FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Payne Larry C		Date of Event Requiring Statement (Month/Day/Year)		3. Issuer Name and Ticker or Trading Symbol UNIT CORP [UNT]								
(Last)	(First)	(Middle)	05/04/2011			Relationship of Reporting Person(s) to Issuer (Check all applicable)			5. If Amendment, Date of Original Filed (Month/Day/Year)			
7130 SOUTH LEWIS, SUITE 1000				X Director Officer (give title		10% Owner Other (specify		6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street) TULSA (City)	OK (State)	74136 (Zip)			below)		below)		X Formfiled by One Reporting Person Formfiled by More than One Reporting Person			
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)				2. Amount of Securities Beneficially Owned (Instr. 4) Securities Form: Direct (or Indirect (I) (Instr. 5)		ect (D) C	(D) Ownership (Instr. 5)					
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable a Expiration Date (Month/Day/Year) Date Exercisable Expirate Date		ite	3. Title and Amount of Sec Underlying Derivative Sec (Instr. 4)			4. Convers	ion ise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)			
			Expiration Date	n Title	•	Amount or Number of Shares	Security		Direct (D) or Indirect (I) (Instr. 5)			

Explanation of Responses:

Remarks:

No issuer securities are beneficially owned at this time. - poa_lpayne.txt

No securities are beneficially owned.

<u>By April Adler under POA</u> <u>05/06/2011</u>
** 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.

^{*} If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

^{**} Intentional misstatements or omissions of facts constitute Federal Orininal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).