
2. OPERATOR: Venoco, Inc.
REPRESENTATIVE: SCOTT BING
TELEPHONE:

7. CAUSE: EQUIPMENT FAILURE
 HUMAN ERROR
 SLIP/TRIP/FALL
 WEATHER RELATED
 OTHER _____

CONTRACTOR
REPRESENTATIVE
TELEPHONE

3. LEASE: P00205
AREA: LA
BLOCK: 6912

4. PLATFORM: GAIL
RIGNAME:

5. TYPE: HISTORIC INJURY
 REQUIRED EVACUATION 1
 LTA (1-3 days) 1
 LTA (>3 days)
 RW/JT (1-3 days)
 RW/JT (>3 days)
 Other Injury _____

8. POLLUTION: NO
9. NO. OF FATALITIES:
10. NO. OF INJURIES: 1
11. Water Depth: 739
12. Distance from Shore: 11
13. INITIATE A 2010: NO
14. EMERGENCY REPORT: N

FATALITY
 FIRE
 EXPLOSION

15. OPERATOR REPORT ON FILE: NO
16. WAS OPERATOR TOLD TO CONTACT P/L SECTION? NO
17. RECEIVED BY: BSEE-KAISER

LWC HISTORIC BLOWOUT
 UNDERGROUND
 SURFACE
 DEVERTER
 SURFACE EQUIPMENT FAILURE OR PROCEDURES

DATE: 17-NOV-2015 TIME: 0700 HOURS
DISTRICT: CALIFORNIA DISTRICT

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 _____

18. REMARKS/CORRECTIVE ACTIONS:
// The operator notes; Scott Bing called to report an evacuation from platform Gail. The IP hit his hand hard enough to draw blood. Not sure stitches will be required but IP is not sure when they last had a tetnus shot so he is being sent in as a precaution. He will likely return to work tomorrow but they will update us as necessary.

6. OPERATION:

PRODUCTION EXPLORATION (POE)
 DRILLING DEVELOPMENT/PRODUCTION
 WORKOVER (DOCD/POD)
 COMPLETION
 HELICOPTER
 MOTOR VESSEL
 PIPELINE SEGMENT NO. _____
 OTHER _____

Update (11/20/15); An Oteco pipe plug blew off and hit Ed's right hand while he was bleeding down gas lift pressure off of E-7 C-section piping. The pressure was trapped in a section of pipe behind a check valve where there were no ports to bleed off the pressure other than the plug. The section of pipe being installed did have the proper ports for valves and gauges which could of been used to de-pressure the line.

REPORT ID: EVACCR

Cause; Ed thought the line did not have much
RUN DATE: 19-SEP-2018

* * * * *

PROPRIETARY

* * * * *

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

pressure while he was loosening the bolts that hold the plug on the end of the pipe and took it all the way off. It was a bad pipe design that was being rectified. The spool that was installed has two ports for gauges and valves that could have been used to de-pressure the line. To prevent a reoccurrence we need to build the pipe correct the 1st time and review the specifications before construction. The medic cleaned and bandaged hand and recommended x-ray and medical evaluation, for possible fractures and Tetanus booster.

Ed went to the emergency room the night of 11/17. He has a broken hand and will be seeing a hand surgeon on 11/18 with a complete diagnosis.

Update (03/09/16); Incident summary: During the installation of casing annulus piping on a new well, the well bay operator was

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

attempting to bleed off trapped pressure (gas lift pressure between 1000 to 1800 psi) in the isolated line through an Oteco plug. The Oteco plug blew off impacting the back of the employee's hand. This resulted in a broken bone in the employee's right hand requiring surgery to correct. The employee was off work a total of 48 days until his hand healed.

Incident Description: Following the completion of a new well on the platform, a new production tree and associated piping was installed. The well was returned to production and the chemical vendor requested the addition of a chemical injection point downstream of the gas lift choke. The Operations Team elected to remove a section of pipe, add the new injection point and then replace the pipe spool. A Management of Change (MOC) analysis was not completed for

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

the revised piping due to the understanding on the operations team's part that this small change was like in kind not requiring an MOC analysis. The section of piping was removed and the casing piping on the well was plugged using a Greylock fining with an Oteco plug to allow the continued production of the well while the modifications to the removed spool were completed. The modified section of piping was ready to be reinstalled on 11 /17. The employee was tasked with prepping the well to reinstall the modified piping. A company General Work permit was completed for the prep work but a JSA was not completed as it was determined to be a routine operator task. The employee isolated the casing piping to reinstall the modified piping spool and completed a Lockout/Tagout Equipment Isolation List (E IL). The operator chose to bleed pressure off the isolated section of the

REPORT ID: EVACCR

RUN DATE: 19-SEP-2018

* * * * *

PROPRIETARY

* * * * *

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

casing piping on the well head through the Oteco plug (see pictures). An 8 bolt flange existed upstream of the Oteco plug and could have been used to bleed pressure off the isolated pipe section. While bleeding the pressure off the isolated section of casing line through the Oteco plug it blew off of the Greylock fitting with the trapped pressure behind it (1 000 to 1 800psi of gas till pressure). The Oteco plug impacted the back of the employee's right hand. The employee reported to the medic following the incident to receive first aid. The employee went to shore on the same day and reported to the local hospital emergency room at 6:30PM. X-rays revealed at least one bone broken in the right hand as a result of the impact with the Oteco plug. The following day his hand was soft casted and he was sent home. The injury required follow up surgery and the employee was off a total of 48 days as a

REPORT ID: EVACCR

RUN DATE: 19-SEP-2018

* * * * *

PROPRIETARY

* * * * *

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

result of this incident.

Root Causes:

* Communication of company MOC policy needs improvement. Employees did not understand the need to complete an MOC for the revision to the piping design to add the chemical injection points.

* Employee made a decision to bleed off pressure at the Oteco plug rather than the eight bolt flange.

* Company policy regarding the use of a JSA was not followed for the pipe preparation work.

Corrective Actions:

* Operations and Engineering teams to

REPORT ID: EVACCR

RUN DATE: 19-SEP-2018

* * * * *

PROPRIETARY

* * * * *

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

complete MOC refresher training with emphasis on understanding when an MOC is warranted as well as a full review of the MOC Policy.

* Operations teams to review the Line Breaking, Equipment Opening and Purging Procedure with emphasis on Section 5.0 Procedures for Line Breaking and Equipment Opening and complete a competency test to ensure understanding.

* Operations Teams to draft line breaking JSA to have on file. JSA must address proper line breaking practices and to note that Oteco plugs should not be used for bleeding off trapped pressure.

* Investigate the option of a mechanical solution to bleeding pressure off plugged lines. For example: this could include the installation of high pressure bleed points on

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

all Oteco plugs.

* Operations teams to review this incident and clarify any misunderstanding in regards to understanding when a JSA is needed. This will include a full review of the JSA requirements as outlined in the SEMS Program and the completion of a JSA competency test.

Lessons Learned: The estimated force behind the bullet of a small caliber hand gun is approximately 1500psi. The force behind the Oteco plug when it blew out could have been anywhere between 1000 to 1800psi. The employee was fortunate to not be injured worse. This incident highlights the importance of understanding and executing company procedures and policies. The Line Breaking, Equipment Opening and Purging Procedure describes depressuring trapped

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

pressure in piping using flanges. Proper use of the General Work permit and completing a JSA could have assisted in identifying the trapped pressure and the potential hazard of attempting to bleed pressure off the piping at the Oteco plug verses the option of bleeding the pressure off at an 8 bolt flange as being safer. As well, proper implementation of the MOC procedures for the piping revision may have identified the hazards of trapped pressure during maintenance of the equipment piping.

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

ACCIDENT/INCIDENT FORM

1. OCCURRED
DATE: 02-DEC-2015 TIME: 0700 HOURS
2. OPERATOR: Freeport-McMoRan Oil & Gas LLC
REPRESENTATIVE: DAVE WILLIS
TELEPHONE:

7. CAUSE: EQUIPMENT FAILURE
 HUMAN ERROR
 SLIP/TRIP/FALL
 WEATHER RELATED
 OTHER _____

CONTRACTOR
REPRESENTATIVE
TELEPHONE

3. LEASE: P00441
AREA: SM
BLOCK: 6374

4. PLATFORM: IRENE
RIGNAME:

5. TYPE: HISTORIC INJURY
 REQUIRED EVACUATION 1
 LTA (1-3 days)
 LTA (>3 days)
 RW/JT (1-3 days)
 RW/JT (>3 days)
 Other Injury _____

8. POLLUTION: NO
9. NO. OF FATALITIES:
10. NO. OF INJURIES: 1

11. Water Depth: 242
12. Distance from Shore: 4
13. INITIATE A 2010: NO
14. EMERGENCY REPORT: N

15. OPERATOR REPORT ON FILE: NO

16. WAS OPERATOR TOLD TO CONTACT P/L SECTION? NO

17. RECEIVED BY: BSEE-MITCHELL

DATE: 02-DEC-2015 TIME: 0700 HOURS

DISTRICT: CALIFORNIA DISTRICT

18. REMARKS/CORRECTIVE ACTIONS:
// THE OPERATOR NOTES; Dave Willis called to inform us that contractor employee was evacuated from Platform Irene for medical evaluation after he pinched his hand handling scaffolding.

Dave will follow up with a report after the injury is evaluated and report any lost time.

FATALITY
 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 _____

6. OPERATION:
 PRODUCTION EXPLORATION (POE)
 DRILLING DEVELOPMENT/PRODUCTION
 WORKOVER (DOCD/POD)
 COMPLETION
 HELICOPTER
 MOTOR VESSEL
 PIPELINE SEGMENT NO. _____
 OTHER _____

REPORT ID: EVACCR

RUN DATE: 19-SEP-2018

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

ACCIDENT/INCIDENT FORM

1. OCCURRED

DATE: 22-OCT-2015 TIME: 1125 HOURS

2. OPERATOR: Freeport-McMoRan Oil & Gas LLC

REPRESENTATIVE: GERALD PENNY

TELEPHONE: (805) 934-8264

CONTRACTOR

REPRESENTATIVE

TELEPHONE

3. LEASE: P00315

AREA: SM

BLOCK: 6525

4. PLATFORM: HARVEST

RIGNAME:

5. TYPE: HISTORIC INJURY

REQUIRED EVACUATION

LTA (1-3 days)

LTA (>3 days)

RW/JT (1-3 days)

RW/JT (>3 days)

Other Injury _____

FATALITY

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 CRANE W/NO INJURIES

6. OPERATION:

PRODUCTION

DRILLING

WORKOVER

COMPLETION

HELICOPTER

MOTOR VESSEL

PIPELINE SEGMENT NO. _____

OTHER _____

EXPLORATION (POE)

DEVELOPMENT/PRODUCTION
(DOCD/POD)

7. CAUSE: EQUIPMENT FAILURE

HUMAN ERROR

SLIP/TRIP/FALL

WEATHER RELATED

OTHER _____

8. POLLUTION: NO

9. NO. OF FATALITIES:

10. NO. OF INJURIES:

11. Water Depth: 675

12. Distance from Shore: 7

13. INITIATE A 2010: NO

14. EMERGENCY REPORT: N

15. OPERATOR REPORT ON FILE: NO

16. WAS OPERATOR TOLD TO CONTACT P/L SECTION? NO

17. RECEIVED BY: BSEE-P. FERNANDEZ

DATE: 03-DEC-2015 TIME: 1642 HOURS

DISTRICT: CALIFORNIA DISTRICT

18. REMARKS/CORRECTIVE ACTIONS:

// The operator notes; On Thursday, October 22, 2015 at 1125 hours, while offloading the MN Clean Ocean at Port Hueneme, the Shorebase expeditor discovered damage to a connex box. Upon inquiring how the damage occurred, the vessel crew stated that while back loading the MN Clean Ocean at Platform Harvest, the connex box was set on a roll off bin, resulting in minor damage to the door of the connex box.

Root Cause: When investigating this incident, we discovered the crane operator on Harvest

was unaware that damage had occurred to the connex box during the back loading operation. The extent of the connex box damage was minor and was not reported to the crane operator prior to the boat leaving P/F Harvest for Port Hueneme.

Corrective Actions: MV Clean Ocean personnel were reminded of the necessity to report

REPORT ID: EVACCR

RUN DATE: 19-SEP-2018

* * * * *

PROPRIETARY

* * * * *

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

incidents immediately as required by FM O&G.
They were also reminded to utilize proper
radio and hand signal communication when back
loading onto the vessel to assist the crane
operator with placement to avoid damaging
cargo or equipment.

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

ACCIDENT/INCIDENT FORM

1. OCCURRED
DATE: 03-JAN-2016 TIME: 1740 HOURS
2. OPERATOR: Venoco, Inc.
REPRESENTATIVE: Tapp, Tiffany
TELEPHONE: (805) 745-2113

7. CAUSE: EQUIPMENT FAILURE
 HUMAN ERROR
 SLIP/TRIP/FALL
 WEATHER RELATED
 OTHER _____

CONTRACTOR
REPRESENTATIVE
TELEPHONE

3. LEASE: P00205
AREA: LA
BLOCK: 6912

8. POLLUTION: NO
9. NO. OF FATALITIES:

4. PLATFORM: GAIL
RIGNAME:

5. TYPE: HISTORIC INJURY
 REQUIRED EVACUATION
 LTA (1-3 days)
 LTA (>3 days)
 RW/JT (1-3 days)
 RW/JT (>3 days)
 Other Injury 1 not work related

10. NO. OF INJURIES:

11. Water Depth: 739

12. Distance from Shore: 10

13. INITIATE A 2010: NO

14. EMERGENCY REPORT: N

15. OPERATOR REPORT ON FILE: NO

16. WAS OPERATOR TOLD TO CONTACT P/L SECTION? NO

17. RECEIVED BY: Mitchell, Michael

DATE: 19-JAN-2016 TIME: 1433 HOURS

DISTRICT: CALIFORNIA DISTRICT

18. REMARKS/CORRECTIVE ACTIONS:

A Sodexo contractor woke up with back pain prior to starting his shift. He reported to the medic due to the pain being bad enough he couldn't work. He took some advil and elected to go to shore on the morning boat. A follow up with a Dr. has confirmed the injury is not work related.

FATALITY
 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 Woke-up with Back Pain

6. OPERATION:

PRODUCTION EXPLORATION (POE)
 DRILLING DEVELOPMENT/PRODUCTION
 WORKOVER (DOCD/POD)
 COMPLETION
 HELICOPTER
 MOTOR VESSEL
 PIPELINE SEGMENT NO. _____
 OTHER _____

REPORT ID: EVACCR

RUN DATE: 19-SEP-2018

* * * * *

PROPRIETARY

* * * * *

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

ACCIDENT/INCIDENT FORM

1. OCCURRED

DATE: 25-JUL-2018 TIME: 0900 HOURS

2. OPERATOR: Beacon West Energy Group, LLC

REPRESENTATIVE: Igloi, Kristof

TELEPHONE: (805) 395-9949

CONTRACTOR

REPRESENTATIVE

TELEPHONE

3. LEASE:

AREA: LA

BLOCK: 6912

4. PLATFORM:

RIGNAME:

5. TYPE: HISTORIC INJURY

REQUIRED EVACUATION

LTA (1-3 days)

LTA (>3 days)

RW/JT (1-3 days)

RW/JT (>3 days)

Other Injury _____

FATALITY

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 _____

7. CAUSE: EQUIPMENT FAILURE

HUMAN ERROR

SLIP/TRIP/FALL

WEATHER RELATED

OTHER _____

8. POLLUTION: NO

9. NO. OF FATALITIES:

10. NO. OF INJURIES:

11. Water Depth: 783

12. Distance from Shore: 15

13. INITIATE A 2010: NO

14. EMERGENCY REPORT: N

15. OPERATOR REPORT ON FILE: NO

16. WAS OPERATOR TOLD TO CONTACT P/L SECTION? NO

17. RECEIVED BY: Ofolete, Bethram

DATE: 16-AUG-2018 TIME: 1909 HOURS

DISTRICT:

18. REMARKS/CORRECTIVE ACTIONS:

Smoke Alarm in the SOX Bunker

Update 8/16:

-Corrected incident date to 7/25/2018 from 7/28/2018

-Smoke alarmed replaced on the day of incident, 7/25/2018

6. OPERATION:

PRODUCTION

DRILLING

WORKOVER

COMPLETION

HELICOPTER

MOTOR VESSEL

PIPELINE SEGMENT NO. _____

OTHER Platform warm stack _____

EXPLORATION (POE)

DEVELOPMENT/PRODUCTION

(DOCD/POD)

REPORT ID: EVACCR

RUN DATE: 19-SEP-2018

* * * * *

PROPRIETARY

* * * * *

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

ACCIDENT/INCIDENT FORM

1. OCCURRED

DATE: 11-APR-2015 TIME: 1540 HOURS

2. OPERATOR: Freeport-McMoRan Oil & Gas LLC

REPRESENTATIVE: GERALD PENNY

TELEPHONE: (805) 934-8264

CONTRACTOR

REPRESENTATIVE

TELEPHONE

3. LEASE: P00315

AREA: SM

BLOCK: 6525

4. PLATFORM: HARVEST

RIGNAME:

5. TYPE: HISTORIC INJURY

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

FATALITY

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 CRANE

6. OPERATION:

- PRODUCTION
 - DRILLING
 - WORKOVER
 - COMPLETION
 - HELICOPTER
 - MOTOR VESSEL
 - PIPELINE SEGMENT NO. _____
 - OTHER CRANE MAINTENANCE
- EXPLORATION (POE)
 - DEVELOPMENT/PRODUCTION (DOCD/POD)

7. CAUSE: EQUIPMENT FAILURE

HUMAN ERROR

SLIP/TRIP/FALL

WEATHER RELATED

OTHER _____

8. POLLUTION: NO

9. NO. OF FATALITIES:

10. NO. OF INJURIES:

11. Water Depth: 675

12. Distance from Shore: 7

13. INITIATE A 2010: NO

14. EMERGENCY REPORT: N

15. OPERATOR REPORT ON FILE: NO

16. WAS OPERATOR TOLD TO CONTACT P/L SECTION? NO

17. RECEIVED BY: BSEE-B. KURTZ

DATE: 12-APR-2015 TIME: 0700 HOURS

DISTRICT: CALIFORNIA DISTRICT

18. REMARKS/CORRECTIVE ACTIONS:

// In compliance with BSEE regulations for follow-up notification for all incidents involving crane or personnel/material handling operations, we wish to advise you of the following Harvest incident. (Note: A verbal notification concerning this incident was made on the morning of April 12, 2015 to the BSEE on-call individual).

