



PLEASE COMPLETE ALL INFORMATION ON THE AIRBILL AND INSTRUCTIONS  
BE BACK TO YOUR SET FOR COMPLETE INSTRUCTIONS

AIRBILL NUMBER

YOUR FEDERAL EXPRESS ACCOUNT NUMBER

DATE

7/23/81

If Hold For Pick-Up or Saturday Delivery,  
Recipient's Phone Number

FROM (Your Name)

Ronald H. Sentz Engineering Dept. (4th floor)  
COMPANY DEPARTMENT/FLOOR NO.

TO Recipient's Name

W. A. Gressett  
COMPANY

DEPARTMENT/FLOOR NO.

State of NM Energy & Minerals Dept.  
Oil Conservation Div

STREET ADDRESS

STREET ADDRESS (P.O. BOX NUMBERS ARE NOT DELIVERABLE)

CITY

STATE

CITY

STATE

Alamosa

NM

AIRBILL NO. 491937666

ZIP ACCURATE ZIP CODE REQUIRED  
FOR CORRECT INVOICING

IN TENDERING THIS SHIPMENT SHIPPER AGREES THAT  
F.E.C. SHALL NOT BE LIABLE FOR SPECIAL, INCIDENTAL  
OR CONSEQUENTIAL DAMAGES ARISING FROM  
CARRIAGE HEREOF. F.E.C. DIS-  
CLAIMS ALL WARRANTIES, EXPRESS OR IMPLIED, WITH  
RESPECT TO THIS SHIPMENT. THIS IS A NON-NEGOTIABLE  
AIRBILL SUBJECT TO CONDITIONS OF CONTRACT SET FORTH  
ON REVERSE OF SHIPPER'S COPY. UNLESS YOU DECLARE A  
HIGHER VALUE, THE LIABILITY OF FEDERAL EXPRESS COR-  
PORATION IS LIMITED TO \$100.00.

ZIP ACCURATE ZIP CODE REQUIRED  
FOR OVERNIGHT DELIVERY

88210

YOUR NOTES/REFERENCE NUMBERS (FIRST 12 CHARACTERS WILL ALSO APPEAR ON INVOICE)

PAYMENT ☐ Bill Shipper ☒ Bill Recipient's F.E.C. Acct. ☐ Bill 3rd Party F.E.C. Acct. ☐ Bill Credit Card  
☐ Cash In Advance Account Number/Credit Card Number

SERVICES CHECK ONLY ONE BOX		DELIVERY AND SPECIAL HANDLING CHECK SERVICES REQUIRED	PIECES	WEIGHT	DECLARED VALUE	O/S	EMP. NO.	DATE	FEDERAL EXPRESS USE
<b>PRIORITY ONE (P-1)</b>		1 <input type="checkbox"/> HOLD FOR PICK UP AT FOLLOWING FEDERAL EXPRESS LOCATION SHOWN IN SERVICE GUIDE.					<input type="checkbox"/> CASH RECEIVED	AGT/PRO	ADVANCE ORIGIN
1 <input type="checkbox"/> OVERNIGHT PACKAGES 6 <input type="checkbox"/>							<input type="checkbox"/> RETURN SHIPMENT	AGT/PRO	ADVANCE DESTINATION
<b>COURIER PAK</b> 7 <input type="checkbox"/>							<input type="checkbox"/> THIRD PARTY		
2 <input checked="" type="checkbox"/> OVERNIGHT ENVELOPE (Up to 2 LBS.) 8 <input type="checkbox"/>		2 <input checked="" type="checkbox"/> DELIVER					<input type="checkbox"/> CHG TO DEL. <input type="checkbox"/> CHG TO HOLD		OTHER
3 <input type="checkbox"/> OVERNIGHT BOX (Up to 5 LBS.) 9 <input type="checkbox"/>		3 <input type="checkbox"/> SATURDAY SERVICE REQUIRED (See Reverse. Extra charge applies for delivery.)	TOTAL	TOTAL	TOTAL		STREET ADDRESS		TOTAL CHARGES
4 <input type="checkbox"/> OVERNIGHT TUBE (Up to 5 LBS.)		4 <input type="checkbox"/> RESTRICTED ARTICLES SERVICE (P-1 and Standard Air Packages only, extra charge)	RECEIVED AT SHIPPER'S DOOR REGULAR STOP ON CALL STOP F.E.C. LOC.		CITY		STATE	ZIP	PART # 2041734049 REVISION DATE 5-15-80 PRINTED USA
<b>STANDARD AIR</b>		5 <input type="checkbox"/> SSS (Signature Security Service required, extra charge applies)	Federal Express Corporation Employee No.		RECEIVED BY: (Signature)		F.E.C. EMPLOYEE NUMBER		
5 <input type="checkbox"/> DELIVERY 2ND BUSINESS DAY FOLLOWING PICK UP		6 <input type="checkbox"/> DRY ICE _____ LBS.	DATE/TIME For Federal Express Use		DATE/TIME RECEIVED				
		7 <input type="checkbox"/> OTHER SPECIAL SERVICE _____							
		8 <input type="checkbox"/>							
		9 <input type="checkbox"/>							

"OVERNIGHT" IS DEFINED AS NEXT BUSINESS DAY  
(MONDAY THROUGH FRIDAY). SEE SPECIAL  
HANDLING FOR SATURDAY DELIVERY.

RECIPIENT COPY (AFFIXED TO PACKAGE, GIVEN TO RECIPIENT AT DELIVERY)