FORM	4
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Check this box if no
longer subject to
Section 16. Form 4 or
Form 5 obligations may
continue. See
Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Response	s)											
1. Name and Address of Reporting Person [*] – Chapoton O Don			2. Issuer Name and VAALCO ENER					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_Director 10% Owner				
3711 SAN FELIPE	(First) , #13-C		3. Date of Earliest Tr 02/15/2006	Date of Earliest Transaction (Month/Day/Year) Officer (give title below) Other (specify) /15/2006 Other (specify) Other (specify)								
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person			
HOUSTON, TX 77027								roun ned by More than One Reporting Feison				
(City)	(State)	(Zip)		Table I - N	on-D	erivative	Securitie	s Acqu	uired, Disposed of, or Beneficially Owne	d		
1. Title of Security		2. Transaction	2A. Deemed	3. Transact	ion	4. Securi	ties Acqu	ired	5. Amount of Securities Beneficially	6.	7. Nature	
(Instr. 3)		Date	Execution Date, if	Code		(A) or D	isposed of	f (D)	Owned Following Reported	Ownership	of Indirect	
		(Month/Day/Year)	any	(Instr. 8)		(Instr. 3,	4 and 5)		Transaction(s)	Form:	Beneficial	
			(Month/Day/Year)						(Instr. 3 and 4)	Direct (D)	Ownership	
										or Indirect	(Instr. 4)	
							(A) or			(I)		
				Code	V	Amount	(D)	Price		(Instr. 4)		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not 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	3A. Deemed	4.		5. Number	of	6. Date Exerci	sable and	7. Title and	Amount	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transact	ion	Derivative		Expiration Date		of Underlying		Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		Securities		(Month/Day/Year)		Securities		Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	str. 8) Acquired (A)				(Instr. 3 and 4)		(Instr. 5)	Beneficially	Derivative	Ownership	
	Derivative					or Disposed of							Owned	Security:	(Instr. 4)
	Security					(D)							0	Direct (D)	
						(Instr. 3, 4,	,						1	or Indirect	
						and 5)							Transaction(s)	< / <	
											Amount		(Instr. 4)	(Instr. 4)	
								Date	Expiration	Title	or				
								Exercisable	Date	THE	Number				
				Code	V	(A)	(D)				of Shares				
Non-															
qualified															
										C					
Stock	\$ 6.2	02/15/2006		Α		100,000		02/15/2006	02/15/2011	Common Stock	100.000	\$ 0	100,000	D	
Options	• • • •					,				Stock	,	• •			
(right to															
buy)															

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Chapoton O Don 3711 SAN FELIPE #13-C HOUSTON, TX 77027	Х						

Signatures

 // O. Don Chapoton
 02/17/2006

 **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).

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.