On Saturday, April 11, 2015 at 1540 hours, the crane maintenance crew at Platform Harvest was in the final process of removing the boom from Crane# 3 (west crane). During this portion of the boom removal procedure the rigging and tag lines had been connected to the boom section. The boom for Crane #3 was being supported for removal by Crane #2 (southeast crane) while crew members were removing the foot pins from the heel section of the boom. Once the foot pins were removed

REPORT ID: EVACCR

RUN DATE: 19-SEP-2018

* * * * *

PROPRIETARY

* * * * *

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

and the boom was free from the pin yokes, the crane operator started to maneuver the load in preparation to set the load on the drill deck (Note: Boom for Crane #3 was being removed to be disassembled and sent to shore for inspection and painting as part of a planned project). During the lifting process, the crane operator boomed up to clear the load from the #3 Crane cab. Upon the crane operator clearing the load from the #3 Crane cab, the wind force (north wind at - 22 knots) pushed the tip section of the boom {load} in a clockwise motion resulting in the heel section of that boom striking the lower boom section of Crane #2. The striking of the booms together caused minor damage to the upper right cord of the lower boom section to Crane #2 (see attached picture) and damaged the boom angle indicator to Crane #3. There were no personnel injuries as a result

REPORT ID: EVACCR

RUN DATE: 19-SEP-2018

* * * * *

PROPRIETARY

* * * * *

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

of this incident. Following the crane booms striking together, the crane operator and riggers continued, without incident, to lower the load to the drill deck, disconnected the rigging and set Crane #2's boom in the boom cradle to allow for a boom inspection by a third party inspector. Crane #2 was red-tagged and rendered out of service until it could be inspected and repaired. Following a third party inspection of the boom a repair plan was developed and the crane boom cord was repaired. Prior to placing the crane back in service, it was re-inspected and load tested. The crane was then placed back in service on April 16, 2015.

Root Cause:

., Wind speed hazard was identified on the JSA but crew members performing the task did not recognize the amount of force it would have on the weight and length of this load

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

when actually performing the task.

- Tag lines were the improper length to be able to safely control the load from swinging.
- Rigging plan was not sufficient to control the heel section of the boom being removed.

Corrective Actions:

- Lower wind speeds when removing or installing the boom to be able to better control load from swinging.
- Longer tag lines attached to the boom so when booming up the tag line holder can better control the load while being further away from the load.
- Lift plan to include rigging to better control the boom when removing and installing heel section of boom into the yoke pivot section of the crane.
- Crane operators and crew members to better mitigate hazards that have been identified on

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

the JSA.

FM O&G Incident INR-15-0241

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

ACCIDENT/INCIDENT FORM

1. OCCURRED

DATE: 05-APR-2015 TIME: 1215 HOURS

2. OPERATOR: Freeport-McMoRan Oil & Gas LLC

REPRESENTATIVE: DAVID WILLIS

TELEPHONE: (661) 333-2563

CONTRACTOR

REPRESENTATIVE

TELEPHONE

3. LEASE: P00441

AREA: SM

BLOCK: 6374

4. PLATFORM: IRENE

RIGNAME:

5. TYPE: HISTORIC INJURY

REQUIRED EVACUATION 1

LTA (1-3 days)

LTA (>3 days)

RW/JT (1-3 days)

RW/JT (>3 days)

Other Injury _____

FATALITY

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 _____

6. OPERATION:

PRODUCTION

EXPLORATION (POE)

DRILLING

DEVELOPMENT/PRODUCTION

WORKOVER

(DOCD/POD)

COMPLETION

HELICOPTER

MOTOR VESSEL

PIPELINE SEGMENT NO. _____

OTHER _____

7. CAUSE: EQUIPMENT FAILURE

HUMAN ERROR

SLIP/TRIP/FALL

WEATHER RELATED

OTHER _____

8. POLLUTION: NO

9. NO. OF FATALITIES:

10. NO. OF INJURIES: 1

11. Water Depth: 242

12. Distance from Shore: 4

13. INITIATE A 2010: NO

14. EMERGENCY REPORT: N

15. OPERATOR REPORT ON FILE: NO

16. WAS OPERATOR TOLD TO CONTACT P/L SECTION? NO

17. RECEIVED BY: BSEE-B. KURTZ

DATE: 06-APR-2015 TIME: 0700 HOURS

DISTRICT: CALIFORNIA DISTRICT

18. REMARKS/CORRECTIVE ACTIONS:

// On Sunday, April 5, 2015 at 1215 hours, a Contract Individual (CI) was helping Mi-Swaco hook up the 4" bulk hoses to clear them of barite during Platform Irene drilling operations.

The CI twisted/turned his body to get another grip on the hose and heard two pops in his right knee and fell to the ground. The onboard medic looked at the CI's knee. The CI was assisted to the medics office and was flown to shore to have his right knee looked at by a medical professional.

There is no follow-up information available as this individual no longer works for Halliburton Energy Services. I spoke with Mr. Michael Mitchell on 4/20/15 and explained the situation. As discussed, if any information becomes available FM O&G will provide it to your office.

REPORT ID: EVACCR

RUN DATE: 19-SEP-2018

* * * * *

PROPRIETARY

* * * * *

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

FM O&G Incident#INR-15-00217

REPORT ID: EVACCR

RUN DATE: 19-SEP-2018

* * * * *

PROPRIETARY

* * * * *

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

ACCIDENT/INCIDENT FORM

1. OCCURRED

DATE: 13-APR-2015 TIME: 0130 HOURS

2. OPERATOR: Freeport-McMoRan Oil & Gas LLC

REPRESENTATIVE: DAVID WILLIS

TELEPHONE: (805) 934-8251

CONTRACTOR

REPRESENTATIVE

TELEPHONE

3. LEASE: P00450

AREA: SM

BLOCK: 6524

4. PLATFORM: HIDALGO

RIGNAME:

5. TYPE: HISTORIC INJURY

REQUIRED EVACUATION

LTA (1-3 days)

LTA (>3 days)

RW/JT (1-3 days)

RW/JT (>3 days)

Other Injury _____

FATALITY

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 MUSTER (H2S RELEASE)

6. OPERATION:

PRODUCTION

DRILLING

WORKOVER

COMPLETION

HELICOPTER

MOTOR VESSEL

PIPELINE SEGMENT NO. _____

OTHER _____

EXPLORATION (POE)

DEVELOPMENT/PRODUCTION
(DOCD/POD)

7. CAUSE: EQUIPMENT FAILURE

HUMAN ERROR

SLIP/TRIP/FALL

WEATHER RELATED

OTHER _____

8. POLLUTION: NO

9. NO. OF FATALITIES:

10. NO. OF INJURIES:

11. Water Depth: 430

12. Distance from Shore: 7

13. INITIATE A 2010: NO

14. EMERGENCY REPORT: N

15. OPERATOR REPORT ON FILE: NO

16. WAS OPERATOR TOLD TO CONTACT P/L SECTION? NO

17. RECEIVED BY: BSEE-B. KURTZ

DATE: 14-APR-2015 TIME: 0700 HOURS

DISTRICT: CALIFORNIA DISTRICT

18. REMARKS/CORRECTIVE ACTIONS:

// On Monday, April 13, 2015 at 0130 hours, a sensing line from well C-10 on Platform Hidalgo had a leak occur, setting off the H2S gas detection heads in the area. Only one head located close by came in at 20 PPM and other in the area ranged as high as 10 PPM. With a minimal operations crew for night time, the leak was located, isolated and repaired.

Since it was a sustained leak at the low level alarm, the process did not shut down, however crews were required to muster in case the problem turned into a bigger issue. The crews on the platform mustered to their safe briefing areas and were released without incident.

Root Cause: The stainless steel sensing line failed resulting in a small gas release.

Corrective Actions: The line was isolated and

RUN DATE: 19-SEP-2018

REPORT ID: EVACCR

* * * * *

PROPRIETARY

* * * * *

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

the stainless steel hose was replaced with stainless steel tubing. The line was placed back into service with no issues and no injuries resulted as a result of this release.

FM O&G Incident # INR-15-0239

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

ACCIDENT/INCIDENT FORM

1. OCCURRED

DATE: 15-APR-2015 TIME: 1500 HOURS

2. OPERATOR: Freeport-McMoRan Oil & Gas LLC

REPRESENTATIVE: GERALD PENNY

TELEPHONE: (805) 934-8251

CONTRACTOR

REPRESENTATIVE

TELEPHONE

3. LEASE: P00315

AREA: SM

BLOCK: 6525

4. PLATFORM: HARVEST

RIGNAME:

5. TYPE: HISTORIC INJURY

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

FATALITY

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 MUSTER (H2S RELEASE)

6. OPERATION:

PRODUCTION

DRILLING

WORKOVER

COMPLETION

HELICOPTER

MOTOR VESSEL

PIPELINE SEGMENT NO. _____

OTHER _____

EXPLORATION (POE)

DEVELOPMENT/PRODUCTION
(DOCD/POD)

7. CAUSE: EQUIPMENT FAILURE

HUMAN ERROR

SLIP/TRIP/FALL

WEATHER RELATED

OTHER _____

8. POLLUTION: NO

9. NO. OF FATALITIES:

10. NO. OF INJURIES:

11. Water Depth: 675

12. Distance from Shore: 7

13. INITIATE A 2010: NO

14. EMERGENCY REPORT: N

15. OPERATOR REPORT ON FILE: NO

16. WAS OPERATOR TOLD TO CONTACT P/L SECTION? NO

17. RECEIVED BY: BSEE-B. KURTZ

DATE: 16-APR-2015 TIME: 0700 HOURS

DISTRICT: CALIFORNIA DISTRICT

18. REMARKS/CORRECTIVE ACTIONS:

// On Wednesday, April 15, 2015 at 1500 hours, the Platform Harvest sales gas compressor had been shut down to remove a valve on the discharge line. A nitrogen purge hose and check valve were hooked up to the discharge piping to purge the line prior to removing the valve. The check valve failed, allowing residual gas pressure onto the nitrogen hose, resulting in a hose failure and an H2S release.

Platform personnel mustered to their safe briefing areas and the operators performing the isolation and purging activities isolated the source at the purge point. No injuries occurred due to this release.

Root Cause: Failure of the check valve.

Corrective Actions: Test and inspect equipment prior to use.

REPORT ID: EVACCR

RUN DATE: 19-SEP-2018

* * * * *

PROPRIETARY

* * * * *

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

FM O&G Incident # INR-15-0256

REPORT ID: EVACCR

RUN DATE: 19-SEP-2018

* * * * *

PROPRIETARY

* * * * *

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

ACCIDENT/INCIDENT FORM

1. OCCURRED

DATE: 14-DEC-2015 TIME: 1200 HOURS

2. OPERATOR: Exxon Mobil Corporation

REPRESENTATIVE: Pullen, Carol

TELEPHONE: (832) 625-4584

CONTRACTOR

REPRESENTATIVE

TELEPHONE

3. LEASE: P00190

AREA: SM

BLOCK: 6635

4. PLATFORM: HARMONY

RIGNAME:

5. TYPE: HISTORIC INJURY

REQUIRED EVACUATION 1

LTA (1-3 days)

LTA (>3 days)

RW/JT (1-3 days)

RW/JT (>3 days)

Other Injury _____

FATALITY

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 _____

6. OPERATION:

PRODUCTION

DRILLING

WORKOVER

COMPLETION

HELICOPTER

MOTOR VESSEL

PIPELINE SEGMENT NO. _____

OTHER _____

EXPLORATION (POE)

DEVELOPMENT/PRODUCTION
(DOCD/POD)

7. CAUSE: EQUIPMENT FAILURE

HUMAN ERROR

SLIP/TRIP/FALL

WEATHER RELATED

OTHER _____

8. POLLUTION: NO

9. NO. OF FATALITIES:

10. NO. OF INJURIES:

11. Water Depth: 1198

12. Distance from Shore: 6

13. INITIATE A 2010: NO

14. EMERGENCY REPORT: N

15. OPERATOR REPORT ON FILE: NO

16. WAS OPERATOR TOLD TO CONTACT P/L SECTION? NO

17. RECEIVED BY: Ofolete, Bethram

DATE: 29-DEC-2015 TIME: 1104 HOURS

DISTRICT:

18. REMARKS/CORRECTIVE ACTIONS:

On 12/14/15, at approximately 12:00 hours (PST), an ExxonMobil employee fell out of a rolling chair while scooting across the shop floor from one work console to another. The wheel of the chair stopped on a seam weld and his momentum caused him to tip over striking his left shoulder on the floor.

This morning (12/15/15) the employee stated that the soreness in his shoulder was not worse, but not better. The PIC decided to send the IP to shore by boat for further medical evaluation at the Samsam Medical Clinic in Goleta.

NOTE: Initial verbal notification of the incident was called to Mike Mitchell 12/15/15.

12/15/15 - Doctor released IP to return to work with no restrictions / medications

RUN DATE: 19-SEP-2018

REPORT ID: EVACCR

* * * * *

PROPRIETARY

* * * * *

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

ACCIDENT/INCIDENT FORM

1. OCCURRED

DATE: 09-JUL-2015 TIME: 0635 HOURS

2. OPERATOR: Freeport-McMoRan Oil & Gas LLC

REPRESENTATIVE: DAVID WILLIS

TELEPHONE: (805) 934-8251

CONTRACTOR

REPRESENTATIVE

TELEPHONE

3. LEASE: P00450

AREA: SM

BLOCK: 6524

4. PLATFORM: HIDALGO

RIGNAME:

5. TYPE: HISTORIC INJURY

REQUIRED EVACUATION

LTA (1-3 days)

LTA (>3 days)

RW/JT (1-3 days)

RW/JT (>3 days)

Other Injury _____

FATALITY

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 MUSTER (SWEET GAS)

6. OPERATION:

PRODUCTION

DRILLING

WORKOVER

COMPLETION

HELICOPTER

MOTOR VESSEL

PIPELINE SEGMENT NO. _____

OTHER _____

EXPLORATION (POE)

DEVELOPMENT/PRODUCTION
(DOCD/POD)

7. CAUSE: EQUIPMENT FAILURE

HUMAN ERROR

SLIP/TRIP/FALL

WEATHER RELATED

OTHER _____

8. POLLUTION: NO

9. NO. OF FATALITIES:

10. NO. OF INJURIES:

11. Water Depth: 430

12. Distance from Shore: 7

13. INITIATE A 2010: NO

14. EMERGENCY REPORT: N

15. OPERATOR REPORT ON FILE: NO

16. WAS OPERATOR TOLD TO CONTACT P/L SECTION? NO

17. RECEIVED BY: BSEE-M. ASHFAQ

DATE: 10-JUL-2015 TIME: 0700 HOURS

DISTRICT: CALIFORNIA DISTRICT

18. REMARKS/CORRECTIVE ACTIONS:

// On Thursday, July 9, 2015 at 0635 hours, a top gasket failed on a check valve on the production header to exchanger E-1, resulting in a gas release. Combustible gas sensor GOE 2M-19 alarmed. The release was sweet gas; no H2S was present.

All platform personnel mustered to their safe briefing areas while the release was identified and isolated. No injuries or other incidents resulted from this muster activity.

Root Cause: The gasket on the upper access flange of the check valve failed resulting in the gas release.

Corrective Actions: The line was isolated, pressure bled off and taken out of service. The check valve repair is pending parts delivery.

REPORT ID: EVACCR

RUN DATE: 19-SEP-2018

* * * * *

PROPRIETARY

* * * * *

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

FM O&G Incident # INR-15-0488

REPORT ID: EVACCR

RUN DATE: 19-SEP-2018

* * * * *

PROPRIETARY

* * * * *

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

ACCIDENT/INCIDENT FORM

1. OCCURRED
DATE: 02-AUG-2016 TIME: 1745 HOURS
2. OPERATOR: DCOR, L.L.C.
REPRESENTATIVE: Francis, Riston
TELEPHONE: (805) 535-2071

7. CAUSE: EQUIPMENT FAILURE
 HUMAN ERROR
 SLIP/TRIP/FALL
 WEATHER RELATED
 OTHER _____

CONTRACTOR
REPRESENTATIVE
TELEPHONE

3. LEASE: P00241
AREA: LA
BLOCK: 6658

4. PLATFORM: A
RIGNAME:

5. 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 _____

8. POLLUTION: NO
9. NO. OF FATALITIES:
10. NO. OF INJURIES: 1

11. Water Depth: 188
12. Distance from Shore: 6
13. INITIATE A 2010: NO
14. EMERGENCY REPORT: N

15. OPERATOR REPORT ON FILE: NO

16. WAS OPERATOR TOLD TO CONTACT P/L SECTION? NO

17. RECEIVED BY: Mitchell, Michael

DATE: 16-AUG-2016 TIME: 1126 HOURS

DISTRICT: CALIFORNIA DISTRICT

18. REMARKS/CORRECTIVE ACTIONS:

// The operator notes; Riston Francis called to report an injury evacuation from platform A. And employee slipped on hydraulic fluid and fell striking his back on the Deck. The employee was complaining about back pain and was sent into shore for medical evaluation.

