



Form 7 - Monthly Report of Operation

Summary Information Overview

Form Name: **Form 7 - Monthly Report of Operation**
Document Number: **404248694**
Date Submitted: **6/19/2025**

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**

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:

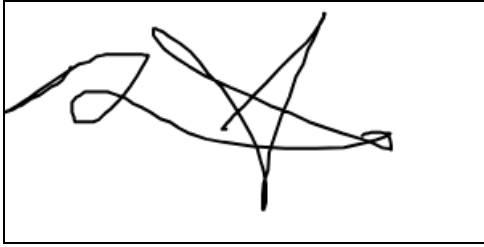
Name: **RAYMOND AMBROSE**

Title: **PRESIDENT**

Email: **ray@joemarllc.com**

Phone: **(832) 790-7887**

Signature:



Associated Documents

404248698 - FORM 7 IMPORTED WELL STATUS PRODUCTION

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