

#10852

RECEIVED
FOR ECMC USE ONLY
NOV 27 2024
ECMC

FORM
1
Rev
02/20

02416194

State of Colorado
Energy & Carbon Management Commission
1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



REGISTRATION FOR OIL AND GAS OPERATIONS

Per Rule 302, each company conducting oil and gas related operations is required to submit a Form 1. Submit a new Form 1 immediately to report a change of address, emergency contact(s), and phone number(s). Submit a new Form 1 to add or delete operations.

- ☒ **Primary Mailing Address** ☐ **Regional/Field Office**
- ☒ New ☐ New
- ☐ Change in Information ☐ Change in Information
- ☐ Delete ☐ Delete

ECMC Operator Number:
(If one exists)

10852

One Call Participation (One box must be checked.)

- ☐ In checking this box, the Operator hereby confirms Tier One membership in the Utility Notification Center of Colorado (CO 811) and participation in Colorado's One Call notification system. [Rule 1102.n]
- ☒ In checking this box, the Operator hereby certifies it has no underground facilities and is exempt from CO 811 membership. [Rule 1102.n.(2)]

Primary Mailing Address	Operations
Name of Company: JoeMar Wyoming Operating LLC	Write A to ADD or D to DELETE operations from your COGCC record. Indicate all that apply.
Address: PO Box 370	
City: Fulshear State: TX Zip: 77441-0370 Country: (If not in US)	
Phone: 832-790-7887 Fax:	
Contact Name: Raymond Ambrose	
Emergency Contact Name(s): Raymond Ambrose	
Emergency Phone #(s): 888-308-9159	<input checked="" type="checkbox"/> Operator
	<input checked="" type="checkbox"/> Producer
	<input type="checkbox"/> Gas Gatherer
	<input type="checkbox"/> Oil Transporter
	<input type="checkbox"/> Levy Payor
	<input checked="" type="checkbox"/> Injection Well Operator
	<input type="checkbox"/> Pit Operator
	<input type="checkbox"/> Refiner
	<input type="checkbox"/> Seismic Operator
	<input type="checkbox"/> Financial Assurance Provider
	<input type="checkbox"/> Downstream Gas Facility
	<input type="checkbox"/> First Purchaser
	<input type="checkbox"/> Domestic Well Operator
	<input type="checkbox"/> Vendor

Regional / Field Office (If exists)
ECMC Operator Number Suffix: (if exists)
Name of Company:
Address:
City: State: Zip: Country: (If not in US)
Phone: Fax:
Contact Name:
Emergency Contact Name(s):
Emergency Phone #(s):

Print Name: **Raymond Ambrose**

Title: **President**

Signature:

Date: **November 7, 2024**