

RESTRICTED

WORKING REPORT NO DAY NO. 1
ORGANIZATION AFCY 3 FID PA SE PA
STATION OF LOCATION Holloman AFB NM Fort De Quarte
NAME BOMBING NUMBER GRADE REMARKS

No Change

Limited night para night and night wing
 0.000 0.000 0.000 total 0

	AREA	ATTACH CARRIER	TOTAL	TOTAL CARRIER	EQUIPMENT		FUEL		OIL		WATER		FOOD		MEDICAL		OTHER	
					TYPE	QTY	TYPE	QTY	TYPE	QTY	TYPE	QTY	TYPE	QTY	TYPE	QTY	TYPE	QTY
A	1		1				1											
	1		1				1											
	2		2				1				1							
	4		4				3				1							
B	0.1		0.1				0.1											
	0.2		0.2				0.2											
	0.3		0.3				0.3											
	0.4		0.4				0.4											
C	39		39				39											
	11		11				11											
D	91		91				91											

I CERTIFY THAT THIS WORKING REPORT IS TRUE 1-1
 SIGNATURE Maria H. Coleman

NAME MARIA H. COLEMAN
 GRADE WFO UNIT PA