Edgar Filing: COLLEY M DAVID - Form 4

COLLEY N	A DAVID										
Form 4											
February 01	, 2005										
FORM	ЛД								PPROVAL		
	UNITED) STATES		RITIES A shington			E COMMISSIO	N OMB Number:	3235-0287		
Check t				_				Expires:	January 31,		
if no lor subject		MENT OI	F CHAI	NGES IN	BENEF	FICIAL O	WNERSHIP OF	Estimated	2005 average		
Section				SECU	RITIES	burden hou	-				
Form 4								response	. 0.5		
Form 5 obligati	ong *						nge Act of 1934,				
may con				•	•	• •	of 1935 or Secti	on			
See Inst	ruction	30(n)	of the I	nvestmen	t Compa	ny Act of 1	1940				
1(b).											
(Print or Type	Responses)										
					d Ticker o	of Reporting Person(s) to					
COLLEY	MDAVID		Symbol				Issuer				
				HERFOR		O [WFT]	(Check all applicable)				
(Last)	(First)	(Middle)	3. Date of	of Earliest T	Transaction		Director		% Owner		
				Month/Day/Year)			X_ Officer (give title Other (specify below) below)				
515 POST	OAK BLVD., ST	IE. 600	01/31/2	2005			VP	Global Manufac	xt.		
(Street)			4. If Am	endment, D	ate Origin	al	6. Individual or Joint/Group Filing(Check				
			Filed(Mo	onth/Day/Yea	ar)		Applicable Line)				
HOLIGTON							_X_ Form filed by Form filed by	y One Reporting P More than One R			
HOUSTON	N, TX 77027						Person	whole that one it	oporting		
(City)	(State)	(Zip)	Tab	le I - Non-	Derivative	e Securities A	Acquired, Disposed	of, or Beneficia	lly Owned		
1.Title of	2. Transaction Date			3.	4. Securi		5. Amount of	6. Ownership	7. Nature of		
Security (Instr. 3)	(Month/Day/Year)	Execution	Date, if	Transactio Code	onAcquired Disposed		Securities Beneficially	Form: Direct (D) or Indirect	Indirect Paraficial		
(IIIsu. <i>5)</i>		any (Month/Da	ay/Year)	(Instr. 8)	(Instr. 3,		Owned	(I) of multeet	Ownership		
				. ,	. ,	,	Following	(Instr. 4)	(Instr. 4)		
						(A)	Reported Transaction(s)				
						or	(Instr. 3 and 4)				
				Code V	Amount	(D) Price	(
Reminder: Re	port on a separate lin	e for each cl	ass of sec	urities bene	ficially ow	ned directly	or indirectly.				
							spond to the colle		SEC 1474		
					infor	mation cont	tained in this forn	n are not	(9-02)		

required to respond unless the form displays a currently valid OMB control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exercisable and	7. Title and Amount of	8. Price of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration Date	Underlying Securities	Derivative
Security	or Exercise		any	Code	of	(Month/Day/Year)	(Instr. 3 and 4)	Security

Edgar Filing: COLLEY M DAVID - Form 4

(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr.	8)	Deriv Secu Acqu (A) o Disp of (D (Inst: 4, an	rities uired or osed)) r. 3,					(Instr. 5)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock Units	(1)	01/31/2005		А		25		(2)	(2)	Common Shares	25	\$ 51.78
Phantom Stock Units	<u>(1)</u>	01/31/2005		A		50		(2)	(2)	Common Shares	50	\$ 0

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
COLLEY M DAVID 515 POST OAK BLVD., STE. 600 HOUSTON, TX 77027			VP Global Manufact.					
Signatures								
Burt M. Martin, by power of attorney	02	/01/2005						
** Signature of Reporting Person		Date						

Explanation of Responses:

- * If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) The phantom stock units convert to common shares on a one-for-one basis.

All phantom stock units credited under the Company's Executive Deferred Compensation Stock Ownership Plan (the "Plan") with respect to deferrals by a participant are 100% vested at all times. All units credited under the Plan with respect to the Company's 7.5% allocation and matching allocation vest at 20% per year for each year of service after January 1, 1993. Distributions under the Plan are made upon termination of employment, retirement or death of the participant.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.