MURPHY MATTHEW P

Form 4 Januar

4 y 06, 2003		
FORM 4		OMB APPROVAL OMB Number: 3235-0287 Expires: January 31, 2005
[_] Check this box i subject to Secti or Form 5 obliga continue. See In	on 16. Form 4 tions may	Estimated average burden hours per response0.5
UNITE	D STATES SECURITIES AND EXC Washington, D.C. 20	
STA	TEMENT OF CHANGES IN BENEFI	CCIAL OWNERSHIP
Section 17(a)	Section 16(a) of the Secur of the Public Utility Holdi n 30(h) of the Investment C	
(Print or Type Respon	ses)	
1. Name and Address	of Reporting Person*	
MURPHY	MATTHEW	P
(Last)	(First)	(Middle)
508 W. WALL, SUITE 80	0	
	(Street)	
MIDLAND	TX	79701
(City)	(State)	(Zip)
2. Issuer Name and	Ticker or Trading Symbol	
DWSN DAWSON GEOPHYSIC.	AL COMPANY	
3. I.R.S. Identific	ation Number of Reporting F	Person, if an entity (voluntary)
568-46-6640		
4. Statement for Mo	nth/Day/Year	
11/02		
5. If Amendment, Da	te of Original (Month/Day/Y	(ear)
11/26/02		

(Check all applicable) [X] Director

6. Relationship of Reporting Person(s) to Issuer

[_] 10% Owner

	or Joint/Group Fi		pli	cable Lir	ne)					
	filed by One Reportiled by More than	-	Pe	erson						
TABI	TABLE I NON-DERIVATIVE SECURITIES ACQUIRED, DISPOSED OF, OR BENEFICIALLY OWNED									
		2A. Deemed Execution	3.	Transaction Code (Instr. 8) Code V	ion				ies d (A) osed of str. 3,)	Securities Beneficial Owned Foll ing Report
1. Title of Security (Instr. 3)	Date (Month/	Date, if any (Month Day/Year)			Aı	mount	(A or (D		Transaction (Instr. 3 and 4)	
	11/26/2002 T PURSUANT TO A PI		J 			500			5.21	3500
COMPENSATION NC	T PURSUANT TO A PI									
COMPENSATION NC	T PURSUANT TO A PI									
COMPENSATION NC	T PURSUANT TO A PI									
COMPENSATION NC	T PURSUANT TO A PI									
COMPENSATION NC	T PURSUANT TO A PI									
COMPENSATION NO	T PURSUANT TO A PI									

	2. Conver- sion or	3.	3A.	4. Trans-	Number of Deriv- ative Secur- ities Acquired (A) or Disposed		6. Date Exercisable and		· · · · · · · · · · · · · · · · · · ·		
1. Title of Derivative Security	of Deriv- ative	action Date (Month/ Day/	Date, if any (Month/	action Code (Instr. 8)	(Inst	tr. 5)		ay/Year) Expira-		Amount or Number of	
(Instr. 3)	Security	Year) 	Day/Year)	Code V	(A)	(D)	cisable	Date	Title	Shares	
Explanation	of Respons	es:									
/s/ Matthew	P. Murphy						1-3-03				
**Signature of Reporting Person					Date				-		

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

- * 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 provided is insufficient, see Instruction 6 for procedure.