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OMB APPROVAL  
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FORM 5  
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UNITED STATES SECURITIES AND EXCHANGE COMMISSION  
WASHINGTON, DC 20549

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

- [ ] CHECK 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
- 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(f) of  
the Investment Company Act  
of 1940

1. Name and Address of Reporting Person*			2. Issuer Name and Ticker or Trading Symbol		6. Relationship of Reporting Person(s) to Issuer (Check all applicable)	
Morgan	William	B	Unit Corporation UNT		X Director 10% Owner	
(Last)	(First)	(Middle)	3. I.R.S. Identification Number of Reporting Person, if an entity (Voluntary)		4. Statement for Month/Year December 31, 2000	
St. Johns Medical Center Inc. 1923 S. Utica Ave.					Officer (give title --- Other (specify below)	
(Street)					5. If Amendment, Date of Original (Month/Year)	
Tulsa	OK	74103			7. Individual or Joint/Group Reporting (Check applicable line)	
(City)	(State)	(Zip)			X Form Filed by one Reporting Person	
					Form Filed by More than One Reporting Person	

TABLE I -- NON-DERIVATIVE SECURITIES ACQUIRED, DISPOSED OF, OR BENEFICIALLY OWNED

1. Title of Security (Instr. 3)	2. Trans- action Date (Month/ Day/ Year)	3. Transac- tion Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Se- curities Benefi- cially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Owner- ship Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of In- direct Benefi- cial Owner- ship (Instr. 4)
			Amount (A) or (D)	Price		

TABLE II -- DERIVATIVE SECURITIES ACQUIRED, DISPOSED OF, OR BENEFICIALLY OWNED  
(e.g., PUTS, CALLS, WARRANTS, OPTIONS, CONVERTIBLE SECURITIES)

Explanation of Responses:

(1) This option vests six months after the date of grant.

\*\*Signature of Reporting Person      Date

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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.