FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL							
OMB Number:	OMB Number: 3235-0104						
Estimated average burden							
hours per response:	0.5						

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* MAGRUDER LOGAN	2. Date of Event Requiring Staten (Month/Day/Year 08/29/2003	nent	3. Issuer Name and Ticker or Trading Symbol BERRY PETROLEUM CO [BRY]						
(Last) (First) (Middle) C/O BERRY PETROLEUM COMPANY 5201 TRUXTUN AVE., SUITE 300			Relationship of Reporting Pers (Check all applicable) Director Officer (give title below) Vice Preside	10% Owner Other (specify below)		5. If Amendment, Date of Original Filed (Month/Day/Year) 08/29/2003			
(Street)						6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person			
BAKERSFIELD CA 93309 (City) (State) (Zip)						Form filed b Reporting P	y More than One erson		
	Table I - Non	-Derivati	ive Securities Beneficially	y Owned	<u> </u>				
1. Title of Security (Instr. 4)			eneficially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)			
					"				
Class A Common Stock									
				(Instr. 5) D Dwned					
		s, warrar	500 ⁽¹⁾ Se Securities Beneficially Conts, options, convertible	Owned securities			6. Nature of Indirect Beneficial Ownership (Instr. 5)		

Explanation of Responses:

1. These shares were omitted from the reporting person's original Form 3, and were omitted from one Form 4 filed by the reporting person after his original Form 3 was filed.

Remarks:

Kenneth A. Olson under POA for Logan Magruder

02/10/2004

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 5 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.