



## Form 7 - Monthly Report of Operation

### Summary Information Overview

Form Name:	<b>Form 7 - Monthly Report of Operation</b>
Document Number:	<b>404248694</b>
Date Submitted:	<b>6/19/2025</b>
Date Approved:	<b>6/25/2025</b>

### 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**

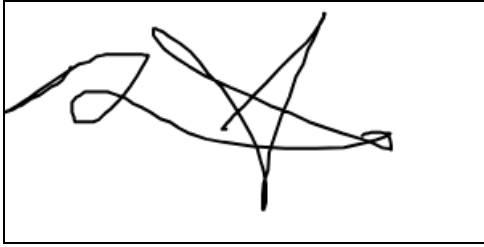
### Monthly Report of Operation

Well Status & Production Provided: ☒  
Produced Water Provided: ☐  
Deep Geothermal Provided: ☐

### 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:



## Associated Documents

404248698 - FORM 7 IMPORTED WELL STATUS PRODUCTION

404248699 - FORM 7 SUBMITTED

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

