



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**

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

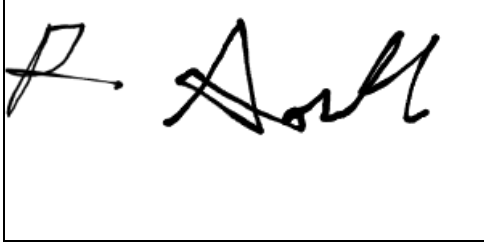
Total imported wells: **1**
In checking this box, the Operator certifies that it has provided or will provide the indicated amount of Financial Assurance to the federal government for the Wells listed here: ☒
Number of Wells with Federal Financial Assurance: **1**
Total Amount of Federal Financial Assurance: **\$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 handwritten signature in black ink, appearing to read "R. Ark", enclosed within a black rectangular border.

Associated Documents

404124504 - FORM 3B WELL LIST

1120 Lincoln Street, Suite 801, Denver, CO 80203 P 303.894.2100 www.colorado.gov/cogcc
Jared S. Polis, Governor | Julie Murphy, Director | Scott Cuthbertson, Deputy Director Operations

