



## Form 7 - Monthly Report of Operation

### Summary Information Overview

Form Name: **Form 7 - Monthly Report of Operation**  
Document Number: **404545774**  
Date Submitted: **2/15/2026**

### 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:** 77441-0370  
**First Name:** RAYMOND  
**Last Name:** AMBROSE  
**Contact Phone:** (832) 790-7887  
**Contact Email:** ray@joemarllc.com

SUBMITTED

### Monthly Report of Operation

**Well Status & Production Provided:**   
**Produced Water Provided:**   
**Deep Geothermal Provided:**

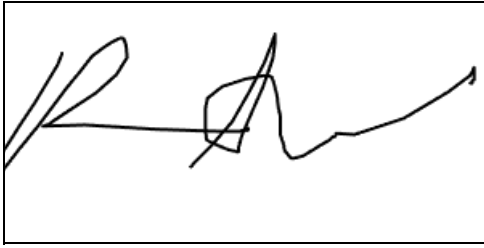
### Signature and Certification

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:**

A handwritten signature in black ink, appearing to be 'J. Pol', enclosed in a black rectangular box.

## Associated Documents

404545775 - FORM 7 IMPORTED WELL STATUS PRODUCTION

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