FORM 4

UNITED STATES SECURITIES AND EXCHANGE

COMMISSION Washington, D.C. 20549 OMB APPROVAL OMB Number: 3235-0287 Estimated average burden 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)
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(b) of the Investment Commany Act of 1940

1. Name and Address of Reporting Person* KAISER FRANCIS CHARITABLE INCOME TRUST B					2. Issuer Name and Ticker or Trading Symbol UNIT CORP [UNT] 3. Date of Earliest Transaction (Month/Day/Year) 07/30/2004									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
														Director X 10% Owner Officer (give title Other (speci				y		
(Last) (First) (Mddle)														below) below)						
					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)														X Formfiled by One Reporting Person						
(City) (State) (Zip)													Formfiled by More than One Reporting Person							
		Table I -	Non-Derivati	ve Sec	urit	ies A	cqu	ired, Dis	posed	of,	or B	eneficia	ally Owne	d						
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/)				Execution Date,			Tr	3. Transaction Code (Instr. 8) 4. Securities A Disposed Of (D and 5)					5. Amount of Securities Beneficially Owned		6. Ownership Form: Direct (D) or		7. Natu of Indi Benefi Owner	rect cial rship		
							C	ode V	V Amount		(A) or (D)	Price	Following Reported Transaction(s) (Instr. 3 and 4)		Indirect (I) (Instr. 4)		(Instr. 4)			
Common	Stock		09/13/200	4		Τ	S	25,00	0	D	\$32.96	1,994,8	348	D						
Common Stock 09/14/200)4		Τ	S	200		D	\$33.06	1,994,648		D					
		Tab	e II - Derivati (e.g., pu											€d		_				
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. Num of Deriv a Securi Acquir (A) or Dispos of (D) (Instr. and 5)	ative ities red sed 3, 4	6. Date E: Expiratio (Month/Da			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: Direct (D) or Indirect (I) (Instr. 4)		11. Natu of Indire Benefic Owners (Instr. 4		
				Code	v	(A)	(D)	Date Exercisal	Expire Expire	ration		Amount or Number of Shares								

Explanation of Responses:

Frederic Dorwart

<u>09/15/2004</u>

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially ow ned 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 Oriminal 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.