



## Form 1/1A - Operator Registration and Designation of Agents

### Summary Information Overview

Form Name: **Form 1/1A - Operator Registration and Designation of Agents**  
Document Number: **404517119**  
Date Submitted: **2/3/2026**  
Date Approved: **2/3/2026**

### Operations

Existing Update:

Responsibilities:

**Operator**

Oil and Gas Operator

### Primary Office

ECMC Operator Number: 10852

Primary Mailing Address:

JOEMAR WYOMING OPERATING LLC  
PO BOX 370  
FULSHEAR, TX 77441-0370

Principal Agent:

**Name:** RAYMOND AMBROSE

**Title:** PRESIDENT

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

**Mobile:** ---

**Email:** ray@joemarllc.com

Emergency Contacts:

#	Name	Phone	Alt. Phone
1	RAYMOND AMBROSE	(832) 790-7887	---

### Regional or Field Office

None

## Designated Agents

**Name:** HOLLY HILL

**Title:** OWNER

**Phone:** (303) 521-2538

**Mobile:** ---

**Email:** hhill@fieldinghillllc.com

**Operator:** 200679 - FIELDING HILL LLC

**Authorized Forms:**

Form 10	Form 12	Form 13	Form 14	Form 14A	Form 15	Form 17
Form 19	Form 1B	Form 1C	Form 1D	Form 2	Form 20	Form 20A
Form 21	Form 22	Form 23	Form 26	Form 27	Form 28	Form 29
Form 2A	Form 2B	Form 2C	Form 2D	Form 2F	Form 3	Form 31
Form 33	Form 37	Form 38	Form 3A	Form 3B	Form 3E	Form 31
Form 4	Form 41	Form 42	Form 43	Form 44	Form 45	Form 46
Form 46A	Form 47	Form 5	Form 5A	Form 5B	Form 5C	Form 6
Form 6A	Form 6B	Form 7	Form 8	Form 9	Form FIRR	

**Name:** ALEXANDRIA OTA

**Title:** PERMIT PROJECT MANAGER

**Phone:** (435) 671-7747

**Mobile:** ---

**Email:** aota@fieldinghillllc.com

**Operator:** 200679 - FIELDING HILL LLC

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Form 19	Form 1B	Form 1C	Form 1D	Form 2	Form 20	Form 20A
Form 21	Form 22	Form 23	Form 26	Form 27	Form 28	Form 29
Form 2A	Form 2B	Form 2C	Form 2D	Form 2F	Form 3	Form 31
Form 33	Form 37	Form 38	Form 3A	Form 3B	Form 3E	Form 31
Form 4	Form 41	Form 42	Form 43	Form 44	Form 45	Form 46
Form 46A	Form 47	Form 5	Form 5A	Form 5B	Form 5C	Form 6
Form 6A	Form 6B	Form 7	Form 8	Form 9	Form FIRR	

## Inspection Contacts

**Name:** RAYMOND AMBROSE **(Primary Contact)**

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

**Email:** ray@joemarllc.com

**Distribution Information:**

ALL

## 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:** Administratively executed this Form 1A for the Beta Testing by Sadaf Ibrahim.

**Name:** RAYMOND ABROSE

**Title:** PRESIDENT

**Email:** ray@joemarllc.com

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

**Signature:**

*RAYMOND ABROSE*

## Associated Documents

404531256 - FORM 1/1A SUBMITTED

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