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COLLEY N	M DAVID										
Form 4											
January 03	, 2007										
FOR	M 4								PPROVAL		
	UNITED	STATES		RITIES A			E COMMISSIO	N OMB Number:	3235-0287		
	this box			_				Expires:	January 31,		
if no lo subject		MENT OF	F CHAI	NGES IN	BENEF	TCIAL O	WNERSHIP OI	Estimated	2005		
Section				SECUI	RITIES			burden ho			
Form 4								response	•		
Form 5 obligati	ions Filed put						inge Act of 1934				
may co	Section 17			•	•	· ·	t of 1935 or Section	ion			
	truction	30(h)	of the I	nvestmen	t Compai	ny Act of	1940				
1(b).											
(Print or Type	e Responses)										
1. Name and	Address of Reporting	Person *	2 Issu	er Name an	d Ticker or	. Trading	5. Relationship	of Reporting Per	rson(s) to		
	M DAVID	_	Symbol			. Trading	Issuer	uer			
			-	HERFOF	RD						
			INTER	NATION	IAL LTE	[WFT]	(Ch	eck all applicabl	e)		
(Last)	(First) ((Middle)	3. Date of	of Earliest T	ransaction		Director	104	% Owner		
(Month/				onth/Day/Year)XOfficer (§					ve title Other (specify below)		
515 POST	OAK. BLVD., S	ГЕ. 600	12/29/2	2006			· · ·	nufact. & Procur	ement		
(Street) 4.			4. If Am	4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check				
				onth/Day/Yea	-		Applicable Line)				
								y One Reporting P			
HOUSTO	N, TX 77027						Person	More than One R	eporting		
(City)	(State)	(Zip)	Tab	le I - Non-	Derivative	Securities A	Acquired, Disposed	of, or Beneficia	lly Owned		
1.Title of	2. Transaction Date	2A. Deeme	ed	3.	4. Securit		5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Year)	Execution	Date, if	Transactio			Securities	Form: Direct	Indirect		
(Instr. 3)		any (Month/Da	v/Vear)	Code (Instr. 8)	Disposed (Instr. 3, -		Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership		
		(Monul/Da	ly/1eal)	(111501. 0)	(msu. <i>3</i> , -	4 anu <i>5)</i>	Following	(I) (Instr. 4)	(Instr. 4)		
						(A)	Reported				
						(A) or	Transaction(s)				
				Code V	Amount	(D) Price	(Instr. 3 and 4)				
Reminder: Re	eport on a separate line	e for each cla	ass of sec	urities bene	ficially ow	ned directly	or indirectly.				
	1			cite o cine	-	-	spond to the colle	ection of	SEC 1474		
							tained in this form		(9-02)		

information contained in this form are not (9-0 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	orNumber	Expiration Date	Underlying Securities	Derivative
Security	or Exercise		any	Code	of	(Month/Day/Year)	(Instr. 3 and 4)	Security

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(Instr. 3)	Price of Derivative Security	(Month/D	ay/Year) ((Instr. 8	,	Deriv Secur Acqu (A) o Dispo of (D (Instr 4, and	rities nired or osed 0) c. 3,					(Instr. 5)
			(Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock Units	<u>(1)</u>	12/29/2006		A		36		(2)	(2)	Common Shares	36	\$ 44.24
Phantom Stock Units	<u>(1)</u>	12/29/2006		А		72		(2)	(2)	Common Shares	72	\$ 0

Reporting Owners

Reporting Owner Name / Address				
FB	Director	10% Owner	Officer	Other
COLLEY M DAVID 515 POST OAK. BLVD., STE. 600 HOUSTON, TX 77027			VP Manufact. & Procurement	
Signatures				
Burt M. Martin, by Power of Attorney	01	/03/2007		
<pre>**Signature of Reporting Person</pre>		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. 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.