Riston Will follow up with an email and report the incident in E well when more details are available.

FATALITY
 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 INJURY _____

6. OPERATION:

PRODUCTION EXPLORATION (POE)
 DRILLING DEVELOPMENT/PRODUCTION
 WORKOVER (DOCD/POD)
 COMPLETION
 HELICOPTER
 MOTOR VESSEL
 PIPELINE SEGMENT NO. _____
 OTHER _____

REPORT ID: EVACCR

RUN DATE: 19-SEP-2018

* * * * *

PROPRIETARY

* * * * *

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

ACCIDENT/INCIDENT FORM

1. OCCURRED
DATE: 12-AUG-2016 TIME: 1330 HOURS
2. OPERATOR: DCOR, L.L.C.
REPRESENTATIVE: riston frances
TELEPHONE: (805) 701-6975

7. CAUSE: EQUIPMENT FAILURE
 HUMAN ERROR
 SLIP/TRIP/FALL
 WEATHER RELATED
 OTHER _____

CONTRACTOR
REPRESENTATIVE
TELEPHONE

3. LEASE: P00216
AREA: LA
BLOCK: 6862

8. POLLUTION: NO
9. NO. OF FATALITIES:

4. PLATFORM: GILDA
RIGNAME:

5. TYPE: HISTORIC INJURY
 REQUIRED EVACUATION 1
 LTA (1-3 days)
 LTA (>3 days)
 RW/JT (1-3 days)
 RW/JT (>3 days)
 Other Injury _____

10. NO. OF INJURIES: 1
11. Water Depth: 205
12. Distance from Shore: 9
13. INITIATE A 2010: NO
14. EMERGENCY REPORT: N

FATALITY
 FIRE
 EXPLOSION

15. OPERATOR REPORT ON FILE: NO

LWC HISTORIC BLOWOUT
 UNDERGROUND
 SURFACE
 DEVERTER
 SURFACE EQUIPMENT FAILURE OR PROCEDURES

16. WAS OPERATOR TOLD TO CONTACT P/L SECTION? NO

17. RECEIVED BY: BSEE-M. MITCHELL

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

DATE: 12-AUG-2016 TIME: 1356 HOURS

DISTRICT: CALIFORNIA DISTRICT

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

18. REMARKS/CORRECTIVE ACTIONS:

// The operator stated: Riston Francis with DCOR called to report an injury evacuation from Platform Gilda. An employee was operating a grinder that kicked back and cut the employees hand. The employee was wearing gloves but the medic on board that administered first aid felt the laceration may require stitches.

6. OPERATION:

Riston will enter the event into ewell once more information is received.

PRODUCTION EXPLORATION (POE)
 DRILLING DEVELOPMENT/PRODUCTION
 WORKOVER (DOCD/POD)
 COMPLETION
 HELICOPTER
 MOTOR VESSEL
 PIPELINE SEGMENT NO. _____
 OTHER _____

// Update (08/25/16) Grinder as a hand grinder & the IP was cutting off a flange in the weld shop. The grinder kicked back causing a cut to the top of the IP's left hand. The IP was evacuated & will be out for more than 3 days.

Cause; Employee was putting excessive pressure on the grinder with

REPORT ID: EVACCR

RUN DATE: 19-SEP-2018

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

both hands, causing the grinder to kickback.

Corrective action; Updates to the welding and grinding JSA have been made to ensure operators do not apply excessive pressure to the grinder during use.

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

ACCIDENT/INCIDENT FORM

1. OCCURRED
DATE: 15-AUG-2016 TIME: 1345 HOURS
2. OPERATOR: Beta Operating Company, LLC
REPRESENTATIVE: ALEX VASQUEZ
TELEPHONE:

7. CAUSE: EQUIPMENT FAILURE
 HUMAN ERROR
 SLIP/TRIP/FALL
 WEATHER RELATED
 OTHER _____

CONTRACTOR
REPRESENTATIVE
TELEPHONE

3. LEASE: P00301
AREA: LB
BLOCK: 6488

4. PLATFORM: EUREKA
RIGNAME:

5. TYPE: HISTORIC INJURY
 REQUIRED EVACUATION
 LTA (1-3 days)
 LTA (>3 days)
 RW/JT (1-3 days) 1
 RW/JT (>3 days)
 Other Injury _____

8. POLLUTION: NO
9. NO. OF FATALITIES:
10. NO. OF INJURIES: 1
11. Water Depth: 700
12. Distance from Shore: 10
13. INITIATE A 2010: NO
14. EMERGENCY REPORT: N

FATALITY
 FIRE
 EXPLOSION

15. OPERATOR REPORT ON FILE: NO
16. WAS OPERATOR TOLD TO CONTACT P/L SECTION? NO
17. RECEIVED BY: BSEE-M. MITCHELL

LWC HISTORIC BLOWOUT
 UNDERGROUND
 SURFACE
 DEVERTER
 SURFACE EQUIPMENT FAILURE OR PROCEDURES

DATE: 15-AUG-2016 TIME: 1346 HOURS
DISTRICT: CALIFORNIA DISTRICT

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 MINOR INNER THIGH INJURY

18. REMARKS/CORRECTIVE ACTIONS:
// The operator stated: around 1 :45 pm I was called on the PA system. "AJex come to the plus 12 deck we have an emergency". As I ran down the center stairway from the +45 deck to the +12 deck a Brand employee pointed that a scaffolding builder had fallen. I called Elly control room and talk with Gene Pritchard and told what had happen and to notify Bob Perkins. I then asked Alfredo if he was okay and Alfredo told me yes. I asked what happen and he NAlfredo~ told me the bar broke at the weld of the scaffolding bar. I told Brand crew to stop work come up to the galley. Treatment Administered: in the galley I asked Alfredo again if he was okay, how was his back and inter thigh area? Alfredo told me he was okay. Bob Perkins told me the crew boat is on the way to take Alfredo in to make sure he is okay.
Root Cause or Contributing Factors: from what I seen the scaffolding bar broke at the weld.

6. OPERATION:
 PRODUCTION EXPLORATION (POE)
 DRILLING DEVELOPMENT/PRODUCTION (DOCD/POD)
 WORKOVER
 COMPLETION
 HELICOPTER
 MOTOR VESSEL
 PIPELINE SEGMENT NO. _____
 OTHER DISMANTLING SCAFFOLDING

REPORT ID: EVACCR

RUN DATE: 19-SEP-2018

* * * * *

PROPRIETARY

* * * * *

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

Corrective Action Taken, If Any: at this time
Brand crew is going in and Brand will contact
us with how they want to proceed with
dismantling the reminder scaffolding.
Reported by: Brand employee.

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

ACCIDENT/INCIDENT FORM

1. OCCURRED
DATE: **03-MAY-2016** TIME: **0745** HOURS
2. OPERATOR: **Venoco, Inc.**
REPRESENTATIVE: **Henderson, Willi**
TELEPHONE: **(805) 745-2283**
CONTRACTOR
REPRESENTATIVE
TELEPHONE

7. CAUSE: EQUIPMENT FAILURE
 HUMAN ERROR
 SLIP/TRIP/FALL
 WEATHER RELATED
 OTHER _____

3. LEASE:
AREA: **LA**
BLOCK: **6861**
4. PLATFORM: **GRACE**
RIGNAME:

8. POLLUTION: **NO**
9. NO. OF FATALITIES:

5. TYPE: HISTORIC INJURY
 REQUIRED EVACUATION
 LTA (1-3 days)
 LTA (>3 days)
 RW/JT (1-3 days)
 RW/JT (>3 days)
 Other Injury _____

10. NO. OF INJURIES:
11. Water Depth: **318**
12. Distance from Shore: **11**
13. INITIATE A 2010: **NO**
14. EMERGENCY REPORT: **N**

FATALITY
 FIRE
 EXPLOSION

15. OPERATOR REPORT ON FILE: **NO**
16. WAS OPERATOR TOLD TO CONTACT P/L SECTION? **NO**

LWC HISTORIC BLOWOUT
 UNDERGROUND
 SURFACE
 DEVERTER
 SURFACE EQUIPMENT FAILURE OR PROCEDURES

17. RECEIVED BY: **Kaiser, John**

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

DATE: **30-SEP-2016** TIME: **0915** HOURS
DISTRICT: **CALIFORNIA DISTRICT**

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

18. REMARKS/CORRECTIVE ACTIONS:
A gas release caused by pressure build up in the A-15 annulus, causing the blowout of the 3" x 1" reducing bushing attached to the conductor.
An incident investigation has been started as of 5/5/2016 to address the cause of the pressure build up and address future re-occurrence and prevention. Immediate action taken has been to check all conductors and annulus for any pressure build up.

6. OPERATION:
 PRODUCTION EXPLORATION (POE)
 DRILLING DEVELOPMENT/PRODUCTION (DOCD/POD)
 WORKOVER
 COMPLETION
 HELICOPTER
 MOTOR VESSEL
 PIPELINE SEGMENT NO. _____
 OTHER _____

REPORT ID: EVACCR

RUN DATE: 19-SEP-2018

* * * * *

PROPRIETARY

* * * * *

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

ACCIDENT/INCIDENT FORM

1. OCCURRED
DATE: 02-JUN-2017 TIME: 1530 HOURS
2. OPERATOR: Exxon Mobil Corporation
REPRESENTATIVE: Case, Erik
TELEPHONE: (832) 625-4583

7. CAUSE: EQUIPMENT FAILURE
 HUMAN ERROR
 SLIP/TRIP/FALL
 WEATHER RELATED
 OTHER _____

CONTRACTOR
REPRESENTATIVE
TELEPHONE

3. LEASE: P00188
AREA: SM
BLOCK: 6636

4. PLATFORM: HONDO
RIGNAME:

8. POLLUTION: NO
9. NO. OF FATALITIES:

5. TYPE: HISTORIC INJURY
 REQUIRED EVACUATION 1
 LTA (1-3 days)
 LTA (>3 days)
 RW/JT (1-3 days)
 RW/JT (>3 days) 1
 Other Injury _____

10. NO. OF INJURIES:

11. Water Depth: 842

12. Distance from Shore: 5

13. INITIATE A 2010: NO

14. EMERGENCY REPORT: N

15. OPERATOR REPORT ON FILE: NO

16. WAS OPERATOR TOLD TO CONTACT P/L SECTION? NO

17. RECEIVED BY: Ofolete, Bethram

DATE: 15-JUN-2017 TIME: 1628 HOURS

DISTRICT:

18. REMARKS/CORRECTIVE ACTIONS:

At ~09:30 (pst) the IP bent down to pick up bolts and felt a popping sensation in his knee. At this moment he abruptly stood up and felt a strain in his back. As of ~15:30 (pst) the IP is being transported to shore for medical evaluation.

UPDATE 6/2/17 @ 17:30

IP was seen at Sansum Clinic in Santa Barbara, CA. IP was diagnosed with a strained left knee and strained lower back. Directed to wear a knee brace for 3-7 day, perform back stretches and administer OTC Advil and ice as needed. Follow up appointment is scheduled for 6/9/17.

UPDATE

6/12/17

FATALITY
 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 _____

6. OPERATION:

PRODUCTION EXPLORATION (POE)
 DRILLING DEVELOPMENT/PRODUCTION
 WORKOVER (DOCD/POD)
 COMPLETION
 HELICOPTER
 MOTOR VESSEL
 PIPELINE SEGMENT NO. _____
 OTHER _____

REPORT ID: EVACCR

RUN DATE: 19-SEP-2018

* * * * *

PROPRIETARY

* * * * *

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

Following IP's visit with the doctor on 6-9-17, he was diagnosed with a strained knee and has been placed on Restricted Work for greater than 3 days

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

ACCIDENT/INCIDENT FORM

1. OCCURRED
DATE: 03-MAY-2016 TIME: 0830 HOURS
2. OPERATOR: Venoco, Inc.
REPRESENTATIVE: SCOTT BING
TELEPHONE:

7. CAUSE: EQUIPMENT FAILURE
 HUMAN ERROR
 SLIP/TRIP/FALL
 WEATHER RELATED
 OTHER _____

CONTRACTOR
REPRESENTATIVE
TELEPHONE

3. LEASE: P00205
AREA: LA
BLOCK: 6912

8. POLLUTION: NO
9. NO. OF FATALITIES:

4. PLATFORM: GAIL
RIGNAME:

5. TYPE: HISTORIC INJURY
 REQUIRED EVACUATION
 LTA (1-3 days)
 LTA (>3 days)
 RW/JT (1-3 days)
 RW/JT (>3 days)
 Other Injury _____

10. NO. OF INJURIES:

11. Water Depth: 739

12. Distance from Shore: 11

13. INITIATE A 2010: NO

14. EMERGENCY REPORT: N

15. OPERATOR REPORT ON FILE: NO

16. WAS OPERATOR TOLD TO CONTACT P/L SECTION? NO

17. RECEIVED BY: BSEE-MITCHELL M.

FATALITY
 FIRE
 EXPLOSION

LWC HISTORIC BLOWOUT
 UNDERGROUND
 SURFACE
 DEVERTER
 SURFACE EQUIPMENT FAILURE OR PROCEDURES

DATE: 03-MAY-2016 TIME: 0839 HOURS

DISTRICT: CALIFORNIA DISTRICT

18. REMARKS/CORRECTIVE ACTIONS:

// Operator called to report a combustible gas release that required a platform muster. The source was reported to be a corroded fitting on the casing annulus on well A-8.

A fifteen day report will follow.

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 GAS RELEASE _____

6. OPERATION:

PRODUCTION EXPLORATION (POE)
 DRILLING DEVELOPMENT/PRODUCTION
 WORKOVER (DOCD/POD)
 COMPLETION
 HELICOPTER
 MOTOR VESSEL
 PIPELINE SEGMENT NO. _____
 OTHER _____

REPORT ID: EVACCR

RUN DATE: 19-SEP-2018

* * * * *

PROPRIETARY

* * * * *

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

ACCIDENT/INCIDENT FORM

1. OCCURRED

DATE: 03-JUN-2016 TIME: 1400 HOURS

2. OPERATOR: Freeport-McMoRan Oil & Gas LLC

REPRESENTATIVE: JERRY PENNY

TELEPHONE: (805) 934-8264

CONTRACTOR

REPRESENTATIVE

TELEPHONE

3. LEASE: P00441

AREA: SM

BLOCK: 6374

4. PLATFORM: IRENE

RIGNAME:

5. TYPE: HISTORIC INJURY

REQUIRED EVACUATION

LTA (1-3 days)

LTA (>3 days)

RW/JT (1-3 days)

RW/JT (>3 days)

Other Injury _____

FATALITY

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 LOSS OF POWER _____

6. OPERATION:

PRODUCTION

DRILLING

WORKOVER

COMPLETION

HELICOPTER

MOTOR VESSEL

PIPELINE SEGMENT NO. _____

OTHER _____

EXPLORATION (POE)

DEVELOPMENT/PRODUCTION

(DOCD/POD)

7. CAUSE: EQUIPMENT FAILURE

HUMAN ERROR

SLIP/TRIP/FALL

WEATHER RELATED

OTHER _____

8. POLLUTION: NO

9. NO. OF FATALITIES:

10. NO. OF INJURIES:

11. Water Depth: 242

12. Distance from Shore: 4

13. INITIATE A 2010: NO

14. EMERGENCY REPORT: N

15. OPERATOR REPORT ON FILE: NO

16. WAS OPERATOR TOLD TO CONTACT P/L SECTION? NO

17. RECEIVED BY: BSEE-MITCHELL M.

DATE: 03-JUN-2016 TIME: 1430 HOURS

DISTRICT: CALIFORNIA DISTRICT

18. REMARKS/CORRECTIVE ACTIONS:

// Operator called to inform us that Platform Irene has lost shore power and is currently working on restoring shore or generator power.

Around the time of power loss smoke was observed in Motor Control Center (MCC) #1, Jerry stated they are in the very early stages of the investigation and will relay additional information to me over the weekend.

REPORT ID: EVACCR

RUN DATE: 19-SEP-2018

* * * * *

PROPRIETARY

* * * * *

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

ACCIDENT/INCIDENT FORM

1. OCCURRED

DATE: 05-JUN-2016 TIME: 1456 HOURS

2. OPERATOR: Freeport-McMoRan Oil & Gas LLC

REPRESENTATIVE: PATRICK VOWELL

TELEPHONE: (805) 934-8215

CONTRACTOR

REPRESENTATIVE

TELEPHONE

3. LEASE: P00441

AREA: SM

BLOCK: 6374

4. PLATFORM: IRENE

RIGNAME:

5. TYPE: HISTORIC INJURY

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

FATALITY

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 LOST OVERBOARD _____

7. CAUSE: EQUIPMENT FAILURE

HUMAN ERROR

SLIP/TRIP/FALL

WEATHER RELATED

OTHER _____

8. POLLUTION: NO

9. NO. OF FATALITIES:

10. NO. OF INJURIES:

11. Water Depth: 242

12. Distance from Shore: 4

13. INITIATE A 2010: NO

14. EMERGENCY REPORT: N

15. OPERATOR REPORT ON FILE: NO

16. WAS OPERATOR TOLD TO CONTACT P/L SECTION? NO

17. RECEIVED BY: BSEE-FERNANDEZ P.

DATE: 07-JUN-2016 TIME: 1427 HOURS

DISTRICT: CALIFORNIA DISTRICT

18. REMARKS/CORRECTIVE ACTIONS:

// An item fell overboard. At 0945 this morning, a hard hat fell overboard from Platform Irene and could not be retrieved. The hard hat was observed sinking as it floated away from the platform.

