

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

OMB APPROVAL				
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nours per respons	e 0.5			

INITIAL STATEMENT OF 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 Responses)								
1. Name and Address of Reporting Person* BOULET VIRGINIA	2. Date of Event Requiring Statement (Month/Day/Year) 03/25/2005			3. Issuer Name and Ticker or Trading Symbol W&T OFFSHORE INC [WTI]				
ONE SHELL SQUARE, 701 POYDRAS ST., SUITE 4500			4. Relationship of Issuer (Check X Director	f Reporting Person	Filed(Mon	5. If Amendment, Date Original Filed(Month/Day/Year)		
(Street) NEW ORLEANS, LA 70139				Officer (give tit below)		6. Individed Applicable X Form	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person	
(City) (State) (Zip)		Table I - Non-Derivative Securities Beneficially Owned						
1.Title of Security (Instr. 4)	2. Amount of See Beneficially Own (Instr. 4)		ned		4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock 0					D			
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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)								
					mount of	4. Conversion		6. Nature of Indirect Beneficial
(Instr. 4) and Expiration Date (Month/Day/Year) Section Section 1.		Securi Securi	Securities Underlying Derivative Security		or Exercise Price of Derivative	Form of Derivative Security: Direct	Ownership (Instr. 5)	
	ate xercisable	Expiration Date	Title	Amoun Shares	at or Number of	Security	(D) or Indirect (I) (Instr. 5)	

Reporting Owners

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
BOULET VIRGINIA ONE SHELL SQUARE 701 POYDRAS ST., SUITE 4500 NEW ORLEANS, LA 70139	X				

Signatures

/s/ Virginia Boulet	03/30/2005
**Signature of Reporting Person	Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(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.