INFORMATION TABLE FOR FORM 3. Modify information here; it will be automatically updated in Form 3. IT IS NOT NECESSARY TO PRINT THIS PAGE. DO NOT DELETE THIS PAGE.

Last Name of Reporting Person Brown Brothers Harriman & Co. First Name of Reporting Person Middle Name of Reporting Person 59 Wall Street Street Address of Reporting Person City of Reporting Person State of Reporting Person Zip Code of Reporting Person Date of Event Requiring Statement 4/21/98 IRS or SS # of Reporting Person Issuer Name Ticker/Trading Symbol Vaalco Energy, Inc. (VEIX) If Amendment, date of Original (otherwise blank) Information for Signed Pursuant Filed by one reporting person Filed by more than one reporting person Relationship of Reporting Person to Issuer: (Place an X where appropriate: leave others blank.) Director 10% Owner Х Officer (* indicate below) Other (* indicate below) * Specify: <TABLE> <CAPTION> U.S. SECURITIES AND EXCHANGE COMMISSION WASHINGTON, D.C. 20549 INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(f) of the Investment Company Act of 1940 <S> $\langle C \rangle$ _ _____ OMB APPROVAL OMB Number: FORM 3 3235-0104 _ _____ Expires: September 30, 1998 Estimated average burden hours per response 0.5 </TABLE> 1. Name and Address of Reporting Person * Brown Brothers Harriman & Co. (First) (Middle) (Last) 59 Wall Street (Street) New York NY 10005 (City) (State) (Zip) 2. Date of Event Requiring Statement (Month / Day / Year) 4/21/98 3. IRS or Social Security Number of Reporting Person (Voluntary) 4. Issuer Name and Ticker or Trading Symbol Vaalco Energy, Inc. (VEIX)

5. Relationship of Reporting Person to Issuer (Check all applicable)

Director X 10% Owner ____ ____ Officer (give title Other below) ----- (specify below) _____ 6. If Amendment, Date or Original (Month/Year) 7. Individual or Join/Group Filing (Check Applicable Line) Form filed by One Reporting Person Х ____ Form filed by More than One Reporting Person ____ <TABLE> <CAPTION> TABLE I -- NON-DERIVATIVE SECURITIES BENEFICIALLY OWNED 1. Title of security 2. Amount of Securities 3. Ownership 4. Nature of Indirect Form: Direct (D) (Inst.4) Beneficially Owned Beneficial Ownership (Instr. 4) or Indirect (I) (Instr. 5) (Inst. 5) _ _____ _____ <C> <S> <C><C> I 3,763,441 (2) Common Stock (1) (3) _ _____ _ ____ Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectlv. (Over) * If the Form is filed by more than one reporting person, SEE instruction 5(b)(v). SEC 1473(7-97) </TABLE> <TABLE> <CAPTION> TABLE II -- DERIVATIVE SECURITIES BENEFICIALLY OWNED (E.G., PUTS, FORM 3 (CONTINUED) CALLS, WARRANTS, OPTIONS, CONVERTIBLE SECURITIES) 1. Title of Derivative Security 2. Date Exercisable and 3. Title and Amount of Securities Underlving Derivative Security (Instr. 4) (Instr. 4) Expiration Date (Month/Day/Year) Amount or Title Date Expiration Number of Exercisable Date Shares _____ _____ <S> <C> <C> <C> <C> Preferred Stock (4) - -----_____ _____ _____ <CAPTION> 5. Ownership 6. Nature of Indirect 4. Conversion or Beneficial Ownership Exercise Price of Form of Derivative Derivative (Instr. 5) Security Security: Direct (D) or Indirect (I) (Instr. 5) -----_____ <S> <C> <C> N/A Т (3) _ _____ </TABLE>

Explanation of Responses:

(1) Par value \$.10 per share.

(2) Brown Brothers Harriman & Co. is the general partner of The 1818 Fund, L.P., and, as such, its pecuniary interest in the securities is limited to its

percentage interest in such securities.

- (3) By The 1818 Fund II, L.P.
- (4) Par value \$25.00 per share.
- (5) 27,500,000 shares, subject to adjustment.
- **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 provided 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 current valid OMB Number.

/s/ Lawrence C. Tucker - ------*Signature of Reporting Person May 1, 1998 _____ Date

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