



Form 7 - Monthly Report of Operation

Summary Information Overview

Form Name: **Form 7 - Monthly Report of Operation**
Document Number: **404545805**
Date Submitted: **2/15/2026**
Date Approved: **2/18/2026**

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

Monthly Report of Operation

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

Signature and Certification

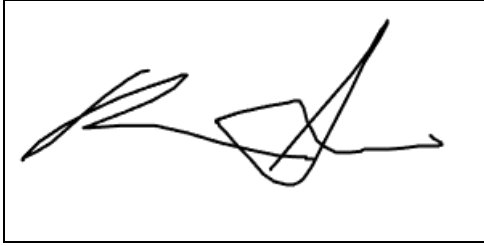
I hereby certify all statements made on this form are, to the best of my knowledge at the time of submittal, true, correct, and complete.

Operator Comments:
Name: RAYMOND AMBROSE
Title: PRESIDENT

Email: ray@joemarllc.com

Phone: (832) 790-7887

Signature:

A handwritten signature in black ink, enclosed in a rectangular box. The signature is stylized and appears to be 'Ray'.

Associated Documents

404545807 - FORM 7 IMPORTED WELL STATUS PRODUCTION

404545808 - FORM 7 SUBMITTED

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