6. OPERATION:

PRODUCTION

EXPLORATION (POE)

DRILLING

DEVELOPMENT/PRODUCTION

WORKOVER

(DOCD/POD)

COMPLETION

HELICOPTER

MOTOR VESSEL

PIPELINE SEGMENT NO. _____

OTHER _____

REPORT ID: EVACCR

RUN DATE: 19-SEP-2018

* * * * *

PROPRIETARY

* * * * *

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

ACCIDENT/INCIDENT FORM

1. OCCURRED
DATE: 02-MAY-2016 TIME: 1030 HOURS
2. OPERATOR: Venoco, Inc.
REPRESENTATIVE: Henderson, Willi
TELEPHONE: (805) 745-2283

7. CAUSE: EQUIPMENT FAILURE
 HUMAN ERROR
 SLIP/TRIP/FALL
 WEATHER RELATED
 OTHER _____

CONTRACTOR
REPRESENTATIVE
TELEPHONE

3. LEASE: P00205
AREA: LA
BLOCK: 6912

8. POLLUTION: NO
9. NO. OF FATALITIES:

4. PLATFORM: GAIL
RIGNAME:

10. NO. OF INJURIES:

5. TYPE: HISTORIC INJURY
 REQUIRED EVACUATION
 LTA (1-3 days)
 LTA (>3 days)
 RW/JT (1-3 days)
 RW/JT (>3 days)
 Other Injury _____

11. Water Depth: 739

12. Distance from Shore: 10

13. INITIATE A 2010: NO

14. EMERGENCY REPORT: N

15. OPERATOR REPORT ON FILE: NO

16. WAS OPERATOR TOLD TO CONTACT P/L SECTION? NO

17. RECEIVED BY: Ofolete, Bethram

DATE: 24-MAY-2016 TIME: 1645 HOURS

DISTRICT: CALIFORNIA DISTRICT

18. REMARKS/CORRECTIVE ACTIONS:

A process shut down and muster due to an H2S release. The source of the H2S release was found to be the from external corrosion on the V-3 pool trap level safety low bridle resulting in a leak. The bridle was isolated and repaired. To prevent re-occurrence on other vessels, all level bridles were inspected for corrosion. Specifically focusing on the low level sections. All other bridles were found to be in proper working order with no signs of heavy corrosion.

FATALITY
 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 H2S RELEASE _____

6. OPERATION:

PRODUCTION EXPLORATION (POE)
 DRILLING DEVELOPMENT/PRODUCTION
 WORKOVER (DOCD/POD)
 COMPLETION
 HELICOPTER
 MOTOR VESSEL
 PIPELINE SEGMENT NO. _____
 OTHER _____

REPORT ID: EVACCR

RUN DATE: 19-SEP-2018

* * * * *

PROPRIETARY

* * * * *

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

ACCIDENT/INCIDENT FORM

1. OCCURRED

DATE: 13-JUN-2016 TIME: 1000 HOURS

2. OPERATOR: Freeport-McMoRan Oil & Gas LLC

REPRESENTATIVE: Everett, Irene

TELEPHONE: (805) 934-8224

CONTRACTOR

REPRESENTATIVE

TELEPHONE

3. LEASE: P00450

AREA: SM

BLOCK: 6524

4. PLATFORM: HIDALGO

RIGNAME:

5. TYPE: HISTORIC INJURY

REQUIRED EVACUATION

LTA (1-3 days)

LTA (>3 days)

RW/JT (1-3 days)

RW/JT (>3 days)

Other Injury 1 Med Eval

FATALITY

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 INJURY _____

7. CAUSE: EQUIPMENT FAILURE

HUMAN ERROR

SLIP/TRIP/FALL

WEATHER RELATED

OTHER _____

8. POLLUTION: NO

9. NO. OF FATALITIES:

10. NO. OF INJURIES: 1

11. Water Depth: 430

12. Distance from Shore: 6

13. INITIATE A 2010: NO

14. EMERGENCY REPORT: N

15. OPERATOR REPORT ON FILE: NO

16. WAS OPERATOR TOLD TO CONTACT P/L SECTION? NO

17. RECEIVED BY: Ofolete, Bethram

DATE: 28-JUN-2016 TIME: 0956 HOURS

DISTRICT: SANTA MARIA DISTRICT

18. REMARKS/CORRECTIVE ACTIONS:

Flew in on regularly scheduled flight for evaluation, immediately released by doctor to full duty (no restrictions) - see attached letter for details

6. OPERATION:

PRODUCTION

EXPLORATION (POE)

DRILLING

DEVELOPMENT/PRODUCTION

WORKOVER

(DOCD/POD)

COMPLETION

HELICOPTER

MOTOR VESSEL

PIPELINE SEGMENT NO. _____

OTHER _____

REPORT ID: EVACCR

RUN DATE: 19-SEP-2018

* * * * *

PROPRIETARY

* * * * *

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

ACCIDENT/INCIDENT FORM

1. OCCURRED

DATE: 06-JUL-2016 TIME: 1430 HOURS

2. OPERATOR: Freeport-McMoRan Oil & Gas LLC

REPRESENTATIVE: Jerry Penny

TELEPHONE: (805) 934-8224

CONTRACTOR

REPRESENTATIVE

TELEPHONE

3. LEASE: P00441

AREA: SM

BLOCK: 6374

4. PLATFORM: IRENE

RIGNAME:

5. TYPE: HISTORIC INJURY

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

FATALITY

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 Injury Evac _____

6. OPERATION:

- PRODUCTION
 - DRILLING
 - WORKOVER
 - COMPLETION
 - HELICOPTER
 - MOTOR VESSEL
 - PIPELINE SEGMENT NO. _____
 - OTHER Rig Maintenance _____
- EXPLORATION (POE)
 - DEVELOPMENT/PRODUCTION (DOCD/POD)

7. CAUSE: EQUIPMENT FAILURE

HUMAN ERROR

SLIP/TRIP/FALL

WEATHER RELATED

OTHER _____

8. POLLUTION: NO

9. NO. OF FATALITIES:

10. NO. OF INJURIES: 1

11. Water Depth: 242

12. Distance from Shore: 4

13. INITIATE A 2010: NO

14. EMERGENCY REPORT: N

15. OPERATOR REPORT ON FILE: NO

16. WAS OPERATOR TOLD TO CONTACT P/L SECTION? NO

17. RECEIVED BY: BSEE M. Mitchell

DATE: 20-JUL-2016 TIME: 1104 HOURS

DISTRICT: SANTA MARIA DISTRICT

18. REMARKS/CORRECTIVE ACTIONS:

// The operator notes; An incident occurred during rig maintenance on Platform Irene. An employee injured his hand when he removed a grease fitting, he sustained a laceration on his palm when the grease fitting blew out .

The employee was greasing a valve on the standpipe for the rig. The pressure behind the grease fitting came from the grease gun, the stand pipe did not have any pressure.

There was a JSA for the job.

A 15 day letter will follow.

(See attached letter for details)

REPORT ID: EVACCR

RUN DATE: 19-SEP-2018

* * * * *

PROPRIETARY

* * * * *

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

ACCIDENT/INCIDENT FORM

1. OCCURRED

DATE: **12-FEB-2017** TIME: **1100** HOURS

2. OPERATOR: **Venoco, LLC**

REPRESENTATIVE: **Henderson, Willi**

TELEPHONE: **(805) 745-2283**

CONTRACTOR

REPRESENTATIVE

TELEPHONE

3. LEASE:

AREA: **LA**

BLOCK: **6912**

4. PLATFORM: **GAIL**

RIGNAME:

5. TYPE: HISTORIC INJURY

REQUIRED EVACUATION

LTA (1-3 days) **1**

LTA (>3 days)

RW/JT (1-3 days)

RW/JT (>3 days)

Other Injury _____

FATALITY

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 _____

7. CAUSE: EQUIPMENT FAILURE

HUMAN ERROR

SLIP/TRIP/FALL

WEATHER RELATED

OTHER _____

8. POLLUTION: **NO**

9. NO. OF FATALITIES:

10. NO. OF INJURIES:

11. Water Depth: **739**

12. Distance from Shore: **10**

13. INITIATE A 2010: **NO**

14. EMERGENCY REPORT: **N**

15. OPERATOR REPORT ON FILE: **NO**

16. WAS OPERATOR TOLD TO CONTACT P/L SECTION? **NO**

17. RECEIVED BY: **Ofolete, Bethram**

DATE: **17-FEB-2017** TIME: **1531** HOURS

DISTRICT: **CALIFORNIA DISTRICT**

18. REMARKS/CORRECTIVE ACTIONS:

To prevent any re-occurrence, this incident was reviewed by all platform staff to ensure proper hand and foot placement when working in cramped quarters.

6. OPERATION:

PRODUCTION

DRILLING

WORKOVER

COMPLETION

HELICOPTER

MOTOR VESSEL

PIPELINE SEGMENT NO. _____

OTHER _____

EXPLORATION (POE)

DEVELOPMENT/PRODUCTION

(DOCD/POD)

REPORT ID: EVACCR

RUN DATE: 19-SEP-2018

* * * * *

PROPRIETARY

* * * * *

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

ACCIDENT/INCIDENT FORM

1. OCCURRED

DATE: 13-OCT-2017 TIME: 0845 HOURS

2. OPERATOR: Exxon Mobil Corporation

REPRESENTATIVE: Case, Erik

TELEPHONE: (832) 625-4583

CONTRACTOR

REPRESENTATIVE

TELEPHONE

3. LEASE: P00180

AREA: SM

BLOCK: 6636

4. PLATFORM: HONDO

RIGNAME:

5. TYPE: HISTORIC INJURY

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

FATALITY

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 _____

6. OPERATION:

- PRODUCTION
 - DRILLING
 - WORKOVER
 - COMPLETION
 - HELICOPTER
 - MOTOR VESSEL
 - PIPELINE SEGMENT NO. _____
 - OTHER Crane Activities
- EXPLORATION (POE)
 - DEVELOPMENT/PRODUCTION (DOCD/POD)

7. CAUSE: EQUIPMENT FAILURE

HUMAN ERROR

SLIP/TRIP/FALL

WEATHER RELATED

OTHER _____

8. POLLUTION: NO

9. NO. OF FATALITIES:

10. NO. OF INJURIES:

11. Water Depth: 842

12. Distance from Shore: 5

13. INITIATE A 2010: NO

14. EMERGENCY REPORT: N

15. OPERATOR REPORT ON FILE: NO

16. WAS OPERATOR TOLD TO CONTACT P/L SECTION? NO

17. RECEIVED BY: Ofolete, Bethram

DATE: 24-OCT-2017 TIME: 1707 HOURS

DISTRICT: SANTA MARIA DISTRICT

18. REMARKS/CORRECTIVE ACTIONS:

At ~0845 hours on October 13, 2017, at our SM 6636 OCS-P 0188 facility (Hondo Platform), employees were lowering a load to the plus 15 deck using the Hondo East Crane. On the way up the load cell contacted the platform and stopped working. Employees will cease using the crane until repairs are made. Currently, repairs are anticipated to be made tomorrow.

****UPDATE** 10/17/17**

Following the incident, communication has been distributed that implements the use of extending the two way stinger which will raise the headache ball higher and further away from the cellar deck during these types of lifts

REPORT ID: EVACCR

RUN DATE: 19-SEP-2018

* * * * *

PROPRIETARY

* * * * *

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

ACCIDENT/INCIDENT FORM

1. OCCURRED
DATE: **21-MAR-2016** TIME: **0715** HOURS
2. OPERATOR: **Venoco, Inc.**
REPRESENTATIVE: **Henderson, Willi**
TELEPHONE: **(805) 745-2283**
CONTRACTOR
REPRESENTATIVE
TELEPHONE

7. CAUSE: EQUIPMENT FAILURE
 HUMAN ERROR
 SLIP/TRIP/FALL
 WEATHER RELATED
 OTHER _____

3. LEASE:
AREA: **LA**
BLOCK: **6912**

8. POLLUTION: **YES**
9. NO. OF FATALITIES:

4. PLATFORM: **GAIL**
RIGNAME:

10. NO. OF INJURIES:

5. TYPE: HISTORIC INJURY
 REQUIRED EVACUATION
 LTA (1-3 days)
 LTA (>3 days)
 RW/JT (1-3 days)
 RW/JT (>3 days)
 Other Injury _____

11. Water Depth: **739**
12. Distance from Shore: **10**
13. INITIATE A 2010: **NO**
14. EMERGENCY REPORT: **N**

FATALITY
 FIRE
 EXPLOSION

15. OPERATOR REPORT ON FILE: **NO**
16. WAS OPERATOR TOLD TO CONTACT P/L SECTION? **NO**

LWC HISTORIC BLOWOUT
 UNDERGROUND
 SURFACE
 DEVERTER
 SURFACE EQUIPMENT FAILURE OR PROCEDURES

17. RECEIVED BY: **Mitchell, Michael**

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

DATE: **29-MAR-2016** TIME: **1257** HOURS

STRUCTURAL DAMAGE

DISTRICT: **CALIFORNIA DISTRICT**

CRANE
 OTHER LIFTING DEVICE _____

18. REMARKS/CORRECTIVE ACTIONS:

DAMAGED/DISABLED SAFETY SYS. _____

A trace amount of a sulfur ox mixture was released to the ocean from the caisson due to drain valve alignment being directed to the caisson during the deck cleaning of the sulfur Ox plant on the platform.

INCIDENT >\$25K _____

To address this and avoid re-occurrence, Venoco has made it standard practice to direct the drains to the platform disposal system T-Tanks rather than the caisson during any Sulfur Ox plant cleaning.

H2S/15MIN./20PPM

REQUIRED MUSTER

SHUTDOWN FROM GAS RELEASE

OTHER _____

6. OPERATION:

PRODUCTION EXPLORATION (POE)
 DRILLING DEVELOPMENT/PRODUCTION
 WORKOVER (DOCD/POD)
 COMPLETION
 HELICOPTER
 MOTOR VESSEL
 PIPELINE SEGMENT NO. _____
 OTHER _____

REPORT ID: EVACCR

RUN DATE: 19-SEP-2018

* * * * *

PROPRIETARY

* * * * *

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

ACCIDENT/INCIDENT FORM

1. OCCURRED
DATE: 27-JUN-2016 TIME: 0900 HOURS
2. OPERATOR: Pacific Operators Offshore, LLC
REPRESENTATIVE: Bryan Sullivan
TELEPHONE:
CONTRACTOR
REPRESENTATIVE
TELEPHONE

3. LEASE:
AREA:
BLOCK:

4. PLATFORM:
RIGNAME:

5. 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
 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 _____

6. OPERATION:

PRODUCTION EXPLORATION (POE)
 DRILLING DEVELOPMENT/PRODUCTION
 WORKOVER (DOCD/POD)
 COMPLETION
 HELICOPTER
 MOTOR VESSEL
 PIPELINE SEGMENT NO. _____
 OTHER _____

7. CAUSE: EQUIPMENT FAILURE
 HUMAN ERROR
 SLIP/TRIP/FALL
 WEATHER RELATED
 OTHER _____

8. POLLUTION: NO
9. NO. OF FATALITIES:

10. NO. OF INJURIES:

11. Water Depth:

12. Distance from Shore:

13. INITIATE A 2010: YES

14. EMERGENCY REPORT: Y

15. OPERATOR REPORT ON FILE: YES 13-JUL-16

16. WAS OPERATOR TOLD TO CONTACT P/L SECTION? NO

17. RECEIVED BY:

DATE: TIME: HOURS

DISTRICT: CALIFORNIA DISTRICT

18. REMARKS/CORRECTIVE ACTIONS:

From POOLLC's Accident Investigation Report regarding the June 29, 2016 incident submitted to BSEE via email on July 13, 2016.

"This incident investigation report stems from a fall sustained by Carlos Espino on June 27, 2016, at approximately 0900. While performing a routing task, on platform Hogan, Mr. Espino fell 18.5 feet, from the rig to the drill deck. During the course of this investigation, all relevant facts were collected to understand the cause and all possible preventative measure to be implanted in order to prevent any similar such occurrence.

Mr. Espino was directed by his supervisor and platform tool pusher (Miguel Sosa) to install a routinely utilized temporary cat walk on the Platform Hogan production rig pipe deck level. To accomplish this task Mr. Espino, Miguel Sosa and another co-worker utilized

REPORT ID: EVACCR

RUN DATE: 19-SEP-2018

* * * * *

PROPRIETARY

* * * * *

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

the Platform Hogan North Crane to lift the approximate 300 pound cat walk grating. During the lift Miguel Sosa operated the crane with an unobstructed view of all employees present. Mr. Espino was stationed on the pipe deck west of the Rig. Another coworker was also stationed on the pipe deck. The two men were positioned to place the temporary cat walk as a bridge from the pipe deck to the Rig.

Placement of this grating is a routine task that is performed whenever the Rig is repositioned. The cat walk grating is equipped with a tongue and groove positioning slot that Mr. Espino was attempting to fit in place immediately prior to the accident. As the catwalk shifted while being lowered in to position, Mr. Espino attempted to maneuver the grating into place. At this point in time, it appears that Mr. Espino held onto the grating despite its shifting position.

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

This resulted in Mr. Espino being pulled forward and off balance. At this point Mr. Espino lost his balance and fell forward onto the opening as created by the grating not yet having been finally positioned. Mr. Espino fell a measured distance of eighteen and one half feet to the drill deck.

