

ILLEGIBLE

Distribution
Dr. Super. (2)

WORKOVER RECOMMENDATION
Form 100A

W. M. England

Prepared By: *W. M. England*

Date: *2/20/38*

WELL: *Sub 12*

FIELD: *Vogelville - 116 - 117 - 118*

LOCATION: _____
COUNTY: _____

STATE: _____
SURVEY: _____

REMARKS:

REASON FOR REPAIR:

[Faint, mostly illegible handwritten notes in the Remarks and Reason for Repair sections.]