



NATURAL PERSON QUESTIONNAIRE

INSTRUCTIONS

This Natural Person Questionnaire is to be completed by potential Investor Partners who are individuals. Potential Investor Partners that are corporations, limited liability companies, partnerships, trusts, employee plans, IRAs, estates, or 501(c)(3) organizations should complete the Entity Questionnaire instead. However, if an entity is attempting to qualify through certification of all its equity owners, grantors, participants, or beneficiaries, each owner, grantor, participant, or beneficiary should complete a Natural Person Questionnaire and submit it with the Entity Questionnaire.

Mail completed questionnaires to M&W Financial, Inc., 140 South Village Center Drive, Southlake, Texas 76092 or fax to 817-442-5249.

CUSTOMER IDENTIFICATION PROGRAM NOTICE

Important information you need to know about opening a new account with the Placement Agent

To help the government fight the funding of terrorism and money laundering activities, federal law requires financial institutions to obtain, verify, and record information that identifies each person who opens an account. This notice answers some questions about M&W Financial, Inc.'s ("M&W Financial") Customer Identification Program.

When you open an account, M&W Financial is required to collect information such as the following from you;

- Your name
- Date of birth
- Address
- Identification number:
 1. U.S. Citizen; taxpayer identification number(social security number or employer identification number)
 2. Non-U.S. Citizen: taxpayer identification number, passport number, and country of issuance, alien identification card number, or government-issued identification showing nationality, residence, and a photograph of you.
- Individuals may also need to show a driver's license, passport, or other identifying documents.

A corporation, partnership, trust or other legal entity will need to provide other information, such as its principal place of business, local office, employer identification number, certified articles of incorporation, government-issued business license, a partnership agreement, trust documents, or other documentation.

U.S. Department of the Treasury, Securities and Exchange Commission, NASD, and New York Stock Exchange rules already require you to provide additional information, such as your net worth, annual income, occupation, employment information, investment experience and objectives, and risk tolerance.

If you do not provide the requested information, M&W Financial may contact reporting agencies, third parties, public records, and other sources in an effort to verify your identity. If your identity cannot be verified, M&W Financial will not be able to open an account or carry out transactions for you and, if M&W Financial has already opened an account for you it may have to be closed.

SUBSCRIBING NATURAL PERSON/INDIVIDUAL QUESTIONNAIRE

INDIVIDUAL'S NAME, SSN, & DOB

<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>Suffix (Jr., III, etc.)</i>
Social Security Number:		Date of Birth:	

MARITAL STATUS AND SPOUSE'S NAME, SSN, & DOB (If Applicable):

Single	[]	Married	[]	Divorced	[]	Separated	[]
<i>Spouse's First Name</i>		<i>Middle</i>		<i>Last</i>		<i>Suffix (Jr., III, etc.)</i>	
Social Security Number:				Date of Birth:			

RESIDENCE ADDRESS:

Number and Street Address	
Apartment or Suite Number	
City, State, & ZIP or Postal Code	

BUSINESS OR OTHER ADDRESS:

Employer/Business Name	
Number and Street Address	
Apartment or Suite Number	
City, State ZIP or Postal Code	
Preferred Mailing Address:	Residence Address [] Business or Other Address []
Special Mailing Instructions:	

TELEPHONE NUMBERS & EMAIL ADDRESS:

Please indicate the number(s) at which you prefer to be reached

Residence Phone		
Business Phone		
Mobile Phone		
Other Phone-1		
Facsimile		Email Address

RESIDENCY INFORMATION:

State Country

In what State (and Country if other than the USA) are you a resident?		
In what State (and Country if other than the USA) are you registered to vote?		
In what State (and Country if other than the USA) do you have a driver's license?		

EDUCATION, OCCUPATIONS, & LICENSES

List any college, business or professional education, indicating degrees received, if any:

College or School Attended	Degrees or Certificates Received

Occupations during last five years (with dates):

Employer Name/Occupation (Current First)	From:	To:

Are you retired? Yes No If you are retired, for how long? _____

List any professional licenses or registrations, including bar admissions, accountant certifications, real estate brokerage licenses, and SEC or state broker dealer registrations, if any:

If you are a Registered Representative, list the name of your firm: _____

DETERMINATION OF ACCREDITED STATUS

	I certify that I have an individual net worth, or my spouse and I have a combined net worth, in excess of \$1,000,000. For purposes of this Questionnaire, "net worth" means the excess of total assets at fair market value, (including principal residence, home furnishing, and automobiles) over total liabilities.
	I certify that I had individual income, exclusive of any income attributable to my spouse, of more than \$200,000 in the two calendar years preceding the calendar year in which this Questionnaire is submitted, and I reasonably expect to have an individual income in excess of \$200,000 during the current calendar year.
	I certify that my spouse and I had joint income of more than \$300,000 in the two calendar years preceding the calendar year in which this Questionnaire is submitted, and reasonably expect to have joint income in excess of \$300,000 during the current calendar year.
	I certify that I am either an accredited investor under one of the three above listed certifications or I am a control person of the issuer; however, for reasons of financial privacy, I hereby elect not to specify the precise basis for this qualification.
	I cannot certify any of the above. [If you selected this response, please return all documentation in the enclosed return envelope. As a natural person, you must be able to check one of the above options to be considered "accredited" under applicable securities laws. If you are not accredited, you may not participate in this program.]