Miguel Sosa witnessed Mr. Espino fall from his vantage point in the North Crane. Miguel Sosa immediately called for all present to assist Mr. Espino. Mr. Espino was found conscious and was asked a series of simple questions in order to ascertain his mental cognizance. It was determined that Mr. Espino was lucid. An initial assessment of his physical condition revealed a minor head laceration. Mr. Espino complained of pain in his right ankle and thigh area. Mr. Espino was subsequently placed on a Miller board and hence to a Stokes Litter onto which he was

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

secured and lowered to a previously alerted and awaiting facility assigned 79 foot marine crew and supply vessel (C&C Marine "Matthew").

The Matthew was met at the Carpinteria pier by paramedics who had also been alerted by Platform Hogan personnel. Paramedics established that Mr. Espino's condition in fact was stable. Mr. Espino was then transported via ambulance to Santa Barbara Cottage Hospital.

Conclusion & Recommendations

This accident resulted from a well intended yet questionable split second decision that led to a loss of balance and potentially severe consequences. Safety meetings are scheduled to re-empathize the importance of strictly adhering to safe practices for lifting and setting equipment".

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

ACCIDENT/INCIDENT FORM

1. OCCURRED

DATE: 12-NOV-2017 TIME: 0845 HOURS

2. OPERATOR: Beta Operating Company, LLC

REPRESENTATIVE: Lang, Diana

TELEPHONE: (562) 628-1529

CONTRACTOR

REPRESENTATIVE

TELEPHONE

3. LEASE:

AREA: LB

BLOCK: 6438

4. PLATFORM: ELLEN

RIGNAME:

5. TYPE: HISTORIC INJURY

REQUIRED EVACUATION 1

LTA (1-3 days)

LTA (>3 days)

RW/JT (1-3 days)

RW/JT (>3 days)

Other Injury _____

FATALITY

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 _____

7. CAUSE: EQUIPMENT FAILURE

HUMAN ERROR

SLIP/TRIP/FALL

WEATHER RELATED

OTHER _____

8. POLLUTION: NO

9. NO. OF FATALITIES:

10. NO. OF INJURIES:

11. Water Depth: 265

12. Distance from Shore: 9

13. INITIATE A 2010: NO

14. EMERGENCY REPORT: N

15. OPERATOR REPORT ON FILE: NO

16. WAS OPERATOR TOLD TO CONTACT P/L SECTION? NO

17. RECEIVED BY: Kaiser, John

DATE: 17-JAN-2018 TIME: 1209 HOURS

DISTRICT: CALIFORNIA DISTRICT

18. REMARKS/CORRECTIVE ACTIONS:

Employee was using a sledge hammer to free a seized up wheel on a bin mover. A small sliver of metal came off the bin mover and lodged into employee's thigh. the wound was cleaned and bandaged, and employee sent to clinic via crew boat. clinic cleaned wound and redressed.

6. OPERATION:

PRODUCTION EXPLORATION (POE)

DRILLING DEVELOPMENT/PRODUCTION

WORKOVER (DOCD/POD)

COMPLETION

HELICOPTER

MOTOR VESSEL

PIPELINE SEGMENT NO. _____

OTHER Maintenance _____

REPORT ID: EVACCR

RUN DATE: 19-SEP-2018

* * * * *

PROPRIETARY

* * * * *

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

ACCIDENT/INCIDENT FORM

1. OCCURRED

DATE: 16-FEB-2017 TIME: 0745 HOURS

2. OPERATOR: Freeport-McMoRan Oil & Gas LLC

REPRESENTATIVE: Everett, Irene

TELEPHONE: (805) 934-8224

CONTRACTOR

REPRESENTATIVE

TELEPHONE

3. LEASE:

AREA: SM

BLOCK: 6524

4. PLATFORM: HIDALGO

RIGNAME:

5. TYPE: HISTORIC INJURY

REQUIRED EVACUATION

LTA (1-3 days)

LTA (>3 days)

RW/JT (1-3 days)

RW/JT (>3 days)

Other Injury _____

FATALITY

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 Lost Item Overboard

7. CAUSE: EQUIPMENT FAILURE

HUMAN ERROR

SLIP/TRIP/FALL

WEATHER RELATED

OTHER _____

8. POLLUTION: NO

9. NO. OF FATALITIES:

10. NO. OF INJURIES:

11. Water Depth: 430

12. Distance from Shore: 6

13. INITIATE A 2010: NO

14. EMERGENCY REPORT: N

15. OPERATOR REPORT ON FILE: NO

16. WAS OPERATOR TOLD TO CONTACT P/L SECTION? NO

17. RECEIVED BY: Ofolete, Bethram

DATE: 02-MAR-2017 TIME: 1758 HOURS

DISTRICT:

18. REMARKS/CORRECTIVE ACTIONS:

While moving a propane tank with crane, a portion of the propane tank framework struck the handrail when being lifted and dislodged the handrail from the handrail pocket. The handrail fell overboard to ocean. No damage noted to propane tank unit.

6. OPERATION:

PRODUCTION

EXPLORATION (POE)

DRILLING

DEVELOPMENT/PRODUCTION

WORKOVER

(DOCD/POD)

COMPLETION

HELICOPTER

MOTOR VESSEL

PIPELINE SEGMENT NO. _____

OTHER _____

REPORT ID: EVACCR

RUN DATE: 19-SEP-2018

* * * * *

PROPRIETARY

* * * * *

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

ACCIDENT/INCIDENT FORM

1. OCCURRED
DATE: 28-AUG-2017 TIME: 2040 HOURS
2. OPERATOR: Pacific Operators Offshore, LLC
REPRESENTATIVE: Bruce Johnston
TELEPHONE: (805) 899-3144

7. CAUSE: EQUIPMENT FAILURE
 HUMAN ERROR
 SLIP/TRIP/FALL
 WEATHER RELATED
 OTHER _____

CONTRACTOR
REPRESENTATIVE
TELEPHONE

3. LEASE: P00166
AREA: LA
BLOCK: 6710

8. POLLUTION: NO
9. NO. OF FATALITIES:

4. PLATFORM:
RIGNAME:

5. TYPE: HISTORIC INJURY
 REQUIRED EVACUATION
 LTA (1-3 days)
 LTA (>3 days) 1
 RW/JT (1-3 days)
 RW/JT (>3 days)
 Other Injury _____

10. NO. OF INJURIES:
11. Water Depth: 176
12. Distance from Shore: 4
13. INITIATE A 2010: YES
14. EMERGENCY REPORT: N

FATALITY
 FIRE
 EXPLOSION

15. OPERATOR REPORT ON FILE: NO
16. WAS OPERATOR TOLD TO CONTACT P/L SECTION? NO
17. RECEIVED BY:

LWC HISTORIC BLOWOUT
 UNDERGROUND
 SURFACE
 DEVERTER
 SURFACE EQUIPMENT FAILURE OR PROCEDURES

DATE: TIME: HOURS

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

DISTRICT: CALIFORNIA DISTRICT

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

18. REMARKS/CORRECTIVE ACTIONS:

~Two employees were removing a Cameron clamp and its bolts from a production wellhead (B-30). All four bolts and half of the Cameron clamp had been removed. While removing the other half of the clamp pressure from within the wellhead unseated the production tree. The production tree tipped over on to the employee, pinning him in an upright position. Employee was trapped against support beams of the wellbay grating structure with production tree laying on his chest.

6. OPERATION:

PRODUCTION EXPLORATION (POE)
 DRILLING DEVELOPMENT/PRODUCTION
 WORKOVER (DOCD/POD)
 COMPLETION
 HELICOPTER
 MOTOR VESSEL
 PIPELINE SEGMENT NO. _____
 OTHER _____

REPORT ID: EVACCR

RUN DATE: 19-SEP-2018

* * * * *

PROPRIETARY

* * * * *

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

ACCIDENT/INCIDENT FORM

1. OCCURRED
DATE: 10-DEC-2015 TIME: 1735 HOURS
2. OPERATOR: Freeport-McMoRan Oil & Gas LLC
REPRESENTATIVE: DAVID WILLIS
TELEPHONE: (805) 934-8251

7. CAUSE: EQUIPMENT FAILURE
 HUMAN ERROR
 SLIP/TRIP/FALL
 WEATHER RELATED
 OTHER _____

CONTRACTOR
REPRESENTATIVE
TELEPHONE

3. LEASE: P00441
AREA: SM
BLOCK: 6374

8. POLLUTION: NO
9. NO. OF FATALITIES:

4. PLATFORM: IRENE
RIGNAME:

5. TYPE: HISTORIC INJURY
 REQUIRED EVACUATION 1
 LTA (1-3 days)
 LTA (>3 days)
 RW/JT (1-3 days)
 RW/JT (>3 days)
 Other Injury _____

10. NO. OF INJURIES: 1
11. Water Depth: 242
12. Distance from Shore: 4
13. INITIATE A 2010: NO
14. EMERGENCY REPORT: N

FATALITY
 FIRE
 EXPLOSION

15. OPERATOR REPORT ON FILE: NO
16. WAS OPERATOR TOLD TO CONTACT P/L SECTION? NO

LWC HISTORIC BLOWOUT
 UNDERGROUND
 SURFACE
 DEVERTER
 SURFACE EQUIPMENT FAILURE OR PROCEDURES

17. RECEIVED BY: BSEE-M. MITCHELL

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

DATE: 14-DEC-2015 TIME: 0908 HOURS

STRUCTURAL DAMAGE

DISTRICT: CALIFORNIA DISTRICT

CRANE

18. REMARKS/CORRECTIVE ACTIONS:

OTHER LIFTING DEVICE _____

// On 12/11/15, the operator states; I left voicemails for you both as well as the answering service, and I received your call back Mike.

DAMAGED/DISABLED SAFETY SYS. _____

We sent a Cl in this morning due to eye irritation. He is a member of the contract paint crew and was removing scale yesterday with a bristle blaster. He has on all of the required PPE but developed some irritation last night. This morning he was still experiencing irritation so he was sent in for further evaluation. We are still waiting to here the results.

INCIDENT >\$25K _____

H2S/15MIN./20PPM

REQUIRED MUSTER

SHUTDOWN FROM GAS RELEASE

OTHER EYE INJURY _____

On 12/14/15, the operator states; On Thursday, December 10, 2015 at 1735 hours, a contract individual (Cl) reported to the platform medic that his right eye felt irritated. The Cl was not aware of any time during the day that he fe lt

6. OPERATION:

PRODUCTION EXPLORATION (POE)
 DRILLING DEVELOPMENT/PRODUCTION
 WORKOVER (DOCD/POD)
 COMPLETION
 HELICOPTER
 MOTOR VESSEL
 PIPELINE SEGMENT NO. _____
 OTHER MAINTENANCE WORK _____

REPORT ID: EVACCR

RUN DATE: 19-SEP-2018

* * * * *

PROPRIETARY

* * * * *

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

anything enter his eye. The CI had been using a power bristle blaster to remove scale from the bottom of the emergency generator. The CI's eye was irrigated with solution at the time of reporting the incident. The following morning, his eye was still red and he asked to go in to see a physician. The CI was using safety glasses and a face shield at all times during the de-scaling work. The CI was cleared by a physician the same day for full duty, no further issues.

Root Cause: Goggles under the face shield should be used during this type of work, as they provide better protection.

Corrective Actions: Counseled CI in selection of proper PPE.

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

ACCIDENT/INCIDENT FORM

1. OCCURRED

DATE: 14-DEC-2015 TIME: 0900 HOURS

2. OPERATOR: Freeport-McMoRan Oil & Gas LLC

REPRESENTATIVE: MARK KING

TELEPHONE:

CONTRACTOR

REPRESENTATIVE

TELEPHONE

3. LEASE: P00450

AREA: SM

BLOCK: 6524

4. PLATFORM: HIDALGO

RIGNAME:

5. TYPE: HISTORIC INJURY

REQUIRED EVACUATION

LTA (1-3 days)

LTA (>3 days)

RW/JT (1-3 days)

RW/JT (>3 days)

Other Injury _____

FATALITY

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 ITEM LOST OVERBOARD

7. CAUSE: EQUIPMENT FAILURE

HUMAN ERROR

SLIP/TRIP/FALL

WEATHER RELATED

OTHER _____

8. POLLUTION: NO

9. NO. OF FATALITIES:

10. NO. OF INJURIES:

11. Water Depth: 430

12. Distance from Shore: 7

13. INITIATE A 2010: NO

14. EMERGENCY REPORT: N

15. OPERATOR REPORT ON FILE: NO

16. WAS OPERATOR TOLD TO CONTACT P/L SECTION? NO

17. RECEIVED BY: BSEE-J. KAISER

DATE: 14-DEC-2015 TIME: 0934 HOURS

DISTRICT: CALIFORNIA DISTRICT

18. REMARKS/CORRECTIVE ACTIONS:

// The operator states; A large swell knocked a handrail loose wich then fell into the ocean. It was the handrail on the north side of the +20 deck.

6. OPERATION:

PRODUCTION

EXPLORATION (POE)

DRILLING

DEVELOPMENT/PRODUCTION

WORKOVER

(DOCD/POD)

COMPLETION

HELICOPTER

MOTOR VESSEL

PIPELINE SEGMENT NO. _____

OTHER _____

REPORT ID: EVACCR

RUN DATE: 19-SEP-2018

* * * * *

PROPRIETARY

* * * * *

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

ACCIDENT/INCIDENT FORM

1. OCCURRED

DATE: 01-DEC-2015 TIME: 1700 HOURS

2. OPERATOR: Freeport-McMoRan Oil & Gas LLC

REPRESENTATIVE: DAVID WILLIS

TELEPHONE: (805) 934-8251

CONTRACTOR

REPRESENTATIVE

TELEPHONE

3. LEASE: P00441

AREA: SM

BLOCK: 6374

4. PLATFORM: IRENE

RIGNAME:

5. TYPE: HISTORIC INJURY

REQUIRED EVACUATION 1

LTA (1-3 days)

LTA (>3 days)

RW/JT (1-3 days)

RW/JT (>3 days)

Other Injury _____

FATALITY

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 HAND INJURY _____

6. OPERATION:

PRODUCTION

DRILLING

WORKOVER

COMPLETION

HELICOPTER

MOTOR VESSEL

PIPELINE SEGMENT NO. _____

OTHER _____

EXPLORATION (POE)

DEVELOPMENT/PRODUCTION
(DOCD/POD)

7. CAUSE: EQUIPMENT FAILURE

HUMAN ERROR

SLIP/TRIP/FALL

WEATHER RELATED

OTHER _____

8. POLLUTION: NO

9. NO. OF FATALITIES:

10. NO. OF INJURIES: 1

11. Water Depth: 242

12. Distance from Shore: 4

13. INITIATE A 2010: NO

14. EMERGENCY REPORT: N

15. OPERATOR REPORT ON FILE: NO

16. WAS OPERATOR TOLD TO CONTACT P/L SECTION? NO

17. RECEIVED BY: BSEE-P. FERNANDEZ

DATE: 15-DEC-2015 TIME: 1554 HOURS

DISTRICT: CALIFORNIA DISTRICT

18. REMARKS/CORRECTIVE ACTIONS:

// The operator states; On Tuesday, December 1, 2015 at 1700 hours, two contract individual (CIs) were in the process of relocating aluminum planks. One CI placed his hand between the plank and the toe board on the suspended rigging. The second CI on the other end of the plank could not see where the first CI had placed his hand, and shoved the plank, catching the first CI's hand between the plank and rigging, causing injury to his hand. The CI was experiencing pain the following morning, so he was flown to shore for further evaluation. No further treatment required and the CI was released to full duty the same day.

Root Cause: Lack of communication between workers and body positioning, avoiding pinch points.

Corrective Actions: Discussed importance of

RUN DATE: 19-SEP-2018

REPORT ID: EVACCR

* * * * *

PROPRIETARY

* * * * *

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

good communication when working together,
especially when not in direct line of sight.

