



## Form 3B - Federal Financial Assurance Wells

### Summary Information Overview

Form Name: **Form 3B - Federal Financial Assurance Wells**  
Document Number: **404124499**  
Date Submitted: **3/12/2025**  
Date Approved: **3/12/2025**

### Operator Information

Operator Number: **10852**  
Operator Name: **JOEMAR WYOMING OPERATING LLC**  
Operator Address: **PO BOX 370 ATTN:RAYMOND AMBROSE**  
Operator City: **FULSHEAR**  
Operator State: **TX**  
Operator Zip: **7741-0370**  
First Name: **RAYMOND**  
Last Name: **AMBROSE**  
Contact Phone: **(832) 790-7887**  
Contact Email: **ray@joemarllc.com**

### Federal Financial Assurance

Total imported wells: **1**  
In checking this box, the Operator certifies that it has provided or will provide the indicated amount of Financial Assurance to the federal government for the Wells listed here:   
Number of Wells with Federal Financial Assurance: **1**  
Total Amount of Federal Financial Assurance: **\$270,000.00**

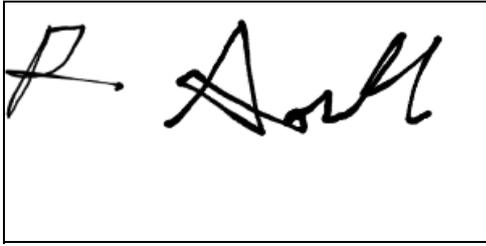
### Signature and Certification

**I hereby certify all statements made on this form are, to the best of my knowledge at the time of submittal, true, correct, and complete.**

Operator Comments:  
Name: **RAYMOND AMBROSE**  
Title: **PRESIDENT**  
Email: **ray@joemarllc.com**

Phone: (832) 790-7887

Signature:

A rectangular box containing a handwritten signature in black ink. The signature appears to be "R. Asch".

## Associated Documents

404124504 - FORM 3B WELL LIST

404124505 - FORM 3B SUBMITTED

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