## Edgar Filing: SCHLUMBERGER LTD /NV/ - Form 4

| SCHLUMBERGER<br>Form 4<br>October 27, 2005  | LTD /NV/   |  |   |         |                 |   |  |   |  |
|---|--|--|---|---------|-----------------|---|--|---|--|
|   | NITED STATES                                     | ES SECURITIES AND EXCHANGE COMMISSIO<br>Washington, D.C. 20549 |   |         |                 |   | -  | PPROVAL<br>3235-0287                                  |  |
| if no longer<br>subject to<br>Section 16. SECURITIES  |  |  |   |         |                 |   | burden hou<br>response   | Estimated average<br>burden hours per<br>response 0.5 |  |
| (Print or Type Responses)   | )  |  |   |         |                 |   |  |   |  |
| GORELICK JAMIE S Symbol   |  |  | e <b>and</b> Ticker or '                |         | -               | 5. Relationship of Reporting Person(s) to<br>Issuer<br>(Check all applicable)   |  |   |  |
| (Last)(First)(Middle)3. Date of<br>(Month/D)C/O SCHLUMBERGER10/25/20LIMITED, 153 EAST 53RD10/25/20STREET 57TH FLOOR10/25/20 |  |  | est Transaction<br>ar)                  |         |                 | X_Director10% Owner<br>Officer (give titleOther (specify<br>below) below)   |  |   |  |
|   |  |  | endment, Date Original<br>nth/Day/Year) |         |                 | <ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul> |  |   |  |
| NEW YORK, NY 10   |  |  |   |         |                 | Person  |  |   |  |
| Security (Month/<br>(Instr. 3)  | action Date 2A. Dee<br>Day/Year) Executio<br>any | med 3.<br>on Date, if Trans<br>Code<br>Day/Year) (Instr        | 4. Securi<br>saction(A) or Di<br>e (D)  | ties Ac | cquired<br>d of | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4)  | f, or Beneficial<br>6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) | -   |  |
| Common 10/25/2<br>Stock   | 2005   | Р  | 900                                     | А       | \$<br>83.2      | 9,600   | 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 Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 4.<br>Transactic<br>Code<br>(Instr. 8) | 5.<br>orNumber<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3,<br>4, and 5) |                     | Date               | Secur | unt of<br>rlying                       | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secu<br>Bene<br>Owne<br>Follo<br>Repo<br>Trans<br>(Instr |
|---|---|---|--|---|---------------------|--------------------|-------|--|---|--|
|   |   |   | Code V                                 | (A) (D)   | Date<br>Exercisable | Expiration<br>Date | Title | Amount<br>or<br>Number<br>of<br>Shares |   |  |

## **Reporting Owners**

| Reporting Owner Name / Address  | Relationships |           |         |       |  |  |  |
|---|---------------|-----------|---------|-------|--|--|--|
| 1   | Director      | 10% Owner | Officer | Other |  |  |  |
| GORELICK JAMIE S<br>C/O SCHLUMBERGER LIMITED<br>153 EAST 53RD STREET 57TH FLOOR<br>NEW YORK, NY 10022 | Х             |           |         |       |  |  |  |
| Signatures  |               |           |         |       |  |  |  |
| By: /s/Lynda M. Quagliara Attorney-in-Fac<br>Gorelick   | 1             | 0/26/2005 |         |       |  |  |  |
| <u>**</u> 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.