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

ACCIDENT/INCIDENT FORM

1. OCCURRED

DATE: 09-MAR-2016 TIME: 0700 HOURS

2. OPERATOR: Freeport-McMoRan Oil & Gas LLC

REPRESENTATIVE: BOB MARSALEK

TELEPHONE: (805) 934-8223

CONTRACTOR

REPRESENTATIVE

TELEPHONE

3. LEASE: P00450

AREA: SM

BLOCK: 6524

4. PLATFORM: HIDALGO

RIGNAME:

5. TYPE: HISTORIC INJURY

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

FATALITY

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 NO EMERGENCY INJURY

7. CAUSE: EQUIPMENT FAILURE

HUMAN ERROR

SLIP/TRIP/FALL

WEATHER RELATED

OTHER _____

8. POLLUTION: NO

9. NO. OF FATALITIES:

10. NO. OF INJURIES: 1

11. Water Depth: 430

12. Distance from Shore: 7

13. INITIATE A 2010: NO

14. EMERGENCY REPORT: N

15. OPERATOR REPORT ON FILE: NO

16. WAS OPERATOR TOLD TO CONTACT P/L SECTION? NO

17. RECEIVED BY: BSEE-P. FERNANDEZ

DATE: 09-MAR-2016 TIME: 1526 HOURS

DISTRICT: CALIFORNIA DISTRICT

18. REMARKS/CORRECTIVE ACTIONS:

// The operator ststes; No emergency evac., employee smashed his finger with a hammer, no broken bones. He will be look at with a Doctor later, today

6. OPERATION:

PRODUCTION

EXPLORATION (POE)

DRILLING

DEVELOPMENT/PRODUCTION

WORKOVER

(DOCD/POD)

COMPLETION

HELICOPTER

MOTOR VESSEL

PIPELINE SEGMENT NO. _____

OTHER _____

REPORT ID: EVACCR

RUN DATE: 19-SEP-2018

* * * * *

PROPRIETARY

* * * * *

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

ACCIDENT/INCIDENT FORM

1. OCCURRED
DATE: 04-AUG-2015 TIME: 1530 HOURS
2. OPERATOR: Beta Operating Company, LLC
REPRESENTATIVE: MARINA ROBERTSON
TELEPHONE: (562) 683-3497

7. CAUSE: EQUIPMENT FAILURE
 HUMAN ERROR
 SLIP/TRIP/FALL
 WEATHER RELATED
 OTHER _____

CONTRACTOR
REPRESENTATIVE
TELEPHONE

3. LEASE: P00300
AREA: LB
BLOCK: 6488

4. PLATFORM: EUREKA
RIGNAME:

5. TYPE: HISTORIC INJURY
 REQUIRED EVACUATION
 LTA (1-3 days)
 LTA (>3 days)
 RW/JT (1-3 days)
 RW/JT (>3 days)
 Other Injury _____

8. POLLUTION: NO
9. NO. OF FATALITIES:
10. NO. OF INJURIES:

11. Water Depth: 700
12. Distance from Shore: 10
13. INITIATE A 2010: NO
14. EMERGENCY REPORT: N

15. OPERATOR REPORT ON FILE: NO

16. WAS OPERATOR TOLD TO CONTACT P/L SECTION? NO

17. RECEIVED BY: BSEE-M. MITCHELL

DATE: 14-MAR-2016 TIME: 1647 HOURS

DISTRICT: CALIFORNIA DISTRICT

18. REMARKS/CORRECTIVE ACTIONS:

// The operator states; damage or injury: Oily rags used for cleaning during equipment maintenance (believed to be one or more of Eureka's shipping pumps) were placed in a plastic bag and then into an open-top plastic (RubberMaid-type) trash can in direct sunlight. The rags began to smolder inside the plastic bag. A contract painter, working nearby, smelled something burning, went to investigate. He located the trash can and saw that there were rags burning inside. He quickly notified Beta employees who responded to the scene and extinguished the fire. The trash can was damaged and disposed of. Nothing else on the Platform was damaged.

Corrective action taken (if applicable per §250.190): The incident was investigated to determine what job(s) the rags came from, what chemicals were on the rags, who may have

FATALITY
 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 OILY RAGS ON FIRE _____

6. OPERATION:

PRODUCTION EXPLORATION (POE)
 DRILLING DEVELOPMENT/PRODUCTION
 WORKOVER (DOCD/POD)
 COMPLETION
 HELICOPTER
 MOTOR VESSEL
 PIPELINE SEGMENT NO. _____
 OTHER EQUIPMENT MAINTENANCE _____

REPORT ID: EVACCR

RUN DATE: 19-SEP-2018

* * * * *

PROPRIETARY

* * * * *

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

been involved, and what sort of oversight was provided by Beta personnel. It was suspected that the rags may have contained crude oil as well as other chemicals. Corrosion inhibitor and other chemicals had been utilized in the vicinity and the combination of them, plus direct sunlight, is believed to have contributed to the smoldering and subsequent fire. Safety meetings were held on all platforms to discuss the incident and remind personnel Beta's oily rag management policy, which states that oily rags are to be placed into fire-safe trash cans (red cans with snug, auto-closing lids). Rags are not to be disposed of with other trash and the red fire-safe cans are to be kept out of direct sunlight. Rags are not to be left lying around work areas. Additional oily rag cans and large white trash cans for general trash (also fire-safe) were purchased and placed throughout all three platforms. All

REPORT ID: EVACCR

RUN DATE: 19-SEP-2018

* * * * *

PROPRIETARY

* * * * *

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

plastic trash cans were removed from facility areas and are only allowed in non-facility areas of the platforms, such as the galley, quarters buildings and interior office areas.

Property or equipment damage estimate (if applicable per §250.190): Less than \$10.00

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

ACCIDENT/INCIDENT FORM

1. OCCURRED

DATE: 19-DEC-2015 TIME: 0800 HOURS

2. OPERATOR: Beta Operating Company, LLC

REPRESENTATIVE: MARINA ROBERTSON

TELEPHONE: (562) 683-3497

CONTRACTOR

REPRESENTATIVE

TELEPHONE

3. LEASE: P00300

AREA: LB

BLOCK: 6438

4. PLATFORM: ELLY

RIGNAME:

5. TYPE: HISTORIC INJURY

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

FATALITY

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 FIRE W/NO INJURIES _____

6. OPERATION:

PRODUCTION

DRILLING

WORKOVER

COMPLETION

HELICOPTER

MOTOR VESSEL

PIPELINE SEGMENT NO. _____

OTHER MISC CLEAN-UP _____

EXPLORATION (POE)

DEVELOPMENT/PRODUCTION

(DOCD/POD)

7. CAUSE: EQUIPMENT FAILURE

HUMAN ERROR

SLIP/TRIP/FALL

WEATHER RELATED

OTHER OTHER _____

8. POLLUTION: NO

9. NO. OF FATALITIES:

10. NO. OF INJURIES:

11. Water Depth: 265

12. Distance from Shore: 9

13. INITIATE A 2010: NO

14. EMERGENCY REPORT: N

15. OPERATOR REPORT ON FILE: NO

16. WAS OPERATOR TOLD TO CONTACT P/L SECTION? NO

17. RECEIVED BY: BSEE-M. MITCHELL

DATE: 12-JAN-2016 TIME: 0953 HOURS

DISTRICT: CALIFORNIA DISTRICT

18. REMARKS/CORRECTIVE ACTIONS:

// Operator stated; Description of incident, damage or injury: Employee was removing a bucket and rag from a Scavtreat 1095 chemical injection location where crystallization had caused a drip leak (being contained by the bucket). He went to empty the bucket and temporarily set the rag down on an empty plastic chemical tank, when the rag spontaneously and violently ignited and disintegrated. There was no residual fire or no property damage. The employee was not injured but the ignition singed hair on his hand and head.

Corrective action taken (if applicable per §250.190): Investigation conducted; all hands meetings conducted to inform all employees; meeting with Clariant, the chemical supplier, conducted to review chemical properties and set up overall chemical training for all employees for Clariant products; repaired and

REPORT ID: EVACCR

RUN DATE: 19-SEP-2018

* * * * *

PROPRIETARY

* * * * *

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

reconfigured injection point to prevent
leakage in the future.

REPORT ID: EVACCR

RUN DATE: 19-SEP-2018

* * * * *

PROPRIETARY

* * * * *

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

ACCIDENT/INCIDENT FORM

1. OCCURRED
DATE: 01-FEB-2016 TIME: 1356 HOURS
2. OPERATOR: DCOR, L.L.C.
REPRESENTATIVE: KEITH
TELEPHONE: (805) 794-5767

7. CAUSE: EQUIPMENT FAILURE
 HUMAN ERROR
 SLIP/TRIP/FALL
 WEATHER RELATED
 OTHER _____

CONTRACTOR
REPRESENTATIVE
TELEPHONE

3. LEASE: P00216
AREA: LA
BLOCK: 6862

8. POLLUTION: NO
9. NO. OF FATALITIES:

4. PLATFORM: GILDA
RIGNAME:

5. TYPE: HISTORIC INJURY
 REQUIRED EVACUATION
 LTA (1-3 days)
 LTA (>3 days)
 RW/JT (1-3 days)
 RW/JT (>3 days)
 Other Injury _____

10. NO. OF INJURIES:

11. Water Depth: 205

12. Distance from Shore: 9

13. INITIATE A 2010: NO

14. EMERGENCY REPORT: N

15. OPERATOR REPORT ON FILE: NO

16. WAS OPERATOR TOLD TO CONTACT P/L SECTION? NO

17. RECEIVED BY: BSEE-P. FERNANDEZ

DATE: 01-FEB-2016 TIME: 1356 HOURS

DISTRICT: CALIFORNIA DISTRICT

18. REMARKS/CORRECTIVE ACTIONS:

// The operator stated; a 3 x 3 lid fell over. Winds were 35 to 40, broke hinges from PPE - floatation device, could not recover.

FATALITY
 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 LOST OVERBOARD

6. OPERATION:

PRODUCTION EXPLORATION (POE)
 DRILLING DEVELOPMENT/PRODUCTION
 WORKOVER (DOCD/POD)
 COMPLETION
 HELICOPTER
 MOTOR VESSEL
 PIPELINE SEGMENT NO. _____
 OTHER _____

REPORT ID: EVACCR

RUN DATE: 19-SEP-2018

* * * * *

PROPRIETARY

* * * * *

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

ACCIDENT/INCIDENT FORM

1. OCCURRED

DATE: 03-FEB-2016 TIME: 0900 HOURS

2. OPERATOR: Freeport-McMoRan Oil & Gas LLC

REPRESENTATIVE: EDDIE RAMERIZ

TELEPHONE: (805) 733-5605

CONTRACTOR

REPRESENTATIVE

TELEPHONE

3. LEASE: P00450

AREA: SM

BLOCK: 6524

4. PLATFORM: HIDALGO

RIGNAME:

5. TYPE: HISTORIC INJURY

REQUIRED EVACUATION

LTA (1-3 days)

LTA (>3 days)

RW/JT (1-3 days)

RW/JT (>3 days)

Other Injury _____

FATALITY

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 LOST OVERBOARD

7. CAUSE: EQUIPMENT FAILURE

HUMAN ERROR

SLIP/TRIP/FALL

WEATHER RELATED

OTHER _____

8. POLLUTION: NO

9. NO. OF FATALITIES:

10. NO. OF INJURIES:

11. Water Depth: 430

12. Distance from Shore: 7

13. INITIATE A 2010: NO

14. EMERGENCY REPORT: N

15. OPERATOR REPORT ON FILE: NO

16. WAS OPERATOR TOLD TO CONTACT P/L SECTION? NO

17. RECEIVED BY: BSEE-P. FERNANDEZ

DATE: 03-FEB-2016 TIME: 0900 HOURS

DISTRICT: CALIFORNIA DISTRICT

18. REMARKS/CORRECTIVE ACTIONS:

// The operator stated; 2 life rings fell in water due to winds, could not recover.

6. OPERATION:

PRODUCTION

EXPLORATION (POE)

DRILLING

DEVELOPMENT/PRODUCTION

WORKOVER

(DOCD/POD)

COMPLETION

HELICOPTER

MOTOR VESSEL

PIPELINE SEGMENT NO. _____

OTHER _____

REPORT ID: EVACCR

RUN DATE: 19-SEP-2018

* * * * *

PROPRIETARY

* * * * *

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

ACCIDENT/INCIDENT FORM

1. OCCURRED

DATE: 27-JUN-2016 TIME: 0930 HOURS

2. OPERATOR: Pacific Operators Offshore, LLC

REPRESENTATIVE: Chris Magill

TELEPHONE: (805) 899-3144

CONTRACTOR

REPRESENTATIVE

TELEPHONE

3. LEASE: P00166

AREA: LA

BLOCK: 6710

4. PLATFORM:

RIGNAME:

5. TYPE: HISTORIC INJURY

REQUIRED EVACUATION

LTA (1-3 days)

LTA (>3 days) 1

RW/JT (1-3 days)

RW/JT (>3 days)

Other Injury _____

FATALITY

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 _____

7. CAUSE: EQUIPMENT FAILURE

HUMAN ERROR

SLIP/TRIP/FALL

WEATHER RELATED

OTHER _____

8. POLLUTION: NO

9. NO. OF FATALITIES:

10. NO. OF INJURIES: 1

11. Water Depth:

12. Distance from Shore:

13. INITIATE A 2010: NO

14. EMERGENCY REPORT: N

15. OPERATOR REPORT ON FILE: NO

16. WAS OPERATOR TOLD TO CONTACT P/L SECTION? NO

17. RECEIVED BY:

DATE: TIME: HOURS

DISTRICT: CALIFORNIA DISTRICT

18. REMARKS/CORRECTIVE ACTIONS:

~ Personnel were engaged in an activity where there was a hazard of falling in excess of 10 feet. They were not wearing a safety belt or harness secured by a lanyard to a lifeline, drop line or fixed anchor point. Resulting in a fall incident causing bodily injury.

6. OPERATION:

PRODUCTION

EXPLORATION (POE)

DRILLING

DEVELOPMENT/PRODUCTION

WORKOVER

(DOCD/POD)

COMPLETION

HELICOPTER

MOTOR VESSEL

PIPELINE SEGMENT NO. _____

OTHER _____

REPORT ID: EVACCR

RUN DATE: 19-SEP-2018

* * * * *

PROPRIETARY

* * * * *

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

ACCIDENT/INCIDENT FORM

1. OCCURRED

DATE: 12-FEB-2016 TIME: 1215 HOURS

2. OPERATOR: DCOR, L.L.C.

REPRESENTATIVE: Lakner, Carl

TELEPHONE: (805) 535-2038

CONTRACTOR

REPRESENTATIVE

TELEPHONE

3. LEASE:

AREA: LA

BLOCK: 6659

4. PLATFORM: HILLHOUSE

RIGNAME:

5. TYPE: HISTORIC INJURY

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

FATALITY

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 _____

7. CAUSE: EQUIPMENT FAILURE

HUMAN ERROR

SLIP/TRIP/FALL

WEATHER RELATED

OTHER _____

8. POLLUTION: NO

9. NO. OF FATALITIES:

10. NO. OF INJURIES:

11. Water Depth: 190

12. Distance from Shore: 6

13. INITIATE A 2010: NO

14. EMERGENCY REPORT: N

15. OPERATOR REPORT ON FILE: NO

16. WAS OPERATOR TOLD TO CONTACT P/L SECTION? NO

17. RECEIVED BY: Ofolete, Bethram

DATE: 24-MAY-2016 TIME: 1057 HOURS

DISTRICT:

18. REMARKS/CORRECTIVE ACTIONS:

While making a crane pick from the work boat, the loads wire rope sling got caught under a tool box. The force caused the lid of the tool box to bend. The root cause was the crane operator was not fully over the load. Wire rope slings were inspected for damage. No damage of wire rope slings was found. Personnel involved were DCOR employees.

6. OPERATION:

PRODUCTION

DRILLING

WORKOVER

COMPLETION

HELICOPTER

MOTOR VESSEL

PIPELINE SEGMENT NO. _____

OTHER _____

EXPLORATION (POE)

DEVELOPMENT/PRODUCTION

(DOCD/POD)

REPORT ID: EVACCR

RUN DATE: 19-SEP-2018

* * * * *

PROPRIETARY

* * * * *

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

ACCIDENT/INCIDENT FORM

1. OCCURRED

DATE: 21-OCT-2016 TIME: 1100 HOURS

2. OPERATOR: Freeport-McMoRan Oil & Gas LLC

REPRESENTATIVE: CHRIS BARLOW

TELEPHONE:

CONTRACTOR

REPRESENTATIVE

TELEPHONE

3. LEASE: P00450

AREA: SM

BLOCK: 6524

4. PLATFORM: HIDALGO

RIGNAME:

5. TYPE: HISTORIC INJURY

REQUIRED EVACUATION

LTA (1-3 days)

LTA (>3 days)

RW/JT (1-3 days)

RW/JT (>3 days)

Other Injury _____

FATALITY

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 LOST OVERBOARD

7. CAUSE: EQUIPMENT FAILURE

HUMAN ERROR

SLIP/TRIP/FALL

WEATHER RELATED

OTHER _____

8. POLLUTION: NO

9. NO. OF FATALITIES:

10. NO. OF INJURIES:

11. Water Depth: 430

12. Distance from Shore: 7

13. INITIATE A 2010: NO

14. EMERGENCY REPORT: N

15. OPERATOR REPORT ON FILE: NO

16. WAS OPERATOR TOLD TO CONTACT P/L SECTION? NO

17. RECEIVED BY: BSEE-J. KAISER

DATE: 21-OCT-2016 TIME: 1115 HOURS

DISTRICT: CALIFORNIA DISTRICT

18. REMARKS/CORRECTIVE ACTIONS:

// Operator called to report a losr hard hat overboard on Hidalgo platform.

6. OPERATION:

PRODUCTION

EXPLORATION (POE)

DRILLING

DEVELOPMENT/PRODUCTION

WORKOVER

(DOCD/POD)

COMPLETION

HELICOPTER

MOTOR VESSEL

PIPELINE SEGMENT NO. _____

OTHER _____

REPORT ID: EVACCR

RUN DATE: 19-SEP-2018

* * * * *

PROPRIETARY

* * * * *

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

ACCIDENT/INCIDENT FORM

1. OCCURRED

DATE: 04-JAN-2016 TIME: 0930 HOURS

2. OPERATOR: Venoco, Inc.

REPRESENTATIVE: TONY MARTINEZ

TELEPHONE:

CONTRACTOR

REPRESENTATIVE

TELEPHONE

3. LEASE: P00205

AREA: LA

BLOCK: 6912

4. PLATFORM: GAIL

RIGNAME:

5. TYPE: HISTORIC INJURY

REQUIRED EVACUATION 1

LTA (1-3 days)

LTA (>3 days)

RW/JT (1-3 days)

RW/JT (>3 days)

Other Injury _____

FATALITY

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 WOKE UP W/SORE BACK

7. CAUSE: EQUIPMENT FAILURE

HUMAN ERROR

SLIP/TRIP/FALL

WEATHER RELATED

OTHER SLEEPING

8. POLLUTION: NO

9. NO. OF FATALITIES:

10. NO. OF INJURIES: 1

11. Water Depth: 739

12. Distance from Shore: 11

13. INITIATE A 2010: NO

14. EMERGENCY REPORT: N

15. OPERATOR REPORT ON FILE: NO

16. WAS OPERATOR TOLD TO CONTACT P/L SECTION? NO

17. RECEIVED BY: BSEE-C. MILLER

DATE: 04-JAN-2016 TIME: 0954 HOURS

DISTRICT: CALIFORNIA DISTRICT

18. REMARKS/CORRECTIVE ACTIONS:

// Received a call from Tony Martinez on Gail letting us know that they sent in the night cook with a sore back. He woke up and found it hard to move . As a precaution he was sent in to be met by Sedxo management and be taken to the clinic. A report will be coming this morning.

