

# SECURITIES AND EXCHANGE COMMISSION

## FORM 5

Annual statement of changes in beneficial ownership of securities

Filing Date: **2004-08-12** | Period of Report: **2004-06-30**

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([HTML Version](#) on [secdatabase.com](http://secdatabase.com))

### REPORTING OWNER

#### ALLEN JOHN C

CIK: **1205284**

Type: **5** | Act: **34** | File No.: **000-14183** | Film No.: **04968806**

Business Address

*P.O. BOX 2229*

*GREAT FALLS MT 59403-2229*

### ISSUER

#### ENERGY WEST INC

CIK: **43350** | IRS No.: **810141785** | State of Incorporation: **MT** | Fiscal Year End: **0630**

SIC: **4924** Natural gas distribution

Mailing Address

*ENERGY WEST INC*

*1 FIRST AVE SOUTH PO BOX*

*2229*

*GREAT FALLS MT 59401*

Business Address

*1 FIRST AVE SOUTH*

*PO BOX 2229*

*GREAT FALLS MT 59401*

*4067917500*

# FORM 5

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

### OMB APPROVAL

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 hours per response 1.0

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

Form 3 Holdings Reported

Form 4 Transactions Reported

### ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person <b>ALLEN JOHN C</b>			2. Issuer Name and Ticker or Trading Symbol <b>ENERGY WEST INC [EWST]</b>			5. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below) <b>Acting CEO</b>		
(Last)	(First)	(Middle)	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) <b>06/30/2004</b>			6. Individual or Joint/Group Reporting (Check applicable line) <input checked="" type="checkbox"/> Form Filed by One Reporting Person <input type="checkbox"/> Form Filed by More than One Reporting Person		
PO BOX 2229			4. If Amendment, Date Original Filed(Month/Day/Year)					
(Street) <b>GREAT FALLS, MT 59403</b>								
(City)	(State)	(Zip)						

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
				Amount	(A) or (D)	Price			
Retirement Savings 401k Stock Match	06/30/2004		J	60	A	\$6.66	740	I	By Plan
Retirement Savings 401k Stock Match	03/31/2004		J	55	A	\$7.25	680	I	By Plan
Retirement Savings 401k Stock Match	12/31/2003		J	59	A	\$5.95	625	I	By Plan
Retirement Savings 401k Stock Match	09/30/2003		J	51	A	\$6.9	566	I	By Plan

**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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	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)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
						Date Exercisable	Expiration Date					
					(A) (D)			Title	Amount or Number of Shares			

#### Signatures

Melany Villeneuve

\*\* Signature of Reporting Person

08/12/2004

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.**