	U.S. DEPAR	TMENT C			ATION DR Year Covered					G MIS D	ATA CO	LLECTIC		I No. 2105-052	
I. Empl	lover:		Can	ciidai i	i cai Covered	by tills	Keport		/1/			Form		6 (Rev. 4/2019	
-	pany Name: <u>H</u>	OLLY ENI	ERGY PAR	TNER	S - OPERAT	ING, L.	P.								
Doin	ng Business As (D	BA) Name	(if applicab	ole):											
Addı	Address: 501 E. MAIN STREET Artesia New Mexico 88210 E-mail: jessica.simer@hollyfro											er@hollyfrontic	er.com		
Name of Certifying Official: <u>JESSICA SIMER</u> Signa															
Telephone:(575) 746-5285							Date Certified:02-10-2020								
Prep	ared by (if differe	nt): <u>JEN</u>	NIFER SCI	RIPSIC	CK					Telephor	ne: <u>(800</u>) 294-8758	8 Ext 422		
Check t	PA Name and Tele he DOT agency for CSA - Motor Carr A - Aviation: Certi MSA - PipeLine: (for which y	ou are rep	orting	MIS data; a	nd com	plete the	informat	tion or	that san	ne line as	appropria	te:	ES or NO	
<u>X</u> PHN FRA	ASA - PipeLine: (A - Railroad: Total	Check) Gas Number of	s Gathering f observed/c	X Gas	s Transmissio ented Part 219	n <u>X</u> Ga 9 "Rule	s Distribu G" Obsei	tion <u>X</u> 11	ranspo for cov	rt Hazard ered emp	ous Liquic lovees:	ds <u>X</u> Trans	port Carbo	on Dioxide	
USC	CG - Maritime: Ve	essel ID # (U	USCG- or S	state-Iss	sued):						(if more	than one v	essel, list	separately.)	
	Transit ered Employee	s: (A) Ente	er Total Nu	mber S	afety-Sensitiv	ve Empl	loyees In A	All Emplo	oyee C	ategories	: 186				
(B) En	ter Total Number	of Employ	ee Categori	es:	1										
(C)	Employee Category				Fotal Number	I te	von he	vo multin	lo omnlove	aa aatagawi	og gammla	ta Castions			
r s, s s s s						ategory	•	1 1 1	If you have multiple employee categories, complete Sections I and II (A) & (B). Take that filled-in form and make one						
	peration/Maintena	186	copy for each employee category and complete Secti (C), III, and IV for each separate employee category.												
III. Dru	III. Drug Testing Data:			3	4	5	6	7	8	9	10) 11	12	13	
			. 0	Or							Refusal Results			S	
Type of Test		Total Number Of Test Results [Should equal the sum of Columns 2, 3, 9, 10, 11, and 12]	Verified Negative Results	Verified Positive Results ~ For One Or	More Drugs Positive For Marijuana	Positive For Cocaine	Positive For PCP	Positive For Opioids	Positive For	Adulterated	Substituted	"Shy Bladder" ~ With No Medical Explanation	Other Refusals To Submit To Testing	Cancelled Results	
Pre-Er	Pre-Employment		53	0	0	0	0	0	0	0	0	0	0	1	
Random		98	98	0	0	0	0	0	0	0	0	0	0	0	
Post-Accident		0	0	0	0	0	0	0	0	0	0	0	0	0	
Reasonable Susp./Cause		0	0	0	0	0	0	0	0	0	0	0	0	0	
Return-to-Duty		0	0	0	0	0	0	0	0	0	0	0	0	0	
Follow-Up		0	0	0	0	0	0	0	0	0	0	0	0	0	
		-							-						
		151	151	0	0	0 0		0	0	0	0	0	0	1	
IV. Alc	ohol Testing Da	ata:	1		2		3	4	ļ	5	6	7	8	9	
			ual		ith	ti:		ts		s .	s Or	Refusal	Results	s	
	Type of Test		Total Number Of Screening Test Results [Should equal the sum of Columns 2, 3, 7, and 8]		Screening Tests With Results Below 0.02	Screening Tests W	Screening Tests With Results 0.02 Or Greater		Results	Confirmation Tests With Results 0.02 Through 0.039	Confirmation Tests With Results 0.04 Or Greater	"Shy Lung" ~ With No Medical Explanation	Other Refusals To Submit To Testing	Cancelled Results	
Post-Accident Reasonable Sus			0		0	0		0	0		0	0	0	0	
		sp./Cause	./Cause 0		0		0			0	0	0	0	0	
	Return-to-Duty	,	0		0		0			0	0	0	0	0	
	Follow-Up		0		0		0			0	0	0	0	0	

TOTAL

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A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2105-0529. Public reporting for this collection of information is estimated to be approximately 90 minutes per response, including the time for reviewing instructions, completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, U.S. Department of Transportation, Office of Drug and Alcohol Policy and Compliance, 1200 New Jersey Avenue, SE, Suite W62-300, Washington, D.C. 20590.

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