FORM 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	$D \subset$	205/10
wasiiiigton,	D.C.	20549

washington, D.C. 20049
ANNUAL STATEMENT OF SUANISES IN DENIETIONAL
ANNUAL STATEMENT OF CHANGES IN BENEFICIAL

OWNERSHIP

OMB APP	PROVAL						
OMB Number:	3235-0362						
Estimated average	burden						

Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box if no longer subject to

Form 2 Holdings Paparted

Form 3	Holdings Repo	rted.												[aro per	теоропос.	1.0
_	Transactions R		File	ed pursuant to or Sectior					rities Excha ompany Ac								
1. Name and Address of Reporting Person* <u>ALLEN H C JR</u>				2. Issuer Name and Ticker or Trading Symbol DORCHESTER MINERALS LP [DMLP]					Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner								
(Last) 3738 OAI SUITE 30		st) (I	Middle)	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2003						2	X Officer (give title Other (specify below) Chief Financial Officer						
(Street) DALLAS TX 75219 (City) (State) (Zip)				4. If Amen	4. If Amendment, Date of Original Filed (Month/Day/Year)						Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
		Tabl	e I - Non-Deriv	ative Sec	uritie	s Ac	quire	ed, Di	sposed	of, or	Benefic	ciall	y Owne	ed			
1. Title of Security (Instr. 3) 2. Da		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.		4. Securities Acquired (A) or Dispos Of (D) (Instr. 3, 4 and 5)			1		nt of es ally	Ownership I Form: Direct I		7. Nature of Indirect Beneficial Ownership		
							Amour	nt	(A) or (D)	Price		Issuer's Fiscal Year (Instr. 3 and 4)		Indirect (I) (Instr. 4)		(Instr. 4)	
Common	u Units (1) ⁽¹⁾ 04/02/2003		04/02/2003		J		94	,053	A	A (1)		94,	4,053 D		D		
Common	Units (1) ⁽¹⁾		04/03/2003 04/		003 J		12	,133	A	A (1)		106	106,186		D		
Common 1	Units		04/02/2003	04/02/20	03	J		5,	.069	A	(2)	5,069				See Footnote ⁽²⁾	
Common	Units		04/03/2003	04/03/20	03	J		4	162	A	(2)		5,531			I See Footnote	
Common	Units												53,	224		See Footnote ⁽³⁾	
		Та	ble II - Derivat (e.g., p	ive Securi uts, calls,									Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	rercise (Month/Day/Year) if any (Month/Day/Year) 8) of (Month/Day/Year)		4. Transaction Code (Instr. 8)	of Deriv Secur Acqu (A) or Dispo	erivative scurities equired () or sposed (D) (str. 3, 4 d 5)				Amount of Securities Underlying Derivative Security (Instr. and 4)		int per				10. Ownersh Form: Direct (D) or Indirec (I) (Instr.	Beneficia Ownershi t (Instr. 4)

Explanation of Responses:

- $1.\ Mr.\ Allen\ received\ distributions\ of\ common\ units\ from\ SAM\ Partners,\ Ltd.\ and\ RRC\ NPI\ Holding,\ LP.$
- 2. SAM Partners Management, Inc. received distributions of common units from SAM Partners, Ltd. and RRC NPI Holdings, LP. Mr. Allen disclaims beneficial ownership in those common units owned by SAM Partners Management, Inc. in which he does not have a pecuniary interest. Mr. Allen is the Secretary and a shareholder of SAM Partners Management, Inc.
- 3. Mr. Allen disclaims beneficial ownership of those common units owned by Smith Allen Oil & Gas, Inc. in which he does not have a pecuniary interest. Mr. Allen is the Secretary and a shareholder of Smith Allen Oil & Gas, Inc.

H.C. Allen, Jr.

02/17/2004

** Signature of Reporting Person

ing Person Date

Reminder: Report on a separate line for each class of securities beneficially owned 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 Criminal 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.