6. OPERATION:

PRODUCTION

EXPLORATION (POE)

DRILLING

DEVELOPMENT/PRODUCTION

WORKOVER

(DOCD/POD)

COMPLETION

HELICOPTER

MOTOR VESSEL

PIPELINE SEGMENT NO. _____

OTHER SLEEPING

REPORT ID: EVACCR

RUN DATE: 19-SEP-2018

* * * * *

PROPRIETARY

* * * * *

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

ACCIDENT/INCIDENT FORM

1. OCCURRED
DATE: 23-DEC-2015 TIME: 1900 HOURS
2. OPERATOR: Venoco, Inc.
REPRESENTATIVE: KEITH WENAL
TELEPHONE: (805) 745-2259

7. CAUSE: EQUIPMENT FAILURE
 HUMAN ERROR
 SLIP/TRIP/FALL
 WEATHER RELATED
 OTHER _____

CONTRACTOR
REPRESENTATIVE
TELEPHONE

3. LEASE: P00205
AREA: LA
BLOCK: 6912

8. POLLUTION: NO
9. NO. OF FATALITIES:

4. PLATFORM: GAIL
RIGNAME:

10. NO. OF INJURIES: 1

5. TYPE: HISTORIC INJURY
 REQUIRED EVACUATION 1
 LTA (1-3 days)
 LTA (>3 days)
 RW/JT (1-3 days)
 RW/JT (>3 days) 1
 Other Injury _____

11. Water Depth: 739

12. Distance from Shore: 11

13. INITIATE A 2010: NO

14. EMERGENCY REPORT: N

15. OPERATOR REPORT ON FILE: NO

16. WAS OPERATOR TOLD TO CONTACT P/L SECTION? NO

17. RECEIVED BY: BSEE-J. KAISER

DATE: 05-JAN-2016 TIME: 1459 HOURS

DISTRICT: CALIFORNIA DISTRICT

18. REMARKS/CORRECTIVE ACTIONS:

// Employee reported to Medic on 12/24/2015 at 0730 that last night while pressure washing the compressors he sustained an injury to his Left Elbow. Employee Reports he was moving the pressure wand and the back of his elbow struck a door. His elbow has localized joint swelling with a small abrasion to the back of the elbow.

Corrective Action; Using pressurized equipment, hold and control equipment.

During the employees week on the platform the swelling on his elbow continued to grow. He completed his work week and went to shore.

Employee followed up with the company Dr. on Tuesday 12/28 on his day off. The doctor found that his elbow has a ruptured bursa and he was given 28 days of restricted duty with a follow up Dr's visit on Monday 1/4/2016.

RUN DATE: 19-SEP-2018

FATALITY
 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 LEFT ELBOW INJURY

6. OPERATION:

PRODUCTION EXPLORATION (POE)
 DRILLING DEVELOPMENT/PRODUCTION
 WORKOVER (DOCD/POD)
 COMPLETION
 HELICOPTER
 MOTOR VESSEL
 PIPELINE SEGMENT NO. _____
 OTHER PRESSURE WASHING

REPORT ID: EVACCR

* * * * *

PROPRIETARY

* * * * *

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

DISTRICT: ALL

Production Inspections and INC's by Operator

LIST OF PRODUCTION INSPECTIONS AND INCS BETWEEN 2015 AND 2018
 FOR Exxon Mobil Corporation - 00276

INC Type Legend: C=Sampling Mandatory, O=Other, P=Sampling Selected

DIST	COMPLEX	STRUC NAME	INSP DATE /		TYPE	AREA	BLOCK	LEASE	INC		EQUIP	COMMENT
			INC	ISSUE DT					ENF	INC		
8	51017	COMPLEX	03-JAN-2015	WO	SM	6635	P00190				Components Inspected: 0	INC's: 0
8	51017	COMPLEX	31-JAN-2015		SM	6635	P00190				Components Inspected: 0	INC's: 0
8	51017	COMPLEX	24-MAR-2015	AU	SM	6635	P00190				Components Inspected: 0	INC's: 0
8	51017	COMPLEX	31-MAR-2015	PP	SM	6635	P00190				Components Inspected: 0	INC's: 0
8	51017	COMPLEX	20-APR-2015	AU	SM	6635	P00190				Components Inspected: 0	INC's: 0
8	51017	COMPLEX	20-APR-2015	PP	SM	6635	P00190				Components Inspected: 0	INC's: 0
8	51017	COMPLEX	11-MAY-2015	WO	SM	6635	P00190				Components Inspected: 0	INC's: 0
8	51017	COMPLEX	20-MAY-2015	PP	SM	6635	P00190				Components Inspected: 0	INC's: 0
8	51017	COMPLEX	15-JUL-2015	PP	SM	6635	P00190				Components Inspected: 54	INC's: 0
8	51017	COMPLEX	01-SEP-2015	PP	SM	6635	P00190				Components Inspected: 14	INC's: 0
8	51017	COMPLEX	01-OCT-2015	CP	SM	6635	P00190				Components Inspected: 6	INC's: 0
8	51017	COMPLEX	15-NOV-2015	PP	SM	6635	P00190				Components Inspected: 14	INC's: 0
8	51017	COMPLEX	29-DEC-2015	PP	SM	6635	P00190				Components Inspected: 1	INC's: 0
8	51017	COMPLEX	06-FEB-2016	AU	SM	6635	P00190				Components Inspected: 1	INC's: 0
8	51017	COMPLEX	04-APR-2016	PP	SM	6635	P00190				Components Inspected: 83	INC's: 0
8	51017	COMPLEX	26-MAY-2016	AU	SM	6635	P00190				Components Inspected: 1	INC's: 0
8	51017	COMPLEX	12-AUG-2016	PP	SM	6635	P00190				Components Inspected: 2	INC's: 0
8	51017	COMPLEX	07-SEP-2016	PC	SM	6635	P00190				Components Inspected: 36	INC's: 0
8	51017	COMPLEX	30-SEP-2016	AU	SM	6635	P00190				Components Inspected: 0	INC's: 0
8	51017	COMPLEX	13-OCT-2016	PP	SM	6635	P00190				Components Inspected: 7	INC's: 0
8	51017	COMPLEX	26-MAY-2017	PP	SM	6635	P00190				Components Inspected: 1	INC's: 0

* * * * *

UNCLASSIFIED

* * * * *

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

DISTRICT: ALL

Production Inspections and INC's by Operator

*LIST OF PRODUCTION INSPECTIONS AND INCS BETWEEN 2015 AND 2018
 FOR Exxon Mobil Corporation - 00276*

INC Type Legend: C=Sampling Mandatory, O=Other, P=Sampling Selected

DIST	COMPLEX	STRUC NAME	INSP DATE / INC ISSUE DT	TYPE	AREA	BLOCK	LEASE	ENF	INC	INC TYPE	EQUIP	COMMENT
8	51017	COMPLEX	18-SEP-2017	PC	SM	6635	P00190				Components Inspected: 11	INC's: 0
8	51017	COMPLEX	23-SEP-2017	PP	SM	6635	P00190				Components Inspected: 4	INC's: 0
8	51017	COMPLEX	16-DEC-2017	PP	SM	6635	P00190				Components Inspected: 3	INC's: 0
8	51017	COMPLEX	17-FEB-2018	PP	SM	6635	P00190				Components Inspected: 1	INC's: 0
8	51017	COMPLEX	13-APR-2018	PP	SM	6635	P00190				Components Inspected: 172	INC's: 0
8	51017	COMPLEX	20-JUL-2018	PP	SM	6635	P00190				Components Inspected: 146	INC's: 0
8	51017	COMPLEX	11-AUG-2018	PP	SM	6635	P00190				Components Inspected: 1	INC's: 0
8	51005	COMPLEX	06-FEB-2015		SM	6636	P00188				Components Inspected: 0	INC's: 0
8	51005	COMPLEX	19-MAR-2015	PP	SM	6636	P00188				Components Inspected: 0	INC's: 0
8	51005	COMPLEX	23-MAR-2015	AU	SM	6636	P00188				Components Inspected: 0	INC's: 0
8	51005	COMPLEX	01-APR-2015	AU	SM	6636	P00188				Components Inspected: 0	INC's: 0
8	51005	COMPLEX	13-APR-2015	PC	SM	6636	P00188				Components Inspected: 162	INC's: 4
		1 HONDO	22-APR-2015		SM	6636	P00188	C	G111		UV Detectors	UV Detectors UV1-TGC, UV2-TGC, UV3-IGC, UV4-IGC, UV5-IGC failed to operate as designed.
		1 HONDO	30-APR-2015		SM	6636	P00188	W	G111		Various Items	Items need to be addressed for corrosion.
		1 HONDO	22-APR-2015		SM	6636	P00188	C	P280		Well H-12U SCSSV	Wells H-12U SCSSV has leakage rate higher than the maximum allowable.
		1 HONDO	24-APR-2015		SM	6636	P00188	C	P280		Well SCSSV	
8	51005	COMPLEX	30-APR-2015	PP	SM	6636	P00188				Components Inspected: 0	INC's: 0

0

* * * * *

UNCLASSIFIED

* * * * *

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

DISTRICT: ALL

Production Inspections and INC's by Operator

LIST OF PRODUCTION INSPECTIONS AND INCS BETWEEN 2015 AND 2018
 FOR Exxon Mobil Corporation - 00276

INC Type Legend: C=Sampling Mandatory, O=Other, P=Sampling Selected

DIST	COMPLEX	STRUC NAME	INSP DATE / INC ISSUE DT	TYPE	AREA	BLOCK	LEASE	ENF	INC	INC TYPE	EQUIP	COMMENT
8	51005	COMPLEX	01-MAY-2015	SM		6636	P00188					Components Inspected: 0 INC's:
8	51005	COMPLEX	01-MAY-2015	SM		6636	P00188					Components Inspected: 0 INC's: 2
		1 HONDO	01-MAY-2015	SM		6636	P00188	W	F108			number of components out of compliance
		1 HONDO	01-MAY-2015	SM		6636	P00188	W	G111			numerous corrosion issues
8	51005	COMPLEX	11-JUN-2015	SM		6636	P00188					Components Inspected: 0 INC's: 0
8	51005	COMPLEX	13-JUN-2015	AU SM		6636	P00188					Components Inspected: 0 INC's: 0
8	51005	COMPLEX	14-JUN-2015	PP SM		6636	P00188					Components Inspected: 0 INC's: 0
8	51005	COMPLEX	24-JUL-2015	AU SM		6636	P00188					Components Inspected: 0 INC's: 1
		1 HONDO	24-JUL-2015	SM		6636	P00188	C	G110		Electrical Conduit	The operator did not perform all operations in a safe and workmanlike manner by deviating from the JSA and "Safe Work Procedure for Demolition of Cables." The "Safe Work Procedure for Demolition of Cables" states that the cutting of the cable must be performed by a "designated competent person" In addition, the designated competent person must also verify the cable and cut location prior the cut. These procedures were not followed. Note: Incident occurred on

* * * * *

UNCLASSIFIED

* * * * *

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

DISTRICT: ALL

Production Inspections and INC's by Operator

*LIST OF PRODUCTION INSPECTIONS AND INCS BETWEEN 2015 AND 2018
 FOR Exxon Mobil Corporation - 00276*

INC Type Legend: C=Sampling Mandatory, O=Other, P=Sampling Selected

DIST	COMPLEX	STRUC NAME	INSP DATE / INC ISSUE DT	TYPE	AREA	BLOCK	LEASE	ENF	INC	INC TYPE	EQUIP	COMMENT
												6/6/2015
8	51005	COMPLEX	27-AUG-2015	PP	SM	6636	P00188				Components Inspected: 195	INC's: 0
8	51005	COMPLEX	14-SEP-2015	AU	SM	6636	P00188				Components Inspected: 0	INC's: 0
8	51005	COMPLEX	13-OCT-2015	PP	SM	6636	P00188				Components Inspected: 18	INC's: 0
8	51005	COMPLEX	27-NOV-2015	AI	SM	6636	P00188				Components Inspected: 0	INC's: 0
8	51005	COMPLEX	13-DEC-2015	PP	SM	6636	P00188				Components Inspected: 39	INC's: 0
8	51005	COMPLEX	25-DEC-2015	AU	SM	6636	P00188				Components Inspected: 0	INC's: 0
8	51005	COMPLEX	05-FEB-2016		SM	6636	P00188				Components Inspected: 0	INC's: 0
8	51005	COMPLEX	07-FEB-2016	AU	SM	6636	P00188				Components Inspected: 0	INC's: 0
8	51005	COMPLEX	16-FEB-2016	PC	SM	6636	P00188				Components Inspected: 20	INC's: 1
		1 HONDO	21-APR-2016		SM	6636	P00188	C	P175		ESS system, UV Fire eyes	UV Detectors for Zone 6, 6A & 6B failed to operate as designed
8	51005	COMPLEX	24-FEB-2016	PP	SM	6636	P00188				Components Inspected: 90	INC's: 0
8	51005	COMPLEX	25-APR-2016	PP	SM	6636	P00188				Components Inspected: 6	INC's: 0
8	51005	COMPLEX	26-MAY-2016	AU	SM	6636	P00188				Components Inspected: 5	INC's: 0
8	51005	COMPLEX	02-JUL-2016	PP	SM	6636	P00188				Components Inspected: 1	INC's: 1
		1 HONDO	02-JUL-2016		SM	6636	P00188	C	P175			UV detector 6B failed to operate as required
8	51005	COMPLEX	09-SEP-2016	PP	SM	6636	P00188				Components Inspected: 1	INC's: 0
8	51005	COMPLEX	18-OCT-2016	AU	SM	6636	P00188				Components Inspected: 0	INC's: 0
8	51005	COMPLEX	25-OCT-2016	PP	SM	6636	P00188				Components Inspected: 25	INC's: 0

* * * * *

UNCLASSIFIED

* * * * *

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

DISTRICT: ALL

Production Inspections and INC's by Operator

*LIST OF PRODUCTION INSPECTIONS AND INCS BETWEEN 2015 AND 2018
 FOR Exxon Mobil Corporation - 00276*

INC Type Legend: C=Sampling Mandatory, O=Other, P=Sampling Selected

DIST	COMPLEX	STRUC NAME	INSP DATE / INC ISSUE DT	TYPE	AREA	BLOCK	LEASE	ENF INC	INC TYPE	EQUIP	COMMENT
8	51005	COMPLEX	24-NOV-2016	AU	SM	6636	P00188			Components Inspected: 0	INC's: 0
8	51005	COMPLEX	21-DEC-2016	PP	SM	6636	P00188			Components Inspected: 4	INC's: 0
8	51005	COMPLEX	14-JAN-2017	PP	SM	6636	P00188			Components Inspected: 10	INC's: 0
8	51005	COMPLEX	04-MAR-2017	PP	SM	6636	P00188			Components Inspected: 1	INC's: 0
8	51005	COMPLEX	15-MAR-2017	PC	SM	6636	P00188			Components Inspected: 70	INC's: 0
8	51005	COMPLEX	10-MAY-2017	PP	SM	6636	P00188			Components Inspected: 3	INC's: 0
8	51005	COMPLEX	11-JUN-2017	AU	SM	6636	P00188			Components Inspected: 0	INC's: 0
8	51005	COMPLEX	24-JUN-2017	CG	SM	6636	P00188			Components Inspected: 6	INC's: 0
8	51005	COMPLEX	06-JUL-2017	PP	SM	6636	P00188			Components Inspected: 1	INC's: 0
8	51005	COMPLEX	06-SEP-2017	PP	SM	6636	P00188			Components Inspected: 32	INC's: 0
8	51005	COMPLEX	27-SEP-2017	AU	SM	6636	P00188			Components Inspected: 0	INC's: 0
8	51005	COMPLEX	14-OCT-2017	IF	SM	6636	P00188			Components Inspected: 5	INC's: 0
8	51005	COMPLEX	26-OCT-2017	PP	SM	6636	P00188			Components Inspected: 16	INC's: 0
8	51005	COMPLEX	15-DEC-2017	AU	SM	6636	P00188			Components Inspected: 0	INC's: 0
8	51005	COMPLEX	25-DEC-2017	AU	SM	6636	P00188			Components Inspected: 0	INC's: 0
8	51005	COMPLEX	04-JAN-2018	PP	SM	6636	P00188			Components Inspected: 9	INC's: 0
8	51005	COMPLEX	11-JAN-2018	AU	SM	6636	P00188			Components Inspected: 0	INC's: 2
		1 HONDO	12-JAN-2018		SM	6636	P00188	C	G110	Drilling	¿ Holes in deck drain on pipe deck north and south side of pipe rack (photos 109, 110, 131) enviro ¿ Holes in deck drain piping on north and south

* * * * *

UNCLASSIFIED

* * * * *

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

DISTRICT: ALL

Production Inspections and INC's by Operator

LIST OF PRODUCTION INSPECTIONS AND INCS BETWEEN 2015 AND 2018
 FOR Exxon Mobil Corporation - 00276