FINANCIAL STATUS RELATIVE TO CURRENT INVESTMENT

Number of Units desired or fraction of each whole Unit (1 Unit, ½ Unit, etc.):	_____
My net worth (defined as total assets less total liabilities) is in excess of...	
\$1,000,000 <input type="checkbox"/> \$3,000,000 <input type="checkbox"/> \$5,000,000 <input type="checkbox"/> \$10,000,000 <input type="checkbox"/>	
The current market value of my liquid assets is :	\$ _____
Income Data - Base disclosures on your most recent tax returns and/or financial statements:	
	<u>2007 (Actual)</u> <u>2008(Actual)</u> <u>2009(Projected)</u>
Net or Taxable Income	\$ _____ \$ _____ \$ _____

FINANCIAL EXPERIENCE

Have you previously participated in other private placement investments? Yes No

List the types of investments in which you have participated within the last 10 years (e.g., real estate, oil and gas drilling, lease acquisition, stocks, bonds, equipment leasing, agriculture, commodities, options, futures, mutual funds, annuities, or other) and the form of ownership (such as direct ownership or limited partnerships):

<u>YEAR</u>	<u>AMOUNT OF INVESTMENT</u>	<u>TYPE(S) OF INVESTMENT</u>	<u>FORM OF OWNERSHIP</u>

My knowledge of direct participation investments is derived from (please check one or more of the following):

Attending numerous seminars and continuing education courses <input type="checkbox"/>	Reading investment advisory letters and other subscription services <input type="checkbox"/>
General reading material <input type="checkbox"/>	College study <input type="checkbox"/>
Counseling with financial advisors <input type="checkbox"/>	Exposure through my profession <input type="checkbox"/>

Other (please explain):

State your investment objectives by checking the following where applicable:

Income <input type="checkbox"/>	Appreciation <input type="checkbox"/>	Tax Savings <input type="checkbox"/>	Speculation <input type="checkbox"/>	Other: <input type="checkbox"/>
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Please circle the statement that best represents your tolerance for investment risk when considering an oil/gas direct investment:
 Very Risk Tolerant Risk Tolerant Moderately Risk Tolerant Not Risk Tolerant

Knowledge or solicitation of this investment was made to or received by me in the following manner (check applicable):

Personal Contact or Acquaintance <input type="checkbox"/>	Prior Association with the Managing Partner <input type="checkbox"/>
Investment Advisor or Counselor <input type="checkbox"/>	Affiliation with Business or Management <input type="checkbox"/>

Other (please explain):

Do you have sufficient knowledge and experience in financial and business matters to be capable of evaluating the merits and risks of an investment in this Partnership?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Can you afford the complete loss of the entire amount you might invest in the Partnership?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you understand that there are no guarantees regarding the future price of oil or gas, the amount of oil or gas which may be produced from the Well (if any), or the amount of return on your investment in this Partnership?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Can you bear the financial risks of an investment in the Partnership for an indefinite period of time because the Partnership Units have not been registered under the Securities Act or the securities laws of any state and therefore cannot be sold unless they are subsequently so registered or an exemption from such registration is available?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

REPRESENTATIONS AND WARRANTIES

All prospective Investor Partners should read the following and then sign and date the Questionnaire in the spaces indicated.

The information contained herein is being furnished by me, the potential Investor Partner, to Guardian Oil & Gas, Inc., the Managing Partner, to enable the Managing Partner and/or its Placement Agent to determine whether the offer and sale of Units of general or limited partner interests in Black Stone Mann A-24 # 1, LP, a limited partnership to be formed under and pursuant to the Texas Business Organizations Code (the "Partnership"), may be made pursuant to Sections 3(b) or 4(2) of the Securities Act of 1933, as amended (the "Securities Act"), and the rules and regulations promulgated thereunder, including Regulation D, as well as various state securities statutes and regulations.

I, the potential Investor Partner, understand that:

- (a) the Managing Partner and Placement Agent will rely upon the information contained herein for purposes of such determination,
- (b) the Units will not be registered under the Securities Act in reliance upon the exemptions from registration provided by Sections 3(b) and 4(2) of the Securities Act or qualified under state securities laws, in reliance upon exemptions from such registration and qualification requirements for transactions not involving any public offering. Information supplied through this Questionnaire will be used to ensure compliance with the requirements of such exemptions,
- (c) requesting that I complete this questionnaire does not constitute an offer of the Units to me, and
- (d) I will be required to hold indefinitely the Unit(s) which I purchase.

I represent and warrant to the Managing Partner and Placement Agent that:

- (a) the information contained herein is complete and accurate and may be relied upon by the Partnership/Issuer, Managing Partner, Placement Agent, and other General Partners,
- (b) I will notify the Managing Partner and Placement Agent immediately of any material change in any of such information occurring prior to the acceptance or rejection of my subscription of any Units by me, and
- (c) I have read and understand all instructions, explanations, representations and other information in this Subscription Booklet and my signature below indicates my acceptance of all terms and conditions herein.

All information furnished is for the Managing Partner and Placement Agent's sole use and will be held in confidence, except that this questionnaire may be furnished to such parties as the Managing Partner and Placement Agent deems desirable to establish compliance with federal or state laws and regulatory requirements or to arrange any outside financing on behalf of the Partnership.

NATURAL PERSON SIGNATURE SECTION

Signature

Signature

Printed Name

Printed Name

Social Security Number

Social Security Number

Date

Date

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THE FOLLOWING IS FOR OFFICE USE ONLY
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Based upon the foregoing information provided in this questionnaire by the potential investor (and other questionnaires if this potential investor has previously completed this form), it appears that an investment in a Direct Participation Oil and/or Natural Gas Program _____ is _____ is **not** a suitable investment.

By: _____
Compliance Officer

Date: _____, 2009.

CRD # _____