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FORM 4 - OCTOBER 1997
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UNITED STATES SECURITIES AND EXCHANGE COMMISSION WASHINGTON, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

- () Check this box if no longer subject to Section 16.
- Form 4 or Form 5 obligations may continue. See Instructions $1 \, (b) \, .$
- 1. Name and Address of Reporting Person Morgan, William B

St. John's Medical Center, Inc.

1923 South Utica Avenue Tulsa, OK 74103

USA

- 2. Issuer Name and Ticker or Trading Symbol Unit Corporation
- 3. IRS or Social Security Number of Reporting Person (Voluntary)
- 4. Statement for Month/Year

October 1997

- 5. If Amendment, Date of Original (Month/Year)
- 6. Relationship of Reporting Person(s) to Issuer (Check all applicable) (X) Director () 10% Owner () Officer (give title below) () Other (specify below)
- 7. Individual or Joint/Group Filing (Check Applicable Line)

(X) Form filed by One Reporting Person

() Form filed by More than One Reporting Person

1. Title of Security	2. 3. 4.Securities Ad Transaction or Disposed of	·	5.Amount of Securities Beneficially Owned at End of Month	6.Dir 7.Nature of Indirect ect Beneficial Ownership (D)or Indir ect(I)
Common Stock	10/07/ M 2,500 97	A \$1.75 	 	
Common Stock	10/07/ M 2,500 97	A \$2.875 	 	
Common Stock	10/07/ M 2,500 97	A \$3.375 	 	
Common Stock	10/09/ S 7,500 97	D \$15.50 	10 , 000	D

Explanation of Responses: