

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

1 Operator Name and Address PALADIN ENERGY CORP. 10290 Monroe Drive, Suite 301 Dallas, Texas 75229		2 OGRID Number 164070
3 Reason for Filing Code CO-2/1/98		
4 API Number 30-025-05096	5 Pool Name King, Wolfcamp	6 Pool Code 36100
7 Property Code 21139	8 Property Name New Mexico C State	9 Well Number 1

II 10 Surface Location

UL or lot No. E	Section 36	Township 13S	Range 37E	Lot. Ind	Feet from the 2310	North/South Line North	Feet from the 330	East/West Line West	County Lea
--------------------	---------------	-----------------	--------------	----------	-----------------------	---------------------------	----------------------	------------------------	---------------

11 Bottom Hole Location

UL or lot No.	Section	Township	Range	Lot. Ind	Feet from the	North/South Line	Feet from the	East/West Line	County
12 Lse Code S	13 Producing Method Code P	14 Gas Connection Date	15 C-129 Permit Number	16 C-129 Effective Date	17 C-129 Expiration Date				

III Oil and Gas Transporters

18 Transporter OGRID	19 Transporter Name and Address	20 POD	21 O/G	22 POD ULSTR Location and Description
138648	Amoco Production Company 200 N. Loraine Ste 1222 Midland, TX 79701	494810	O	
024650	Dynegy Inc. 1000 Louisiana Street, Suite 5800 Houston, Texas 77002	494830	G	

IV Produced Water

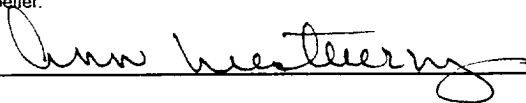
23 POD	24 POD ULSTR Location and Description
--------	---------------------------------------

V Well Completion Data

25 Spud Date	26 Ready Date	27 TD	28 PBTD	29 Perforations	30 DHC,DC,MC
31 Hole Size	32 Casing & Tubing Size	33 Depth Set	34 Sacks Cement		

VI Well Test Data

35 Date New Oil	36 Gas Delivery Date	37 Test Date	38 Test Length	39 Tbg. Pressure	40 Csg. Pressure
41 Choke Size	42 Oil	43 Water	44 Gas	45 AOF	46 Test Method

47 I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Signature: 	OIL CONSERVATION DIVISION Approved by: _____ Title: _____ Approval Date: _____
Printed name: Ann Westberry	
Title: Manager, Corporate Support	
Date: 12/30/98      Phone: 214/654-0135	

48 If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature	Printed Name	Title	Date
-----------------------------	--------------	-------	------

