FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations 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* BELITZ STANLEY W |                                                                       |                                            | 2. Issuer Name and Ticker or Trading Symbol UNIT CORP [ UNT ] |                                                             |                                                          |                                                                                                                   |     |                                  |                                                         |                        | 5. Relationship of Reporting Person(s) to Issuer<br>(Check all applicable)  Director 10% Owner |                                                                       |                                                             |                                        |                                                                                  |                                                |                        |                                                           |  |
|-----------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-----|----------------------------------|---------------------------------------------------------|------------------------|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------|----------------------------------------------------------------------------------|------------------------------------------------|------------------------|-----------------------------------------------------------|--|
| (Last)                                                    | , , , , , , , , , , , , , , , , , , , ,                               |                                            |                                                               | 3. Date of Earliest Transaction (Month/Day/Year) 12/13/2005 |                                                          |                                                                                                                   |     |                                  |                                                         |                        | X                                                                                              | Officer (c                                                            |                                                             |                                        |                                                                                  | r (specify                                     |                        |                                                           |  |
| 7130 SOUTH LEWIS, SUITE 1000                              |                                                                       |                                            |                                                               |                                                             |                                                          |                                                                                                                   |     |                                  |                                                         |                        |                                                                                                | Controller                                                            |                                                             |                                        |                                                                                  |                                                |                        |                                                           |  |
| (Street)                                                  |                                                                       |                                            |                                                               |                                                             | 4. If Amendment, Date of Original Filed (Month/Day/Year) |                                                                                                                   |     |                                  |                                                         |                        | 6. Ind                                                                                         | 6. Individual or Joint/Group Filing (Check Applicable                 |                                                             |                                        |                                                                                  |                                                |                        |                                                           |  |
| TULSA                                                     | OK                                                                    | . 74                                       | 136549                                                        |                                                             |                                                          |                                                                                                                   |     |                                  |                                                         | 1 ′                    | X Formfiled by One Reporting Person Formfiled by More than One Reporting Person                |                                                                       |                                                             |                                        |                                                                                  |                                                |                        |                                                           |  |
| (City)                                                    | (Sta                                                                  | te) (Zi                                    | p)                                                            |                                                             |                                                          |                                                                                                                   |     |                                  |                                                         |                        |                                                                                                |                                                                       |                                                             |                                        |                                                                                  |                                                |                        |                                                           |  |
|                                                           |                                                                       | Table I -                                  | Non-Derivati                                                  | ve Sec                                                      | urit                                                     | ies A                                                                                                             | cqu | ired,                            | Disp                                                    | osed of,               | or Be                                                                                          | eneficia                                                              | ally Owne                                                   | d                                      |                                                                                  |                                                |                        |                                                           |  |
| Date                                                      |                                                                       |                                            | 2. Transaction<br>Date<br>(Month/Day/Y                        | Execution Date,                                             |                                                          | Code (Instr.                                                                                                      |     | tion                             | 4. Securities Acquired Disposed Of (D) (Instr. 3 and 5) |                        |                                                                                                | , 4 Securities<br>Beneficially<br>Owned                               |                                                             | 6.<br>Ownershi<br>Form: Dire<br>(D) or |                                                                                  | 7. Natu<br>of Indi<br>Benefi<br>Owner          | rect<br>icial<br>rship |                                                           |  |
|                                                           |                                                                       |                                            |                                                               |                                                             |                                                          | С                                                                                                                 |     | Code                             | v .                                                     | Amount                 | (A) or<br>(D)                                                                                  | Price                                                                 | Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4) |                                        | Indirect (I)<br>(Instr. 4)                                                       |                                                | (Instr. 4)             |                                                           |  |
| Common Stock <sup>(1)</sup> 12/13/20                      |                                                                       |                                            | 05                                                            |                                                             |                                                          | A                                                                                                                 |     | 475                              | A                                                       | \$0                    | 9,079 D                                                                                        |                                                                       |                                                             |                                        |                                                                                  |                                                |                        |                                                           |  |
|                                                           |                                                                       | Tab                                        | le II - Derivati<br>(e.g., pu                                 |                                                             |                                                          |                                                                                                                   |     |                                  |                                                         | oosed of,<br>convertil |                                                                                                |                                                                       |                                                             | ed                                     |                                                                                  |                                                |                        |                                                           |  |
| 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<br>Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year)   | 4.<br>Transaction<br>Code (Instr.<br>8)                     |                                                          | 5. Number<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3, 4<br>and 5) |     | Expiration Date (Month/Day/Year) |                                                         |                        | Amo<br>Secu<br>Unde<br>Deriv<br>Secu                                                           | le and<br>unt of<br>irities<br>irlying<br>rative<br>irity<br>r. 3 and | of Derivative Security (Instr. 5)                           |                                        | umber of<br>vative<br>urities<br>eficially<br>ed<br>owing<br>orted<br>saction(s) | ive Own ies Forn ially Dire or In ng (I) (I ed |                        | 11. Natu<br>of Indire<br>Benefici<br>Owners<br>(Instr. 4) |  |
|                                                           |                                                                       |                                            |                                                               | Code                                                        | v                                                        | (A)                                                                                                               | (D) | Date<br>Exerc                    | cisable                                                 | Expiration Date        |                                                                                                | Amount<br>or<br>Number<br>of<br>Shares                                |                                                             |                                        |                                                                                  |                                                |                        |                                                           |  |

## Explanation of Responses:

1. This restricted stock award vests in 2 equal annual installments commencing 1/1/07

## Remarks:

By: By Mark E. Schell under POA

01/05/2006

\*\* Signature of Reporting Person Date

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

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.

 $<sup>^{\</sup>ast}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Oriminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).