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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

W MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator PIERCE & DEHLINGER	
Address 201 GHLS TOWER WEST, MIDLAND, TEXAS 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner _____
THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE				
Lease Name DeSchmidt Federal	Well No. 1	Pool Name, including Formation Vada Pennsylvanian R-4782	Kind of Lease State, Federal or Fee Federal	Lease No.
Location Unit Letter H ; 1980 Feet From The North Line and 660 Feet From The East Line of Section 13 Township 9S Range 33E , NMPM, Lea County				

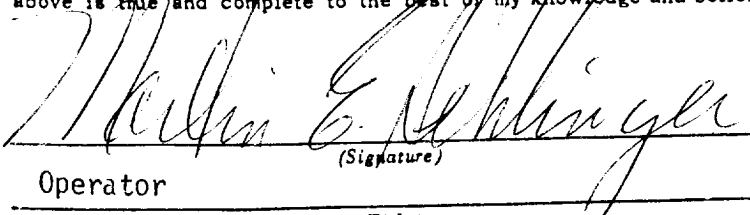
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Tesoro Crude Oil Company		Address (Give address to which approved copy of this form is to be sent) 8520 Crownhill Blvd., San Antonio, Texas		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corporation		Address (Give address to which approved copy of this form is to be sent) P. O. Box 1589, Tulsa, Oklahoma 74102		
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 13	Twp. 9S	Rge. 33E
		Is gas actually connected? Yes		When Feb. 20, 1974

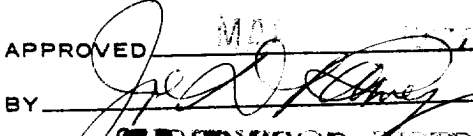
If this production is commingled with that from any other lease or pool, give commingling order number: _____

V. COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest'v.	Diff. Rest'v.
X				X					
Date Spudded 11-14-73	Date Compl. Ready to Prod. 2-5-74		Total Depth 9700'		P.B.T.D. 9669'				
Elevations (DF, RKB, RT, GR, etc.) 4320 Gr.	Name of Producing Formation Bough "C"		Top Oil/Gas Pay 9638'		Tubing Depth 9667'				
Perforations 9644 to 9664'					Depth Casing Shoe 9700'				
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"		12 3/4"		425'		450 sx. circ. 45 sx.			
11"		8 5/8"		3930'		850 sx., top @1880'			
7 7/8"		5 1/2"		9700'		325 sx.			
5 1/2"		2 7/8"		9667'		--			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)			
Date First New Oil Run To Tanks 2-5-74	Date of Test 2-15-74	Producing Method (Flow, pump, gas lift, etc.) Rod Pump 2" x 1 1/2" x 20' Insert	
Length of Test 24 hrs.	Tubing Pressure --	Casing Pressure 35#	Choke Size --
Actual Prod. During Test 512 Bbls. Fluid	Oil - Bbls. 255	Water - Bbls. 257	Gas - MCF 500

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.	
 (Signature)	
Operator _____ (Title)	
March 6, 1974 (Date)	

OIL CONSERVATION COMMISSION	
APPROVED	_____, 19____
BY	
TITLE	SUPERVISOR DISTRICT I
This form is to be filed in compliance with RULE 1104.	
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	
All sections of this form must be filled out completely for allowable on new and recompleted wells.	
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.	
Separate Forms C-104 must be filed for each pool in multiply completed wells.	