



**Packer Setting Report**

Operator			OCC No.
Address			Phone No.
City	State	Zip	FAX No.

Well Name/No.		API No.		OTC No.
Location within Section	Sec	Twp	Rge	County
Make/Type of Packer		Packer Depth Set		Date Packer Set

Service Company Name	Service Co. Representative
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I, the undersigned, being of lawful age and having full knowledge of the facts herein set out do certify that the data and facts presented are true, correct and complete. That the purpose of setting this packer was to effect a seal in the annular space between two strings of pipe where the packer was set so as to prevent the commingling, in the bore of this well, of fluids produced from a stratum below the packer with fluids produced from a stratum above the packer; that this packer was properly set and that it did, when set, effectively and absolutely seal off the annular space between the two strings of pipe where it was set in such manner as that it prevented any movement of fluids across the packer.

\_\_\_\_\_  
Signature Date Name & Title (**Typed or Printed**)

STATE OF OKLAHOMA )  
 )  
 ) SS:  
 )  
COUNTY OF \_\_\_\_\_ )

Subscribed and sworn to before me, a Notary Public, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

My Commission Expires: \_\_\_\_\_  
\_\_\_\_\_  
Notary Public

# **DIAGRAMMATIC SKETCH SHOWING MULTIPLE COMPLETION INSTALLATION**

Date		
Operator		
Lease		
Location within Sec.		
Sec	Twp	Rge
County		
Field		
Casing Set Depth	Total Depth	

	Top at _____ Feet		
UPPER ZONE Name	_____	Perforated	_____ Feet
Completion this zone:	_____	This zone produced thru:	_____
Bottom at	_____ Feet		
		Packer set at	_____ Feet
		Tubing Landed at	_____ Feet
	Top at _____ Feet		
LOWER ZONE Name	_____		_____ Feet
Completion this zone:	_____		_____
Bottom at	_____ Feet		
		Perforated	
		This zone produced thru:	

**NOTE:** This form is furnished only as an example. The diagrammatic sketch which is filed should depict the particular installation for which approval is being requested.