



## Form 1B - Annual Registration

### Summary Information Overview

Form Name: **Form 1B - Annual Registration**  
Document Number: **404300479**  
Date Submitted: **9/2/2025**  
Date Approved: **10/23/2025**  
EPS Order Number: **13233**

### Operator and Contact Information

*Form 1B, Annual Registration for Calendar Year 2024*

*First Name:* **RAYMOND**

*Last Name:* **AMBROSE**

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

*Contact Email:* **ray@joemarllc.com**

*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**

### December 31st Well List

*Well List Spreadsheet:* **Download**

*Total Wells:* **1**

### Annual Mitigation Fee

*Operator's Aggregate GOR for Calendar Year:* **0**

*Operator's Average Daily per-Well Production for Calendar Year:* **0 in N/A**

*Operator's per-Well Fee for Calendar Year:* **\$125.00**

*Number of Wells by Status as of December 31 of Calendar Year:*

Well Status	Number
Active	0
Domestic	0
Drilling	0

Well Status	Number
Injecting	0
Producing	0
Shut In	1
Suspended Operations	0
Temporarily Abandoned	0
Waiting on Completion	0
Tribal Wells	0

TOTAL Number of Wells subject to the Annual Mitigation Fee (Excludes Tribal Wells): **1**

Annual Mitigation Fee: **\$125.00**

## Annual Marginal Well Fee

Marginal Well Fee for Calendar Year: **2024**

Operator's per-Well Fee for Calendar Year: **\$115.00**

TOTAL Number of Wells subject to the Marginal Well Fee (Excludes Tribal Wells): **1**

Annual Marginal Well Fee: **\$115.00**

## Notice of Insurance Renewals and Changes

### Liability Insurance Information in ECMC Records

# Not in Effect	Producer	Insurer	Type of Liability Insurance	Policy Number	Each Occurrence Limit	Effective Date	Expiration Date
No records							

Total Liability Insurance Amount: **\$0.00**

Were there any renewals or changes to liability insurance during the previous 12 months: **No**

Updated Liability Insurance Information:

#	Producer	Insurer	Type of Liability Insurance	Policy Number	Each Occurrence Limit	Effective Date	Expiration Date
No records							

Updated Total Liability Insurance Amount: **\$0.00**

Attached Certificate of Insurance Files:

File name	Uploaded
No records	

Describe renewals or changes to liability insurance during the previous 12 months:

In checking this box the Operator certifies all effective liability insurance policies listed above provide coverage for property damage, bodily injury to third parties, and sudden or accidental pollution that requires Remediation, with no exclusion for claims arising from operator-caused seismicity from oil or gas Wells. (Per Rule 705.b):

In checking this box the Operator certifies all effective liability insurance policies listed above include the Commission as a "scheduled person or organization" so that the Commission may receive advance notice of cancellation. (Per Rule 705.c):

## Fee Payment Summary

Annual Mitigation Fee:

Annual Marginal Well Fee:

**Total Payment: \$240.00**

## Signature and Certification

### Signature and Certification Terms and Conditions

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

A non-refundable third-party payment processing fee of \$1.00 for electronic check will be added to the total price at checkout. This amount will be included in the total price on your receipt.

*Operator Comments:*

*Name:* **RAYMOND AMBROSE**

*Title:* **PRESIDENT**

*Email:* **ray@joemarllc.com**

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

*Signature:*



## Associated Documents

404338458 - FORM 1B SUBMITTED

404338469 - FORM 1B WELL LIST

## ECMC Approval

Based on the information provided herein, this Form 1B, Annual Registration complies with ECMC Rules and is hereby approved.

Approved: **ECMC Financial Assurance Staff**

Date: **10/23/2025**

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Jared S. Polis, Governor | Julie Murphy, Director | Scott Cuthbertson, Deputy Director Operations