INC Type Legend: C=Sampling Mandatory, O=Other, P=Sampling Selected

DIST	COMPLEX	STRUC NAME	INSP DATE / INC ISSUE DT	TYPE	AREA	BLOCK	LEASE	ENF	INC	INC TYPE	EQUIP	COMMENT
												sides of pipe rack over the water (121,122,123) ; Hole in pipe rack deck over water (125,126) enviro ; Deck drain plugged on the south east side of drill deck (135,143,144, 145) enviro ; Deck penetrations on drill deck next to flare boom open to lower decks. (146 165) ; Holes in mud dock over water (157,159,160) enviro ; Drilling offices and change room debris falling into water. (161,162,163,164) enviro ; Tote on pipe rack not labeled with unknown substance in it. ?? (127) ; Hanging drain pipe on north west side of the drill rig (photo 98) falling ; Hand rails on the south side of the pipe deck (137,138,139,140,142) rust str ; Stair case east side of
		1 HONDO	12-JAN-2018		SM	6636	P00188	C	G111		Drill rig	

* * * * *

UNCLASSIFIED

* * * * *

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

DISTRICT: ALL

Production Inspections and INC's by Operator

LIST OF PRODUCTION INSPECTIONS AND INCS BETWEEN 2015 AND 2018
 FOR Exxon Mobil Corporation - 00276

INC Type Legend: C=Sampling Mandatory, O=Other, P=Sampling Selected

DIST	COMPLEX	STRUC NAME	INSP DATE / INC ISSUE DT	TYPE	AREA	BLOCK	LEASE	ENF	INC	TYPE	EQUIP	COMMENT
												sub base going to MCC (117, 116, 115, 118, 112, 113,114) rust ; Hand rails on west side drill deck to production mezz. (155, 156) rust ; Breathing air fill station at life boat 2 corroded and non-serviceable. Item is on a 3000 psi fill system.
8	51005	COMPLEX	21-FEB-2018	PP	SM	6636	P00188				Components Inspected: 32	INC's: 0
8	51005	COMPLEX	08-MAR-2018	PC	SM	6636	P00188				Components Inspected: 169	INC's: 0
8	51005	COMPLEX	27-MAR-2018	PP	SM	6636	P00188				Components Inspected: 18	INC's: 0
8	51005	COMPLEX	28-APR-2018	PP	SM	6636	P00188				Components Inspected: 1	INC's: 0
8	51005	COMPLEX	25-JUN-2018	IF	SM	6636	P00188				Components Inspected: 0	INC's: 0
8	51005	COMPLEX	08-JUL-2018	PP	SM	6636	P00188				Components Inspected: 1	INC's: 0
8	51005	COMPLEX	28-AUG-2018	AU	SM	6636	P00188				Components Inspected: 184	INC's: 0
8	51005	COMPLEX	16-SEP-2018	PP	SM	6636	P00188				Components Inspected: 1	INC's: 0
8	51018	COMPLEX	04-JAN-2015		SM	6683	P00182				Components Inspected: 0	INC's: 0
8	51018	COMPLEX	07-JAN-2015	AI	SM	6683	P00182				Components Inspected: 0	INC's: 0
8	51018	COMPLEX	22-JAN-2015		SM	6683	P00182				Components Inspected: 0	INC's: 2
		1 HERITAGE	22-JAN-2015		SM	6683	P00182	W	F108		TBA-CL-518	Exposed clx wiring
		1 HERITAGE	22-JAN-2015		SM	6683	P00182	W	Z100		NA	CG 5432 form not completed

* * * * *

UNCLASSIFIED

* * * * *

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

DISTRICT: ALL

Production Inspections and INC's by Operator

*LIST OF PRODUCTION INSPECTIONS AND INCS BETWEEN 2015 AND 2018
 FOR Exxon Mobil Corporation - 00276*

INC Type Legend: C=Sampling Mandatory, O=Other, P=Sampling Selected

DIST	COMPLEX	STRUC NAME	INSP DATE / INC ISSUE DT	TYPE	AREA	BLOCK	LEASE	ENF	INC	INC TYPE	EQUIP	COMMENT
												as required
8	51018	COMPLEX	26-MAR-2015	AU	SM	6683	P00182				Components Inspected: 0	INC's: 0
8	51018	COMPLEX	29-MAR-2015	PP	SM	6683	P00182				Components Inspected: 0	INC's: 0
8	51018	COMPLEX	20-MAY-2015	PP	SM	6683	P00182				Components Inspected: 0	INC's: 0
8	51018	COMPLEX	28-MAY-2015	AU	SM	6683	P00182				Components Inspected: 0	INC's: 0
8	51018	COMPLEX	17-JUL-2015	PP	SM	6683	P00182				Components Inspected: 0	INC's: 0
8	51018	COMPLEX	31-JUL-2015	AU	SM	6683	P00182				Components Inspected: 0	INC's: 0
8	51018	COMPLEX	05-AUG-2015		SM	6683	P00182				Components Inspected: 0	INC's: 0
8	51018	COMPLEX	05-AUG-2015		SM	6683	P00182				Components Inspected: 0	INC's: 0
8	51018	COMPLEX	06-AUG-2015		SM	6683	P00182				Components Inspected: 0	INC's: 0
8	51018	COMPLEX	06-AUG-2015		SM	6683	P00182				Components Inspected: 0	INC's: 0
8	51018	COMPLEX	06-AUG-2015	PP	SM	6683	P00182				Components Inspected: 0	INC's: 0
8	51018	COMPLEX	27-AUG-2015	PC	SM	6683	P00182				Components Inspected: 154	INC's: 2
		1 HERITAGE	09-SEP-2015		SM	6683	P00182	W	F108		throughout platform	Electrical Issues throughout platform
		1 HERITAGE	09-SEP-2015		SM	6683	P00182	W	G111		throughout platform	Crossion issues throughout platform
8	51018	COMPLEX	31-OCT-2015	PP	SM	6683	P00182				Components Inspected: 6	INC's: 0
8	51018	COMPLEX	27-NOV-2015	AI	SM	6683	P00182				Components Inspected: 1	INC's: 0
8	51018	COMPLEX	27-DEC-2015	PP	SM	6683	P00182				Components Inspected: 0	INC's: 0
8	51018	COMPLEX	01-FEB-2016	AU	SM	6683	P00182				Components Inspected: 1	INC's: 0
8	51018	COMPLEX	02-APR-2016	PP	SM	6683	P00182				Components Inspected: 52	INC's: 0

* * * * *

UNCLASSIFIED

* * * * *

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

Production Inspections and INC's by Operator

DISTRICT: ALL

*LIST OF PRODUCTION INSPECTIONS AND INCS BETWEEN 2015 AND 2018
 FOR Exxon Mobil Corporation - 00276*

INC Type Legend: C=Sampling Mandatory, O=Other, P=Sampling Selected

DIST	COMPLEX	STRUC NAME	INSP DATE /		TYPE	AREA	BLOCK	LEASE	INC		EQUIP	COMMENT
			INC	ISSUE DT					ENF	INC		
8	51018	COMPLEX	23-APR-2016	AU	SM	6683	P00182				Components Inspected: 0	INC's: 0
8	51018	COMPLEX	22-MAY-2016	AU	SM	6683	P00182				Components Inspected: 3	INC's: 0
8	51018	COMPLEX	11-JUL-2016	PP	SM	6683	P00182				Components Inspected: 1	INC's: 0
8	51018	COMPLEX	13-AUG-2016	PP	SM	6683	P00182				Components Inspected: 2	INC's: 0
8	51018	COMPLEX	13-SEP-2016	PC	SM	6683	P00182				Components Inspected: 75	INC's: 0
8	51018	COMPLEX	29-OCT-2016	PP	SM	6683	P00182				Components Inspected: 18	INC's: 0
8	51018	COMPLEX	19-NOV-2016	AU	SM	6683	P00182				Components Inspected: 0	INC's: 0
8	51018	COMPLEX	17-DEC-2016	PP	SM	6683	P00182				Components Inspected: 1	INC's: 0
8	51018	COMPLEX	07-MAR-2017	PP	SM	6683	P00182				Components Inspected: 44	INC's: 0
8	51018	COMPLEX	10-MAY-2017	PP	SM	6683	P00182				Components Inspected: 18	INC's: 0
8	51018	COMPLEX	16-JUN-2017	PP	SM	6683	P00182				Components Inspected: 13	INC's: 0
8	51018	COMPLEX	05-SEP-2017	PC	SM	6683	P00182				Components Inspected: 16	INC's: 0
8	51018	COMPLEX	30-OCT-2017	PP	SM	6683	P00182				Components Inspected: 16	INC's: 0
8	51018	COMPLEX	28-DEC-2017	PP	SM	6683	P00182				Components Inspected: 1	INC's: 0
8	51018	COMPLEX	09-FEB-2018	PP	SM	6683	P00182				Components Inspected: 1	INC's: 0
8	51018	COMPLEX	06-MAY-2018	PP	SM	6683	P00182				Components Inspected: 1	INC's: 0
8	51018	COMPLEX	25-JUN-2018	PP	SM	6683	P00182				Components Inspected: 329	INC's: 0
8	51018	COMPLEX	24-AUG-2018	PP	SM	6683	P00182				Components Inspected: 314	INC's: 0
8	51018	COMPLEX	28-AUG-2018	PC	SM	6683	P00182				Components Inspected: 316	INC's: 0

* * * * *

UNCLASSIFIED

* * * * *

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF SAFETY AND ENVIRONMENTAL ENFORCEMENT
PACIFIC OCS REGION*Production Inspections and INC's by Operator*

DISTRICT: ALL

*LIST OF PRODUCTION INSPECTIONS AND INCS BETWEEN 2015 AND 2018
FOR Exxon Mobil Corporation - 00276*

Operator Totals

Total Component Shut-ins:	8
Total Facility Shut-ins:	0
Total Warnings:	7
Total INCs Issued:	15
Total Components Inspected:	3066
INC/Component Ratio:	0

PACIFIC OCS REGION

Total Component Shut-ins:	134
Total Facility Shut-ins:	3
Total Warnings:	196
Total INCs Issued:	333
Total Components Inspected:	35,226
INC/Component Ratio:	.01

* * * * *

UNCLASSIFIED

* * * * *

Incident Report

OCCURRED DATE: 19-MAY-2015 TIME: 1029 HOURS

STATUS CODE: Final Accepted STATUS DATE: 02-JUN-2015

LEASE: AREA: SM BLOCK: 6683 PLATFORM: HERITAGE RIGNAME:

API WELL NUMBER:

OPERATOR: Exxon Mobil Corporation

REPRESENTATIVE: Pullen, Carol

TELEPHONE: 832-625-4584

REPRESENTATIVE: Case, Erik

TELEPHONE: 832-625-4583

TYPE: INJURIES

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

OPERATION:

- PRODUCTION
 - DRILLING
 - WORKOVER
 - COMPLETION
 - HELICOPTER
 - MOTOR VESSEL
 - PIPELINE SEGMENT NO. _____
 - OTHER _____
- EXPLORATION (POE)
 - DEVELOPMENT/PRODUCTION (DOCD/POD)

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

POLLUTION: VOLUME: BBL

APPEARANCE:

LATITUDE: LONGITUDE:

TYPE:

LOSS OF WELL CONTROL

COLLISION

UNDERGROUND

>\$25K

SURFACE

<=\$25K

DEVERTER

SURFACE EQUIPMENT FAILURE OR PROCEDURES

- OIL
- DIESEL
- CONDENSATE
- HYDRAULIC
- NATURAL GAS
- OTHER _____

Incident Report

Remarks

Heritage experienced a release at 10:29 this morning where a single head recorded 24 ppm on our Sub-cellar deck. The control room operator made the call to muster in the Recreation room. The head in question, TG2402, will consistently alarm when a drain that is tied into a local sump has no water in it and the bubble cap is uncovered. Emergency Response Team (ERT) quickly realized the problem and filled the drain. Shortly thereafter the gas dissipated and we made the call to stand down from the drill.

Incident Report

Contact Information

Name: **Case, Erik**
Company: **(00276) Exxon Mobil Corporation**
Company Name:
Phone Number: **832-625-4583**
Cell Phone Number: **281-254-1371**
E-mail Addresss: **erik.case@exxonmobil.com**
Supervisor Name: **Mark Decatur**
Contact Comments:

Name: **Pullen, Carol**
Company: **(00276) Exxon Mobil Corporation**
Company Name:
Phone Number: **832-625-4584**
Cell Phone Number:
E-mail Addresss: **carol.a.pullen@exxonmobil.com**
Supervisor Name: **Mark Decatur**
Contact Comments:

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

ACCIDENT/INCIDENT FORM

1. OCCURRED

DATE: 27-APR-2015 TIME: 0717 HOURS

2. OPERATOR: Exxon Mobil Corporation

REPRESENTATIVE: Case, Erik

TELEPHONE: (832) 625-4583

CONTRACTOR

REPRESENTATIVE

TELEPHONE

3. LEASE:

AREA: SM

BLOCK: 6636

4. PLATFORM: HONDO

RIGNAME:

5. TYPE: HISTORIC INJURY

REQUIRED EVACUATION

LTA (1-3 days)

LTA (>3 days)

RW/JT (1-3 days)

RW/JT (>3 days)

Other Injury _____

FATALITY

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 _____

6. OPERATION:

PRODUCTION

DRILLING

WORKOVER

COMPLETION

HELICOPTER

MOTOR VESSEL

PIPELINE SEGMENT NO. _____

OTHER _____

EXPLORATION (POE)

DEVELOPMENT/PRODUCTION

(DOCD/POD)

7. CAUSE: EQUIPMENT FAILURE

HUMAN ERROR

SLIP/TRIP/FALL

WEATHER RELATED

OTHER _____

8. POLLUTION: NO

9. NO. OF FATALITIES:

10. NO. OF INJURIES:

11. Water Depth: 842

12. Distance from Shore: 5

13. INITIATE A 2010: NO

14. EMERGENCY REPORT: N

15. OPERATOR REPORT ON FILE: NO

16. WAS OPERATOR TOLD TO CONTACT P/L SECTION? NO

17. RECEIVED BY: Kaiser, John

DATE: 13-MAY-2015 TIME: 1143 HOURS

DISTRICT: CALIFORNIA DISTRICT

18. REMARKS/CORRECTIVE ACTIONS:

At 07:17 (PST) hours on April 27, 2015, our Hondo facility experienced an event (minor H2S release) that initiated a muster of the personnel on the platform.

The bellows on PSV 1117A-2 blew out, due to an unexpected shut-in, and caused a small amount of H2S to be vented, causing 1 gas detector to alarm and alerted the facility. Once all personnel mustered and were accounted for, a team was sent out to safe the area (i.e. PSV 1117A-2 was isolated).

UPDATE:

All safety protocols were followed during this event and no injuries occurred. PSV-1117A-2 will be replaced

REPORT ID: EVACCR

RUN DATE: 30-AUG-2018

* * * * *

PROPRIETARY

* * * * *

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

ACCIDENT/INCIDENT FORM

1. OCCURRED
DATE: 29-MAR-2015 TIME: 1400 HOURS
2. OPERATOR: Exxon Mobil Corporation
REPRESENTATIVE: Pullen, Carol
TELEPHONE: (832) 625-4584

7. CAUSE: EQUIPMENT FAILURE
 HUMAN ERROR
 SLIP/TRIP/FALL
 WEATHER RELATED
 OTHER _____

CONTRACTOR
REPRESENTATIVE
TELEPHONE

3. LEASE: P00190
AREA: SM
BLOCK: 6635
4. PLATFORM: HARMONY
RIGNAME:

8. POLLUTION: NO
9. NO. OF FATALITIES:

5. TYPE: HISTORIC INJURY
 REQUIRED EVACUATION
 LTA (1-3 days)
 LTA (>3 days)
 RW/JT (1-3 days)
 RW/JT (>3 days)
 Other Injury _____

10. NO. OF INJURIES:
11. Water Depth: 1198
12. Distance from Shore: 6
13. INITIATE A 2010: NO
14. EMERGENCY REPORT: N

FATALITY
 FIRE
 EXPLOSION

15. OPERATOR REPORT ON FILE: NO
16. WAS OPERATOR TOLD TO CONTACT P/L SECTION? NO

LWC HISTORIC BLOWOUT
 UNDERGROUND
 SURFACE
 DEVERTER
 SURFACE EQUIPMENT FAILURE OR PROCEDURES

17. RECEIVED BY: Kaiser, John

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

DATE: 13-APR-2015 TIME: 1000 HOURS
DISTRICT: CALIFORNIA DISTRICT

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

18. REMARKS/CORRECTIVE ACTIONS:
During the isolation process of the flare, a H2S alarm sounded in the control room of 10ppm. Operations announced that they were picking up H2S on the SE side of the cellar deck and were investigating. PIC made contact with the Safety Stand-by person watching the first line break. Due to communication issues he was not understanding what the ppm reading was in the area, PIC called for a muster at 14:03-04 hours and to tighten flange back up. Within a few minutes (14:10 hours), response team reported all clear. The crew reported they saw 15ppm at the flange. At the time of the incident, there was no wind and conditions on the platform very warm. Prior to releasing everyone from the muster area, the PIC took a few minutes to explain the situation and everything was back to normal. Verbal notification made to John Kaiser at 19:55 hours on 3/29/15. This is the FINAL REPORT

6. OPERATION:
 PRODUCTION EXPLORATION (POE)
 DRILLING DEVELOPMENT/PRODUCTION (DOCD/POD)
 WORKOVER
 COMPLETION
 HELICOPTER
 MOTOR VESSEL
 PIPELINE SEGMENT NO. _____
 OTHER TAR - Platform shut-in _____

REPORT ID: EVACCR

RUN DATE: 30-AUG-2018

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

for this incident.

REPORT ID: EVACCR

RUN DATE: 30-AUG-2018

* * * * *

PROPRIETARY

* * * * *