FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response: | 0.5 | | | | | | | |

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| 1. Name and Address of Reporting Person * WILSON KEVIN E (Last) (First) (Middle) C/O ST MARY LAND & EXPLORATION 7060 S. YALE #800 | | | | | | 2. Issuer Name and Ticker or Trading Symbol ST MARY LAND & EXPLORATION CO [SM] 3. Date of Earliest Transaction (Month/Day/Year) 06/25/2004 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | all applicab Director Officer (g below) | 10% Owner | | specify | |
|---|--|----|------------|---------------------------------|--------------------|---|---|--|-------------------------|--------------------|--|--------------|-------------------------------------|--|--|---|---|--|------------|
| (Street) TULSA OK 74136 (City) (State) (Zip) | | | | | | | | | | | | | | X | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Та | ble I - No | n-Deri | ivativ | e Se | curitie | s Acq | uired, l | Disp | osed of, | or E | 3enefi | cially Ow | ned | | | | |
| Date | | | | | e nth/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | | ties Acquired (A) or d Of (D) (Instr. 3, 4 a | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | | v | Amount | t (A) or (D) | | Price | (Instr. 3 and 4) | | | | (111511.4) |
| Common Stock; \$.01 Par Value 06/2 | | | | | | /25/2004 | | | J ⁽¹⁾ | | 401 | | A | (1) | 4,9 | ,964 | | D | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | vative Conversion Date Execution Date, urity (Instr. 3) or Exercise (Month/Day/Year) if any | | | 4. Transac Code (In B) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | te | 7. Title and Amo Securities Under Derivative Secur (Instr. 3 and 4) | | derlying curity | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported Transacti | e s lly | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | | | Date Exercisa | | Expiration Date | Title | | Amount or Number of Shares | | (Instr. 4) | | | | |

Explanation of Responses:

1. On June 21, 2004, the reporting person reported a disposition by gift on June 18, 2004, of 401 shares of the issuer's common stock to a 501(c)(3) organization. The transaction was rescinded on June 25, 2004, by mutual agreement between the reporting person and the donee.

James C. Robertson (Attorney-In-06/28/2004

Fact)

** 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 is insufficient, see Instruction 6 for procedure.

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 Number.